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New York State Department of Health Medicaid NYRx
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NEW MEDICARE CARDS | MEDICAID MANAGED CARE NETWORK | PTAR | REVALIDATION

Notices

March 14, 2024

Attention: The 2024 DME Policy Guidelines, DME Procedure Codes & Coverage Guidelines manual, The Medical Supply Procedure Codes & Coverage Guidelines manual, and DMEPOS Fee Schedule have been updated.

Any changes reflected in the manuals are effective for dates of service beginning April 1, 2024. Questions related to coverage criteria and guidelines can be directed to the Office of Health Insurance Programs at OHIPMedPA@health.ny.gov. Pharmacy coverage questions can be directed to NYRx@health.ny.gov. Billing related questions can be directed to GDIT at (800) 343-9000.

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Provider Manuals

Provider Manuals

Welcome! Your Provider Manual to the New York Medicaid Program offers you a wealth of information about Medicaid, as well as specific instructions on how to submit a claim for rendered services.

[Information for All Providers](#) gives you pertinent policy and resource information!

Click on your provider manual below, and read about specific rules governing the provision of your care and service to Medicaid recipients. This section also contains billing instructions, as well as pertinent procedure codes and fee schedules.

Click on the link to the [Department of Health's Medicaid Update website](#). This monthly publication is mailed to active providers, and informs providers of up-to-date changes in the Medicaid Program. This website has an index that makes finding relevant articles an easy task!

Your provider manual, along with recent Medicaid Update articles, will act as an effective guide to your participation in Medicaid.

SELECT A PROVIDER MANUAL



[Ambulatory Patient Groups \(APG\)](#)



[Assisted Living \(ALP\)](#)



[Child \(Foster\) Care Agency](#)



[Chiropractor and Portable X-Ray](#)



[Clinical Psychology](#)



[Comprehensive Medicaid Case Management](#)



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[Child/Teen Health Program \(C/THP\) - Early Periodic Screening Diagnosis and Treatment \(EPSDT\)](#)



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[Doula](#)

Adobe Reader is required to view documents.



[MEVS and Supplemental Documentation](#)

✦ [Medicaid Eligibility Verification System \(MEVS\) Reference Material](#)

The following information is a list of MEVS resources, including quick reference guides and the full manual.

- [MEVS/DVS Provider Manual](#)
- [MEVS Quick Reference Guides](#)
- [Choosing which MEVS method is right for you](#)

✦ [Supplemental Documentation](#)

The following information is *not* part of your provider manual. However, it may be useful information, and is placed here for your convenience.

- [FTP Batch Procedure Manual](#)

Provider Manuals – Doula

Provider Manuals > Doula



Doula

Note to the provider community: Enrollment in the doula pilot program closed as of 2/28/23. NYS Medicaid has been approved for statewide expansion of the doula services benefit in 2024. For more information on the statewide benefit, please visit the doula services website at [New York State Medicaid Doula Services Benefit \(ny.gov\)](https://www.nys.gov) or email the doula services team at doulapilot@health.ny.gov

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 [Doula Provider Communications](#)

MOST RECENT COMMUNICATION

No Communications at this time


[NYS Department of Health Rules and Regulations Title 10](#)

[NYS Department of Health Rules and Regulations Title 10](#)

 [Sign Up for LISTSERV®](#)

Other info

 [DOH Medicaid Update Website](#)
Provides up-to-date changes that may affect your participation in the Medicaid Program.

 [MEVS and Supplemental Documentation](#)
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Provider Manuals – MEVS Manual

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Provider Manuals – MEVS Manual


[Provider Manuals](#) > MEVS and Supplemental Documentation



MEVS and Supplemental Documentation

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MEVS Documentation

 [MEVS/DVS Provider Manual](#) (PDF 952KB)

Version 4.44, February 2024

This manual replaces MEVS/DVS Provider Manual dated December 2022.

[MEVS / DVS Provider Manual Archive](#)

MEVS QUICK REFERENCE GUIDES

[MEVS Telephone Quick Reference Guide](#) (PDF 52KB)

Version 2017-1 June 2, 2017

[MEVS Telephone Quick Reference Guide Archive](#)

Supplemental Documentation

 [FTP Batch Procedure Instructions](#) (PDF 149KB)

This document contains information pertaining to access methods, obtaining access, file preparation procedures, and links to file format specifications in eMedNY's Companion Guides.



Provider Manuals – MEVS Manual

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Archived Notices



Self Help – ePACES Claim Quick Reference Guides

Self Help

This page provides links to eMedNY help documents and pages that will help providers and users conduct business with us. If you believe any information to be incorrect, please let us know.

* ePACES

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* Medicaid Eligibility Verification System (MEVS)

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- [MEVS Quick Reference Guides](#)
- [Choosing which MEVS method is right for you](#)

* Electronic Funds Transfer

- [Frequently Asked Questions](#)
- [Enroll Now](#)

NOTE: Instead of filling out the EFT Authorization Form above, you can complete the form online at: <https://portal.emedny.org/provider/>

* Web Portal

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* Provider Form Instructions

- [Prior Approval Forms](#)



Claim Quick Reference Guides

Claim Quick Reference Guides

* EPACES

- [5010 ePACES Dental Claim Reference Guide \(PDF 915KB\)](#)
- [5010 ePACES Professional Real Time Claim Reference Guide \(PDF 872KB\)](#)
- [5010 ePACES Professional Claim Reference Guide \(PDF 947KB\)](#)
- [5010 ePACES Institutional Claim Reference Guide \(PDF 2.15 MB\)](#)

Self Help – ePACES Reference Sheets

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ePACES Reference Sheets

ePACES Reference Sheets

- [ePACES - Building and Submitting Claim Batches](#)
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- [ePACES - Claim Status Inquiry and Response](#)
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Information – Timely Billing Information

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with links for 'home', 'self help', 'glossary', and 'site map'. Below this is a search bar labeled 'ENHANCED BY Google'. The main navigation menu includes 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'MedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The 'Information' dropdown menu is open, listing several options: 'Practitioner Administered Drug (PAD) Search Tool', 'eMedNY Paper Forms', 'Pharmacy Formulary File', 'Enrolled Practitioners SEARCH (including OPRA)', 'Timely Billing Information' (highlighted with a red arrow), 'Utilization Threshold Program', 'ICD-10', 'New Medicare Cards', 'Request for Financial Reports', and 'Request for Provider Reports'. The main content area features a 'Pharmacy Benefit Transition' banner, a 'welcome to eMedNY' message, and a 'NEW! MEDICARE CARDS' banner. On the right side, there is a 'Are you compliant with NYSDOH EFT Requirement?' section with buttons for 'Login ePACES', 'Login eXchange', 'Medicaid NYRx', 'Provider Enrollment Maintenance Portal', 'Web Portal', 'Enteral Web Portal', and 'Login PTAR'.

Information – Timely Billing Information

[Information](#) > Timely Billing Information

Timely Billing Information



[FOD - 7000: Submitting Claims over Two Years Old](#)



[FOD - 7001: Submitting Claims over 90 Days from Date of Service](#)



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[Frequently Asked Questions on Delayed Claim Submission](#)



[General Remittance Billing Guidelines](#)



[General Institutional Billing Guidelines](#)



[General Professional Billing Guidelines](#)



[GUIDE TO TIMELY BILLING](#)

Provider Outreach and Training

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with the eMedNY logo on the left and a search bar on the right. Below the navigation bar is a row of tabs: 'What's New', 'Information', 'Provider Enrollment', 'Provider Outreach and Training' (highlighted with a red arrow), 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. Below the tabs are several promotional banners: 'NEW! For Practitioners ONLY PROVIDER ENROLLMENT PORTAL ENROLL TODAY!', 'Pharmacy Benefit Transition' (Department of Health, Medicaid NYRx), and 'Are you compliant with NYSDOH EFT Requirement?'. To the right of these banners is a vertical list of service buttons: 'Login ePACES', 'Login eXchange', 'Medicaid NYRx', 'Provider Enrollment Portal', 'Web Portal', 'Enter Web Portal', 'Login PTAR', 'Wage Parity', 'Electronic Visit Verification (EVV)', 'Enter Facilities Practitioner's NPIs', 'eMedNY LISTSERV', 'Submitter Dashboard', 'PAXpress', and 'Medicaid Updates'. Below the banners is a large graphic with the Statue of Liberty and the text 'welcome to eMedNY'. At the bottom of the graphic are four buttons: 'NEW MEDICARE CARDS', 'MEDICAID MANAGED CARE NETWORK', 'PTAR', and 'REVALIDATION'. Below the graphic is a 'Notices' section with a date 'April 10, 2023' and a notice titled 'Attention: Matching Origin Codes to Correct Prescription Serial Number in Medicaid'. The notice includes a reminder about prescription origin codes and serial numbers, and a link to 'Click Here to read more.' Below the notice is a navigation bar with numbers 1 through 12, and a 'Medicaid Updates' button.



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[Archived Notices](#)

Provider Outreach and Training

- What's New
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- Provider Enrollment
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- Provider Outreach and Training**
- Contacts
- eMedNY HIPAA Support
- eMedNY Tools Center
- PTAR

Provider Training

Use the calendar below to find training that is appropriate for your area of interest and location. You can view the seminars and webinars in a table view by clicking on the table icon below under "views." To print, click on the printer icon. For addition help and outreach services from one of our regional representatives, please [contact us](#).

Each person attending must register separately. Once your registration is approved, you will receive a confirmation email with a link to join the meeting at the scheduled date and time. The meeting link is unique to the person who registered and must not be shared.

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← June 2024 →

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 ePACES for Transportation 10:30 AM - 12:30 PM REGISTER	4	5	6 ePACES for Vision Care 9:30 AM - 11:30 AM REGISTER	7 ePACES for Professional 10:30 AM - 12:30 PM REGISTER
10	11 ePACES for Physician 10:30 AM - 12:30 PM REGISTER 12 ePACES for DME 1:30 PM - 3:30 PM REGISTER	12 eMedNY Website Review 10:30 AM - 11:30 AM REGISTER 13 ePACES for Institutional 1:30 PM - 3:30 PM REGISTER	13 ePACES for Dental 10:30 AM - 12:30 PM REGISTER	14 ePACES for Home Health 10:30 AM - 12:30 PM REGISTER

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eMedNY LISTSERV®

Welcome to the eMedNY LISTSERV®. The eMedNY LISTSERV® is a new Medicaid mailing system that offers providers, vendors and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and many other helpful notices. Notifications will be sent as necessary to keep subscribers informed and up to date about eMedNY/Medicaid initiatives and changes that may impact the provider community.

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PTAR	<input type="checkbox"/>	<input type="checkbox"/>	Archives

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Bridges to Health	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Care at Home Waiver	<input type="checkbox"/>	<input type="checkbox"/>	Archives

The eMedNY LISTSERV® is to be viewed as a supplement to the "Medicaid Update" which is the official newsletter of the NYS Medicaid program. Please note that the "Medicaid Update" is a free monthly publication; you may subscribe by sending your request to medicaidupdate@health.ny.gov.

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Medicaid Updates



NEW MEDICARE CARDS MEDICAID MANAGED CARE NETWORK PTAR REVALIDATION

Notices

March 14, 2024

Attention: The 2024 DME Policy Guidelines, DME Procedure Codes & Coverage Guidelines manual, The Medical Supply Procedure Codes & Coverage Guidelines manual, and DMEPOS Fee Schedule have been updated.

Any changes reflected in the manuals are effective for dates of service beginning April 1, 2024. Questions related to coverage criteria and guidelines can be directed to the Office of Health Insurance Programs at OHIPMedPA@health.ny.gov. Pharmacy coverage questions can be directed to NYRx@health.ny.gov. Billing related questions can be directed to GDIT at (800) 343-8000.

1 2 3 4 5 6

Hover your mouse over the notice box to stop playback. For automatic play, hit your mouse cursor from the box.

[Archived Notices](#)



DOH Medicaid Updates



Services

News

Government

Department of Health

Individuals/Families

Providers/Professionals

Health Facilities

You are Here: [Home Page](#) > [DOH Medicaid Update Main Page](#) > DOH Medicaid Update

DOH Medicaid Update

Search All Medicaid Update Issues



[Hint: Use all variations of whole words (alone or in phrases), separated by commas, for best results (e.g., 72 hour, 72 hours).]

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- [COVID-19 Special Edition Publications](#)

Current Issue: February 2024

- [Web version](#)
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[2024](#), [2023](#), [2022](#), [2021](#), [2020](#), [2019](#), [2018](#), [2017](#), [2016](#), [2015](#), [2014](#), [2013](#), [2012](#), [2011](#), [2010](#), [2009](#), [2008](#), [2007](#), [2006](#), [2005](#), [2004](#), [2003](#), [2002](#), [2001](#), [2000](#) or [1999](#)

Provider Directory

- [Current Provider Directory](#)
- For historical Provider Directory listings, please find the section in most archived PDF file version issues.

Editor's Office

- **Comments and Suggestions Regarding this publication or website?**
Readers can contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.
- **Each new issue of the Medicaid Update Newsletter is announced via email using the Medicaid Update LISTSERV.** If readers want to sign up for the *Medicaid Update* LISTSERV, please email the request to: medicaidupdate@health.ny.gov.

Search Functions

1. *Recommended:* The "**Search All Medicaid Update Issues**" box at the top of this page performs a search of **any** words used within **only** *Medicaid Update* articles. Search results are a combination of closeness-of-match and recency of posting.
2. The categories in "**Medicaid Update Topics A to Z**" present articles that have been grouped over time through renaming or expansion.
3. For a quick search of article titles, readers can open the entire article list by selecting the "[DOH Medicaid Update Index - A to Z](#)" [web page](#) (to which the topics are linked) and then performing a Windows™ "Find" by striking Ctrl-F on the keyboard or by menu in the browser of their choice.

ePACES Professional Real Time Doula



- What's New
- Information
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- Contacts
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- eMedNY Tools Center
- PTAR

NEW! For Practitioners ONLY
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PORTAL
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Pharmacy Benefit Transition

NEW YORK STATE | Department of Health | Medicaid NYRx

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[eXchange Information](#)

Medicaid NYRx
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Enteral Web Portal

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welcome to
eMedNY

NEW MEDICARE CARDS

MEDICAID MANAGED CARE NETWORK

PTAR
 click here for more information

REVALIDATION
 click here for more information

• *welcome to*



ePACES

Username:

Password:

Please Note: Medicaid recipient level data is confidential and is protected by state and federal laws and regulations. It can be used only for the purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant state, civil and federal criminal penalties for violations.

[View Medicaid Confidentiality Regulations.](#)

I have read and I agree to the Medicaid Confidentiality Regulations

PROVIDER NAME - 0123456789

Change Provider:

welcome to

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The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator.

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•• Other Payer Support File

 Add New Payer

Other Payer ID ▼	Other Payer Name ▼	Claim Filing Indicator ▼	Edit	Delete 
------------------	--------------------	--------------------------	------	--

Add Payer

Other Payer ID:



Other Payer Name:

Claim Filing Indicator:

- Other Non-Federal Programs**
- Preferred Provider Organization (PPO)
- Point of Service (POS)
- Exclusive Provider Organization (EPO)
- Indemnity Insurance
- Health Maintenance Organization (HMO) Medicare Risk
- Dental Maintenance Organization
- Automobile Medical
- Blue Cross/Blue Shield
- Champus
- Commercial Insurance Co.
- Disability
- Federal Employees Program
- Health Maintenance Organization
- Liability Medical
- Medicare Part A
- Medicare Part B ←
- Medicaid
- Other Federal Program
- Title V
- Veteran Administration Plan
- Workers' Compensation Health Claim
- Mutually Defined

Other Payer Support File

 Add New Payer

Other Payer ID ▼	Other Payer Name ▼	Claim Filing Indicator ▼	Edit	Delete
5000020	MEDICARE B	Medicare Part B		
Other Payer ID	Other Payer Name	Claim Filing Indicator	Edit	Delete

PROVIDER NAME - 0123456789

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●●● Submitter Support File

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Submitter Information

Electronic Transmitter Identification Number (ETIN):	0000
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DeCertification Date:	10/31/2024
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PROVIDER NAME - 0123456789

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New Eligibility Request

* Indicates required field(s)

Client ID

* Enter Client ID:

Client Information

* First Name:

* Last Name:

* Date Of Birth:



* SSN:

OR

County Code:

* Gender:

OR

Ordering/Referring Provider NPI:

*Date of Service:



*Service Types

Available for submission:



- 1 - Medical Care
- 2 - Surgical
- 3 - Consultation
- 4 - Diagnostic X-Ray
- 5 - Diagnostic Lab
- 6 - Radiation Therapy
- 7 - Anesthesia
- 8 - Surgical Assistance
- 9 - Other Medical

Selected for submission:

- 30 - Health Benefit Plan Coverage

Submit

Clear

New Eligibility Request

* Indicates required field(s)

Client ID

* Enter Client ID:

Client Information

* First Name:

* Last Name:

* Date Of Birth:

mm/dd/yyyy



* SSN:

OR

County Code:

* Gender:

Male

OR

Ordering/Referring Provider NPI:

* Date of Service:

04/04/2024



*Service Types

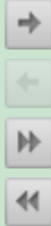
Available for submission:



Filter

Selected for submission:

- 1 - Medical Care
- 2 - Surgical
- 3 - Consultation
- 4 - Diagnostic X-Ray
- 5 - Diagnostic Lab
- 6 - Radiation Therapy
- 7 - Anesthesia
- 8 - Surgical Assistance
- 9 - Other Medical



30 - Health Benefit Plan Coverage



Submit



Clear

Request has been submitted.

* Indicates required field(s)

• Client ID

* Enter Client ID:

• Client Information

* First Name:

* Last Name:

* Date Of Birth:

* SSN:

OR

OR

County Code:

* Gender:

Ordering/Referring Provider NPI:

*Date of Service:

*Service Types

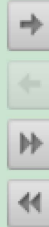
Available for submission:



- 1 - Medical Care
- 2 - Surgical
- 3 - Consultation
- 4 - Diagnostic X-Ray
- 5 - Diagnostic Lab
- 6 - Radiation Therapy
- 7 - Anesthesia
- 8 - Surgical Assistance
- 9 - Other Medical

Selected for submission:

- 30 - Health Benefit Plan Coverage



 Submit

 Clear

PROVIDER NAME - 0123456789

Change Provider:

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•• Eligibility Activity Worklist


• Search Criteria

Requested within the last days

Client Last Name:

From Date: 

Client ID:

To Date: 

Show

- Just my Transactions
- All Transactions for this provider

 Search

 Clear

Responses: Records 1-8 of 8

Client ID	Name	Date Submitted
LL11111X	DOE, JOHN	04/04/2024
LL44444X	SMITH, JAMES	04/04/2024
LL55555X	DOE, JANE	04/04/2024
LL55555X	WILLIAMS, ROBERT	04/04/2024
LL66666X	BROWN, JIM	04/04/2024
LL33333X	SMITH, MARY	04/04/2024
LL00000X	JONES, JOHN	04/04/2024
LL77777X	DOE, JANET	04/04/2024

Page size: Page: of 1 1

• Eligibility Response Details

• Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	8/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	H78 NY Health Benefit Exchange
Date of Service:	04/04/2024	Plan Date:	8/01/2024

• Medicaid Eligibility Information:

Not MA Eligible

• Eligibility Response Details

• Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	8/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	04/04/2024	Plan Date:	8/01/2024

• Medicaid Eligibility Information:

MA Eligible

Co-pay Remaining: \$0.00

Covered Services

Code	Description
AG	Skilled Nursing Care
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care
1	Medical Care
35	Dental Care
4	Diagnostic X-Ray
47	Hospital
48	Hospital - Inpatient
5	Diagnostic Lab
50	Hospital - Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) Visit - Office

Standard Co-pay

Service Type	Co-pay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00

• Eligibility Response Details

• Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	8/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	04/04/2024	Plan Date:	8/01/2024

• Medicaid Eligibility Information:

ELIGIBLE PCP

Co-pay Remaining: \$50.00

Covered Services

Code	Description
82	Family Planning
88	Pharmacy

• Medicaid Managed Care:

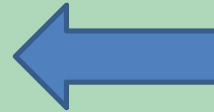
Plan name: UNITED HEALTHCARE OF NY INC
Address: 77 WATER STREET 14TH
NEW YORK, NY 100054407
Phone: (212) 898-8400
Plan Code: MO



Medicare Information:

Other Payer Name: MEDICARE ABDQMB

Medicare Identifier:



Third Party Insurance:

Other Payer Name: TPI HEALTHCARE

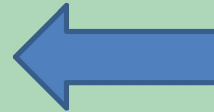
Carrier Code: 01

Other Payer Address: PO BOX 1111
CITY, STATE ZIP

Phone Number: (800) 222-3333

Policy Number: POLND1

Group Number: GRPND1



Medicaid Restricted Recipient:

Service Category

Provider

35 - Dental Care

1234567890 XYZ MULTI-SRV FAM H C

48 - Hospital - Inpatient

1234567891 ABC HSP MED CTR

88 - Pharmacy

1234567893 CITY PHARMACY

98 - Professional (Physician) Visit - Office

1234567892 JOHN DOE MD



Medicaid Exceptions:

Exception Code

84

86



PROVIDER NAME - 0123456789

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General Claim Information

* Indicates required field(s)

Submission Reason:

Original
Original
Replace
Void
Interim
Final

NPI Number:

* Patient Control Number:

Location Information

Address Line 1:

Address Line 2:

City:

State:

NY

Zip Code:

 -

Client Information

* Enter a Client ID:

Go

General Claim Information

* Indicates required field(s)

Submission Reason:

Replace

NPI Number:

* Payer Claim Control Number:

* Patient Control Number:

Location Information

Address Line 1:

Address Line 2:

City:

State:

NY

Zip Code:

 -

Client Information

* Enter a Client ID:

General Claim Information

* Indicates required field(s)

Submission Reason:

Original

NPI Number:

* Patient Control Number:

Location Information

Address Line 1:

Address Line 2:

City:

State:

NY

Zip Code:

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Client Information

* Enter a Client ID:

Go

General Claim Information

* Indicates required field(s)

Submission Reason:

Original

NPI Number:

* Patient Control Number:

Location Information

Address Line 1:

Address Line 2:

City:

State:

NY

Zip Code:

 -

Client Information

* Enter a Client ID:

Go

General Claim Information

* Indicates required field(s)

Submission Reason:

Original ▼

NPI Number:

* Patient Control Number:

Location Information

Address Line 1:

Address Line 2:

City:

State:

NY ▼

Zip Code:

 -

Client Information

* Enter a Client ID:

Go

* Indicates required field(s)

Submission Reason: Original NPI Number: 1111111111

* Patient Control Number: 123

Location Information

Address Line 1: 1 Main St.
Address Line 2:
City: Nowhere
State: NY
Zip Code: 11111 - 1111

Client Information

* Enter a Client ID: AA00000A Go

Joan Smith
Address Line 1
Address Line 2
City, State, Zip

* DOB: 07/28/1963

* Gender: F

* Type of Claim: Dental
Professional
Professional Real Time
Institutional

Next

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No






Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

• Certification Information

Certification Category	Condition Codes
<input type="text"/> ▼	<input type="text"/>  <input type="text"/> 
<input type="text"/> ▼	<input type="text"/>  <input type="text"/> 
<input type="text"/> ▼	<input type="text"/>  <input type="text"/> 

[Enter More Certification Information...](#)

Codes

Code	Description
01	Pharmacy
02	Telehealth Provided other than in Patient Home
03	School
04	Homeless Shelter
05	Indian Health Service Free-standing Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Prison or Correctional Facility
10	Telehealth Provided In Patients home
11	Office
12	Client's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment- Worksite
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

• Certification Information

Certification Category

Condition Codes

<input type="text"/> ▼	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
<input type="text"/> ▼	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
<input type="text"/> ▼	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 

[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

Codes

Code	Description
Y	Yes
N	No

Code	Description

▶ Close

• Certification Information

Certification Category

Condition Codes

▼












▼











▼











[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service:

* Provider Signature On File? Yes No

* Assignment of Benefits?

* Release of Information?

* Accept Assignment?

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

Codes

Code	Description
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
I	Informed Consent to Release Medical Information

Code	Description
------	-------------

▶ Close

• Certification Information

Certification Category

Condition Codes

▼

▼

▼

[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service:

* Provider Signature On File? Yes No

* Assignment of Benefits?

* Release of Information?

* Accept Assignment?

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

Codes

Code	Description
A	Assigned
B	Assigned Accepted on Clinical Lab Services Only
C	Not Assigned
P	Patient Refuses to Assign Benefits

Code	Description
------	-------------

Close

Certification Information

Certification Category

Condition Codes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No







Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

• Certification Information

Certification Category	Condition Codes				
<input type="text"/> ▼	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
<input type="text"/> ▼	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
<input type="text"/> ▼	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 

[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

• Certification Information

Certification Category

Condition Codes

▼













▼











▼











[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:

CLIA Number:

• Certification Information

Certification Category

Condition Codes

▼











▼











▼











[Enter More Certification Information...](#)

* Indicates required field(s)

* Place of Service: 

* Provider Signature On File? Yes No

* Assignment of Benefits? 

* Release of Information? 

* Accept Assignment? 

* Signature Source: Patient Other

* Exempt from Copay?: Yes No

* Is Patient Pregnant?: Yes No

Patient Amount Paid: \$

Prior Auth or Referral #:

Mammography Certification Number:


CLIA Number:

• Certification Information


Certification Category


Condition Codes


▼











▼











▼











[Enter More Certification Information...](#)

• Dates

Admission Date:

Discharge Date:

Onset of Current Illness or Injury Date:


Last X-Ray Date:

Last Menstrual Period Date:


Hearing and Vision
Prescription Date:

Disability From Date:


Disability Through Date:

Assumed Care Date:


Relinquished Care Date:


Accute manifestation Date:

Initial Treatment Date:

Last Seen Date:

• **Related Causes Information**

Related Causes:
(select up to 2)

- Employment
- Other Accident
- Auto Accident

Accident Date:

• **Transport Information**

• **Ambulance Transport**

Patient Weight: lbs.


Ambulance Transport Reason: 

Transport Distance: miles

Ambulance Condition Codes: 









• **Non Emergency Transport**

* **Driver License:**

* **License Plate Number:**

• **Transportation Pick UP/Drop Off Location**

Pick UP

Address Line 1:

Address Line 2:

City:

State:

Zip Code: -

Drop Off

Address Line 1:

Address Line 2:

City:

State:

Zip Code: -

Service Authorization Exception Code:

Special Program Indicator:

Delay Reason:

Patient Weight (EPO patients):

 lbs.

Condition Codes

Code
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Code

Group Provider (use if a different entity than

Group Provider Number:

Codes

Code	Description
<u>1</u>	Proof of Eligibility Unknown or Unavailable
<u>2</u>	Litigation
<u>3</u>	Authorization Delays
<u>4</u>	Delay in Certifying Provider
<u>5</u>	Delay in Supplying Billing Forms
<u>7</u>	Third Party Processing Delay
<u>8</u>	Delay in Eligibility Determination
<u>9</u>	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
<u>10</u>	Administration Delay in the Prior Approval Process
<u>11</u>	Other
<u>15</u>	Natural Disaster
Code	Description

Previous

Close

Service Authorization Exception Code:

Special Program Indicator:

Delay Reason:

Patient Weight (EPO patients):

 lbs.

Condition Codes

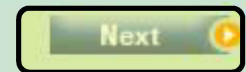
Code	Code
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Code	Code

Group Provider (use if a different entity than the Billing Provider)

Group Provider Number:





* Indicates required field(s) if entering information for a provider type

• **Rendering Provider**

• **Use an Existing Provider**

*Select a Name:

▶ Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

▶ Go

• **Enter a New Non-Medicaid Provider**

OR

* NPI #:

▶ Go

• **Referring Provider**

• **Use an Existing Provider**

* Select a Name:

▶ Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

▶ Go

• **Enter a New Non-Medicaid Provider**

OR

NPI #:	<input type="text"/>
AND/OR	
State License #:	<input type="text"/>

▶ Go

• **Primary Care Provider**

• **Use an Existing Provider**

*Select a Name:

▶ Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

▶ Go

OR

• **Enter a New Non-Medicaid Provider**

NPI #:

AND/OR

State License #:

▶ Go

• **Supervising Provider**

• **Use an Existing Provider**

*Select a Name:

▶ Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

▶ Go

OR

• **Enter a New Non-Medicaid Provider**

* NPI #:

▶ Go

◀ Previous

Next ▶

▶ Delete Claim

▶ Finish

▶ Save As Draft

▶ Cancel

New Claim- 837 Professional Real Time

- ▶ General Claim Information
- ▶ Professional Claim Information
- ▶ Provider Information
- ▼ **Diagnosis**
- ▶ Other Payers
- ▶ Service Line(s)

Diagnosis Information

ICD-9 ICD-10

Diagnosis 1:

Diagnosis 7:

Diagnosis 2:

Diagnosis 8:

Diagnosis Code: Z322 Prenatal Support
Z322 Support during labor and delivery
Z323 Postpartum Support

Diagnosis 6:

Diagnosis 12:

Anesthesia Related Procedure

Anesthesia Related Procedure Code 1:

Anesthesia Related Procedure Code 2:

◀ Previous

Next ▶

- ▶ Delete Claim
- ▶ Finish
- ▶ Save As Draft
- ▶ Cancel

New Claim - 837 Professional

- ▶ General Claim Information
- ▶ Professional Claim Information
- ▶ Physician Information
- ▶ Diagnosis
- ▼ **Other Payers**
- ▶ Service Line(s)

* Indicates required field(s)

All Other Payers

Line #	Other Payer Name	Paid Amount	Date Claim Paid	Other Subscriber Name	Remove
(No Other Payers Found)					

▶ Add New Payer

◀ Previous

Next ▶

- ▶ Delete Claim
- ▶ Finish
- ▶ Save As Draft
- ▶ Cancel

Sample Doula Service Line Entry

▶ General Claim Information
▶ Professional Claim Information
▶ Physician Information
▶ Diagnosis
▶ Other Payers
▼ Service Line(s)

* Indicates required field(s)

Line	Line Item Ctl #	* Svc Date:	* Proc & Mod	* Chrg Amount	* Svc Count	Place of Svc	DX Pointer	* Emgcy	More	Del.
1	<input type="text"/>	From: 04/04/2024 To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
2	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		

Sample Doula Service Line Entry

General Claim Information | Professional Claim Information | Physician Information | Diagnosis | Other Payers | **Service Line(s)**

* Indicates required field(s)

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	DX Pointer	*Emgcy	More	Del.
1		From: 04/04/2024 To:	T1032		Uni			<input type="radio"/> Yes <input type="radio"/> No		
2		<p>Procedure Code: T1032 Prenatal / Postpartum Support</p> <p>T1033 Support during labor and delivery</p>								
3		<p>Modifier: Telehealth</p> <p>https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm</p>								
4		From: To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
5		From: To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		

Sample Doula Service Line Entry

▶ General Claim Information
▶ Professional Claim Information
▶ Physician Information
▶ Diagnosis
▶ Other Payers
▼ Service Line(s)

* Indicates required field(s)

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	DX Pointer	*Emgcy	More	Del.
1		From: 04/04/2024 To:	T1032	84.37	Uni			<input type="radio"/> Yes <input type="radio"/> No		
2		<p>T1032 - Prenatal / Postpartum Support: \$93.75 NYC \$84.37 Rest of State</p> <p>T1033 - Support during labor and delivery: \$750.00 NYC \$675.00 Rest of State</p>								
3		To:			Unit			<input type="radio"/> No		
4		From:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
5		To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		

Sample Doula Service Line Entry

▶ General Claim Information
▶ Professional Claim Information
▶ Physician Information
▶ Diagnosis
▶ Other Payers
▼ Service Line(s)

* Indicates required field(s)

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	DX Pointer	*Emgcy	More	Del.
1	<input type="text"/>	From: 04/04/2024 To: <input type="text"/>	T1032 <input type="text"/>	84.37	1 Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
2	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		

Sample Doula Service Line Entry

▶ General Claim Information
▶ Professional Claim Information
▶ Physician Information
▶ Diagnosis
▶ Other Payers
▼ Service Line(s)

* Indicates required field(s)

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	DX Pointer	*Emgcy	More	Del.
1	<input type="text"/>	From: 04/04/2024 To: <input type="text"/>	T1032	84.37	1 Unit ▼	<input type="text"/> <input type="text"/>	1 <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
2	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		

Sample Doula Service Line Entry

▶ General Claim Information
▶ Professional Claim Information
▶ Physician Information
▶ Diagnosis
▶ Other Payers
▼ Service Line(s)

* Indicates required field(s)

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	DX Pointer	*Emgcy	More	Del.
1	<input type="text"/>	From: 04/04/2024 To: <input type="text"/>	T1032	84.37	1 Unit ▼	<input type="text"/>	1 <input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Unit ▼	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		

Sample Doula Service Line Entry

▶ General Claim Information
▶ Professional Claim Information
▶ Physician Information
▶ Diagnosis
▶ Other Payers
▼ Service Line(s)

* Indicates required field(s)

Line	Line Item Ctl #	*Svc Date:	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	DX Pointer	*Emgcy	More	Del.
1	<input type="text"/>	From: <input type="text" value="04/04/2024"/> To: <input type="text"/>	T1032 <input type="text"/> <input type="text"/>	84.37	1 Unit <input type="text"/>	<input type="text"/>	1 <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Unit <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
3	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Unit <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
4	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Unit <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="text"/>	From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Unit <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		

▶ Add More Service Lines
◀ Previous

▶ Delete Claim
▶ Finish
▶ Save As Draft
▶ Cancel

•• Claim Entered

Claim Entry Status: Complete

Claim Type: Professional (RT)

Client ID:

Patient Control Num.: 12345

Note: Please use your browser to print this screen if you wish to maintain a copy.

 [Edit Current Claim](#)

 [Enter Another New Claim](#)

 [Validate Current Claim](#)

 [Submit Real Time Claim](#)

•• Claim Entered

Claim Entry Status: Sent

Claim Type: Professional (RT)

Client ID:

Patient Control Num.: 12345

Note: Please use your browser to print this screen if you wish to maintain a copy.

 [Enter Another New Claim](#)

Submit Real Time Claim Confirmation

Claim successfully submitted. Click the Real Time Responses link in the left hand navigational menu to view the corresponding Claim Acknowledgement response.

PROVIDER NAME - 0123456789

Change Provider:

welcome to

ePACES



The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator.

Please make sure your Provider Name is displayed at the top of the page before continuing. If your Provider Name is incorrect or not available in the "Change Provider" drop-down box at the top of the page, please contact the eMedNY HelpDesk at 800-343-9000.

For further information, please visit these sites:
[eMedNY](#) [DOH](#)

Claims

- [New Claim](#)
- [Find Claims](#)
- [Real Time Responses](#)
- [Build Claim Batch](#)
- [Submit Claim Batches](#)
- [Status Inquiry](#)
- [Status Responses](#)

Eligibility

- [Request](#)
- [Responses](#)

PA/DVS

- [Initial Request](#)
- [Revise/Cancel Request](#)
- [Responses](#)
- [Image Upload](#)
- [PA Roster](#)
- [PA Roster Downloads](#)

Support Files

- [Provider](#)
- [Other Payer](#)
- [Submitter](#)

User Admin

- [Add/Edit Users](#)

•• Professional Real Time Claim Response Activity Worklist

Search Criteria


Requested within the last days


Client Last Name:


Patient Control #:

Client ID #:

Submission Reason:

Date Request Sent: 

Dates of Service From: 

Dates of Service To: 

Status:

Show all transactions for this provider just my transactions

 Search  Clear

Name ▼	Patient Control # ▼	Client ID ▼	Submission Reason ▼	Date Sent ▼	Dates of Service ▼	Status ▼
SMITH, JOAN	12345	AA00000A	Original	04/04/2024 3:55:58	04/04/2024	Received
Name	Patient Control #	Client ID	Submission Reason	Date Sent	Dates of Service	Status

SAMPLE PAID CLAIM RESPONSE

Client Information

Client ID: AA00000A

Name: JOAN SMITH

Claim Level Status

(F1) - Finalized/Payment-The claim/line has been paid. - (3) Claim has been adjudicated and is awaiting payment cycle.

Bill Type:

Patient Control #: 12345

Pharmacy Control #:

Payer Claim Control #	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date
2409500000000030	84.37	84.37	04/04/2024	04/04/2024

Line Level Status

Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units.	Status Date
1	(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment cycle.	04/04/2024	T1032	84.37	84.37	1.00	04/04/2024

SAMPLE DENIED CLAIM RESPONSE

Client Information

Client ID: AA00000A

Name: JOAN SMITH

Claim Level Status

(F2) - Finalized/Denial-The claim/line has been denied. (542) - Claim Total Denied Charge Amount

Bill Type:

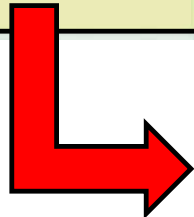
Patient Control #: 12345

Pharmacy Control #:

Payer Claim Control #	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date
2409500000000030	84.37	0.00	04/04/2024	04/04/2024

Line Level Status

Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units	Status Date
1	(F2) - Finalized/Denial-The claim/line has been denied. (88) - Entity not eligible for benefits for submitted dates of service. Note: This code requires use of an Entity Code. (QC) - Patient	04/04/2024	T1032	84.37	0.00	1.00	01/04/2024



(F2) - Finalized/Denial-The claim/line has been denied. (88) - Entity not eligible for benefits for submitted dates of service. Note: This code requires use of an Entity Code. (QC) - Patient

Edit/Error Knowledge Base (EEKB) Search Tool

https://www.emedny.org/HIPAA/5010/edit_error/index.aspx

The screenshot displays the eMedNY website interface. At the top left is the eMedNY logo. To the right is a search bar with the text "ENHANCED BY Google" and a magnifying glass icon. Below the logo is a navigation menu with buttons for "What's New", "Information", "Provider Enrollment", "Provider Manuals", "Provider Outreach and Training", "Contacts", "eMedNY HIPAA Support", "eMedNY Tools Center", and "PTAR".

Below the navigation menu are three main content areas:

- NEW! For Practitioners ONLY PROVIDER ENROLLMENT MAINTENANCE PORTAL ENROLL TODAY!** (with an image of a doctor's hands)
- Pharmacy Benefit Transition** (with a "LEARN MORE" button and logos for New York State, Department of Health, and Medicaid NYRx)
- Are you compliant with NYSDOH EFT Requirement?** (with a red exclamation mark icon)

On the right side, there is a vertical menu with the following items:

- Overview
- What's New
- 834 FAQs
- FAQs
- Privacy and Security
- Transaction Instructions
- Issues Form
- Online Resources
- Crosswalks
- Edit/Error Knowledge Base (EEKB) Search Tool** (highlighted with a red arrow)

At the bottom of the page, there is a "welcome to eMedNY" graphic featuring the Statue of Liberty and a city skyline.

[What's New](#)[Information](#)[Provider Enrollment](#)[Provider Manuals](#)[Provider Outreach and Training](#)[Contacts](#)[eMedNY HIPAA Support](#)[eMedNY Tools Center](#)[PTAR](#)

Edit/Error Knowledge Base (EEKB) Search Tool

FIND EDIT INFORMATION to crosswalk the X12 Codes (Claim Adjustment Reason Code-CARC; Remit Adjustment Reason Code-RARC, Claim Status Codes-CS) received on the X12 835 Remittance or the X12 277 Claim Status Respose to an eMedNY edit. Use this search tool to obtain explanations, potential causes, and possible solutions to the failed edit.

NOTE: Only edits that may deny a claim are included in this tool. eMedNY proprietary edits are not available on the 835 Remittance. Pharmacy only edits (NCPDP) are not included in this list unless they are a global denial edit (example 00705 for Duplicate Claim).

TO SEARCH FOR AN EDIT filter the results by using one of the following methods:

1. The 5-digit eMedNY Edit Number found on Paper/PDF Remittance, *OR*
2. Electronic/835 Remittance, Claim Status (277/ePACES) codes, *OR*
3. Text contained in the Edit/Error Description

STILL HAVE QUESTIONS ABOUT AN EDIT?

Contact the eMedNY Call Center during the following hours:

1-800-343-9000

For provider inquiries pertaining to non-pharmacy billing, claims or provider enrollment:

7:30am - 8:00pm (ET), Mon.-Fri. (excluding holidays)

For provider inquiries pertaining to eligibility, Point of Service (POS), DVS, or Pharmacy claims:

7:00am - 10:00pm (ET), Mon.-Fri. (excluding holidays)

8:30am - 5:30pm (ET) Holidays and Weekends

SEARCH BY ANY METHOD BELOW

1 SEARCH BY eMedNY EDIT

Edit #:

Go »

2 SEARCH BY HIPAA CODES

Claim Adjustment Reason Code:

Healthcare Claim Status Code:

88

Remark Code:

Entity Identifier Code:

QC

Go »

3 SEARCH BY TITLE TEXT

Go »

Edit/Error Knowledge Base (EEKB) Search Tool

Sample EEKB Response – eMedNY Edit 00162

Health Claim Status Code: 88

Entity Identifier Code: QC

Edit ID: 00162

Updated: 2/7/2014

Recipient Ineligible on Service Date

Claim Adjustment Reason Code: 200

EXPENSES INCURRED DURING LAPSE IN COVERAGE.

Healthcare Claim Status Code: 88

ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE.

Remark Code: N/A

Entity Identifier Code: QC

PATIENT

CAUSE:

The patient's data on the NYS file does not show the person as eligible for Medicaid on the Date of Service being billed. The patient's County Department of Social Services (DSS) is responsible for updating the State eligibility files.

SOLUTION:

The Provider should contact the patient's County DSS for assistance.

SAMPLE REJECTED CLAIM RESPONSE

Client Information

Client ID: _____ Name: _____

Claim Level Status

(A7) - Acknowledgement/Rejected for Invalid information - The claim/encounter has invalid information as specified in the Status details and has been rejected (New as of 10/02) (255) Diagnosis code.

Bill Type: _____

Patient Control #: _____

Pharmacy Control #: _____

Payer Claim Control #	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date
2409500000000030	84.37	0.00	04/04/2024	04/04/2024

Line Level Status

Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units.	Status Date
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NOTE: Rejected claims DO NOT appear on remittance advice

Pre-adjudication Crosswalks

<https://www.emedny.org/HIPAA/5010/transactions/crosswalks/index.aspx>

The image shows a screenshot of the eMedNY website. At the top, the eMedNY logo is on the left, and navigation links for 'home', 'self help', 'glossary', and 'site map' are on the right. Below the logo is a search bar with the text 'ENHANCED BY Google'. A horizontal menu contains several categories: 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The 'eMedNY HIPAA Support' menu is open, displaying a list of items: 'Overview', 'What's New', '834 FAQs', 'FAQs', 'Privacy and Security', 'Transaction Instructions', 'Issues Form', 'Online Resources', 'Crosswalks' (highlighted in a dark grey bar), 'Edit/Error Knowledge Base (EEKB)', and 'Search Tool'. To the right of the main content area is a vertical sidebar with several buttons and links, including 'Are you compliant with NYSDOH EFT Requirement?', 'Login ePACES', 'Login eXchange', 'Medicaid NYRx', 'Provider Enrollment Maintenance Portal', 'Web Portal', and 'Enteral Web Portal'. At the bottom of the page, there is a graphic with the Statue of Liberty and the text 'welcome to eMedNY'. A large red arrow points from this graphic towards the 'Crosswalks' menu item.

NYS MEDICAID PRE-ADJUDICATION CROSSWALK FOR HEALTH CARE CLAIMS

VERSION 5010 (BATCH AND REAL-TIME)

277CA (OUTBOUND RESPONSE TO CLAIMS)									INBOUND CLAIM (VERSION 5010)				
CLAIM LEVEL (LOOP 2200D)						LINE LEVEL (LOOP 2220D)			BATCH			REAL-TIME	
STC01-			STC10-			STC01-			837-			837-	
-1	-2	-3	-1	-2	-3	-1	-2	-3	INST	PROF	DENT	PROF	
NYS Medicaid Conditions													
A7	231								Invalid NUBC Admission Type Code	✓			
A7	232								ICD-10 diagnosis code for Admitting Diagnosis is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	234								Invalid Patient Discharge Status	✓			
A7	249								Invalid Place-of-Service Code		✓	✓	✓
A7	254								ICD-10 diagnosis code for Principal Diagnosis is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharge before October 1, 2015)	✓			
A7	255								ICD-10 diagnosis code for Other Diagnosis (837I) or Health Care Diagnosis Code (837P, 837D) is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓	✓	✓	✓
A7	726								Rate Code validation error	✓			
A7	465								ICD-10 procedure code for Principal Procedure is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	490								ICD-10 procedure code for Other Procedure is invalid or not payable per NYSDOH policy (also applies to ICD-9 for services or discharges before October 1, 2015)	✓			
A7	500	77							Invalid zip-code for Service Facility address	✓	✓	✓	✓
A7	500	85							Invalid zip-code for Billing Provider address	✓	✓	✓	✓
A7	501	85							Invalid state for Billing Provider address	✓	✓	✓	✓
A7	501	87							Invalid state for Pay-to address	✓	✓	✓	✓
A7	501	FA							Invalid state for facility or laboratory address	✓	✓	✓	✓
A7	501	GB							Invalid state for other insured address	✓	✓	✓	✓
A7	501	IL							Invalid state for subscriber address	✓	✓	✓	✓
A7	501	P4							Invalid state for payer address				✓
A7	501	PR							Invalid state for payer address	✓	✓	✓	
A7	501	P4							Invalid state for other payer address				✓

Reference and Contact Information

- eMedNY Website
 - www.emedny.org
- Doula Provider Manual
 - www.emedny.org/ProviderManuals/Doula
- NYSDOH Doula Services Website
 - www.health.ny.gov/health_care/medicaid/program/doula/index.htm
- ePACES Manual
 - www.emedny.org/HIPAA/SupportDocs/ePACES.html
- ePACES Claim Quick Reference Guides
 - www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.html
- eMedNY Call Center
 - 800-343-9000

Thank You

