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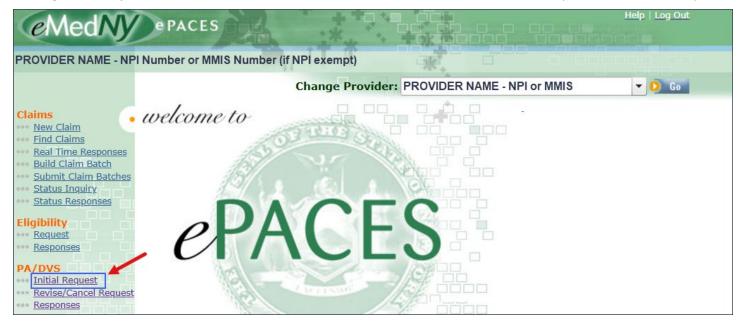


# ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

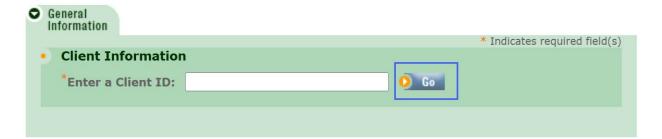
A Prior Approval (PA) request is submitted by the billing provider. Durable Medical Equipment (DME), Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies that require a PA are identified in the <a href="Modes 4"><u>DME Procedure Codes & Coverage Guidelines</u></a> and the <a href="Modes 4">Medical Supply Procedure Codes & Coverage Guidelines</a> manuals by the procedure code being underlined. In the <a href="DMEPOS Fee Schedule">DMEPOS Fee Schedule</a>, a value of '1' in the PA column indicates a PA is required.

### Submitting a PA Request

Clicking Initial Request located under the 'PA/DVS' section in the left-hand menu, will allow you to submit a PA request.



#### PA/DVS - Initial Request



**Enter a Client ID:** The client ID entered must be in the format of **two letters, five numbers and one letter** (e.g. AA11111A). Click '**Go**' and the client's name, gender and date of birth will automatically populate.

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**Transaction Type:** Select Non Dental – Non DVS using the drop down arrow.



**Provider Service Address:** These fields may be left blank. **Contact Information:** These fields may be left blank.

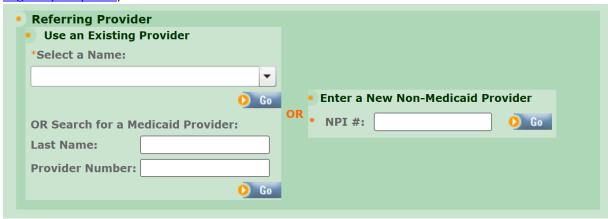


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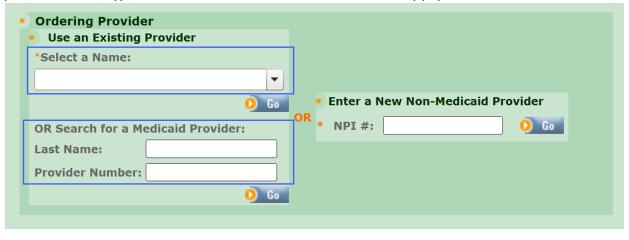


# ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

**Referring Provider:** A referring provider is only required if the client is a restricted recipient. A member's restricted provider(s), if any, will be returned in your eligibility response (see <a href="mailto:ePACES - MEVS Eligibility Request">ePACES - MEVS Eligibility Request</a> and <a href="mailto:ePACES - MEVS Eligibility Request">ePACES - MEVS Eligibility Request</a> and <a href="mailto:ePACES - MEVS Eligibility Request">ePACES - MEVS Eligibility Request</a> and <a href="mailto:ePACES - MEVS Eligibility Request">ePACES - MEVS Eligibility Request</a> and <a href="mailto:ePACES - MEVS Eligibility Request">ePACES - MEVS Eligibility Request</a> and <a href="mailto:ePACES - MEVS Eligibility Request">ePACES - MEVS Eligibility Request</a> and <a href="mailto:ePACES - MEVS">ePACES - MEVS</a> Eligibility Response).



**Ordering Provider:** An ordering provider is <u>always required</u> when obtaining a PA. Select a name from the previously added providers using the drop down arrow. Alternatively, enter a provider's last name or provider number (NPI or Medicaid ID). After a name has been selected or last name/provider number has been entered, you **must** click '**Go**'. The provider's name, type, NPI and contact information will automatically populate.



Provider Type: Provider Type
Contact Information: Provider's Address
Phone: Provider's Telephone #

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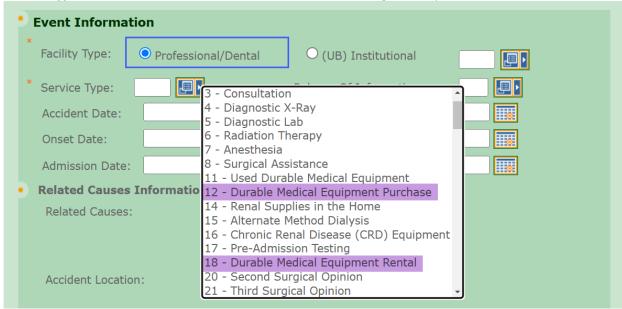


# ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

#### **Event Information**

Facility Type: Select the Professional/Dental radio button.

Service Type: Select 12 - DME Purchase or 18 - DME Rental using the drop down arrow.



**Release of Information:** Select a response using the drop down arrow.



Pattern of Delivery: These fields should be left blank.

Home Oxygen Therapy: These fields should be left blank.

Home Health Care: These fields should be left blank.

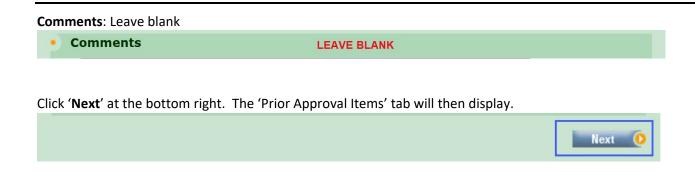
Attachments: These fields should be left blank.



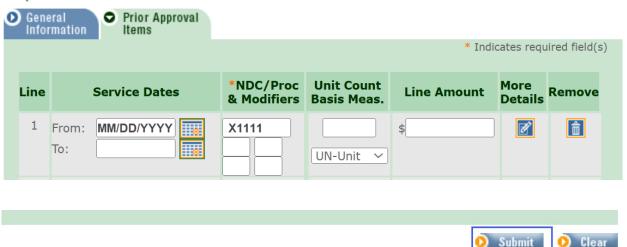
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## ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies



### **PA/DVS Non Dental Items**



**Service Dates:** A 'From' date is always required for a PA request. If the duration of the prior approval is known, enter the end date in the 'To' field. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date(s) from the calendar. Once a date is chosen, it will populate in the field automatically. **Note**: The 'To' field may be left blank.

**NDC/Proc & Modifiers:** Enter the procedure code in the format of one letter and four numbers (e.g. X1111). Enter the 2-character code modifier(s), if applicable.

Unit Count Basis Meas.: Enter the quantity being requested.

**Line Amount:** Enter the total submitted charge.

Clicking 'Submit' will transmit the PA request to the NY Medicaid system. At the top left of the screen, you will see the message: Request Submitted.

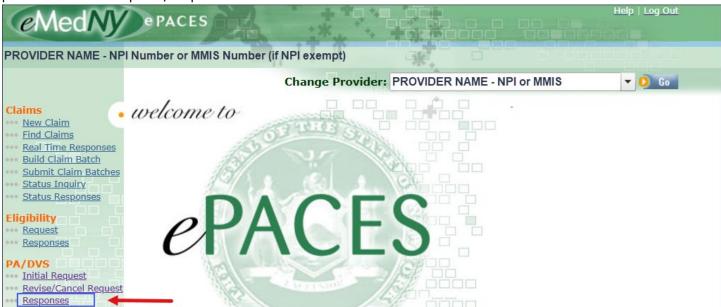
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# ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

### Viewing a PA Response

Clicking **Responses** located under the 'PA/DVS' section in the left-hand menu, will bring up two 'Prior Approval Activity Worklist sections' to assist you in viewing your PA response(s). The top section is for 'Search Criteria', while the bottom portion is for the 'Requests/Responses'.



### **Search Criteria**

This section of the page contains multiple fields that you may use to filter the pool of submitted PA requests. Inquiries made within the past 3 days is the default in order to display the most recent inquiries made. Changing any of the values in the fields and clicking **Search** will refresh the page with the new list of requests displayed in the lower section.

Requested within the last \_\_\_\_ days: Entering a value (must be greater than 0, but no more than 120) in this field will limit the returned requests to only requests made within the specified number of 24-hour periods. For example: If you are viewing this page at 9:00 AM Friday and enter 2 in this field and then click 'Search', the results will display requests made in the past 48 hours made after 9:00 AM on Wednesday. Note: This field cannot be used in combination with the 'From Date' field.

**Client Last Name**: Entering the last name of a member will limit the returned requests to only inquiries made for members where the last name in the database exactly matches what was typed. For example, to find "JOHN SMITH JR." you would need to enter 'SMITH JR.' in this search field.

**Client ID**: Entering the member's client ID will limit the returned requests to only those made for that exact member. The client ID entered must be in the format of **two letters, five numbers and one letter** (e.g. AA11111A).

Service Type: Select 12 - DME Purchase or 18 - DME Rental using the drop down arrow.

**Review Identification #:** Entering the PA number will limit the returned request to that exact authorization. **Note**: This field cannot be combined with any other search criteria.

**Date Sent:** To retrieve requests made on a specific date, enter the date here. The accepted format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date. Once a date is chosen, it will populate in the 'Date Sent' field automatically. **Note**: This field cannot be used in combination with the 'Requested within the last \_\_\_\_\_ days' field.

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## ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

**Action:** Enter or select (using the drop down arrow) a desired code by which to filter the PA requests to be displayed. The provided list will include all valid action codes.

#### All Transactions for this Provider / Just my Transactions:

- Selecting 'All Transactions for this provider' will return all PA requests submitted by the selected provider shown in the top left corner of the screen.
- Selecting 'Just my Transactions' will return only the PA requests submitted by you.

### **Prior Approval Activity Worklist**



#### Requests/Responses

This section of the page contains the listing of the PA requests that match the 'Search Criteria' you entered. If minimal search criteria were entered, the list displayed could be quite lengthy. **Note:** PA requests are displayed in order of most recent submission.

**Client ID**: Displays the client ID entered on the PA request. **Note:** The client ID will be a hyperlink and clicking the hyperlink will open the details of the PA response.

Name: Displays the client's name in the following format: Last Name, First Name Middle Initial.

**Date Sent:** Displays the date (MM/DD/YYYY) that the PA request was submitted.

**Service Type:** The service type selected will display here.

**Review ID Number:** The PA authorization number, if available, will display here.

**Action:** Displays the action code received in the PA response.

- 'A1' will display a Response Descriptive Text of 'Certified in Total' and means the PA has been approved.
- 'A3' will display a Response Descriptive Text of 'Not Certified' and means the PA has not been approved.
- 'A4' will display a Response Descriptive Test of 'Pended' and means the PA requires medical review.
- 'C' will display a Response Descriptive Text of 'Cancelled' and means the PA has been cancelled.
- 'CT' will display a Response Descriptive Text of 'Contact Payer' and means you should call 800-343-9000.
- 'NA' will display a Response Descriptive Text of 'No Action Required' and means a PA is not required.

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## ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

**Response Descriptive Text:** Displays the description associated with the action code indicated in the adjacent column. Please see **Action:** above.

**Note**: When action code 'A3' is displayed, the Response Descriptive Text will return 'Not Certified' **and** the reject reason code. Some, but not all, of the rejects that could be returned are:

- 0Q Duplicate Request
- OX Service Inconsistent with Provider Type
- OY Service inconsistent with Patient's Age
- 12 Patient is restricted to specific provider
- 25 Services were not considered due to other errors in the request

**Image Upload:** Displays a clickable image when the Action is 'A4' with a Response Descriptive Text of 'Pended, OU-Additional Patient Information required'. See <u>ePACES - Electronic Attachments for Prior Approvals</u> for detailed instructions on uploading documents.



To view the details of a PA response, click on the hyperlinked 'Client ID'. The details returned will be divided into sections (Client Information, Transaction Type, Response, Referring and/or Ordering Provider).

Note: A claim's date of service cannot be prior to the effective date or after the expiration date of the Review ID.

#### Example of a Pended PA Response Detail



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# ePACES - PA Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

### Example of an Approved PA Response Detail



#### **Phone Contact**

eMedNY Call Center: (800) 343-9000

Hours of Operation:

For provider inquiries pertaining to non-pharmacy billing, claims or provider enrollment: 7:30 a.m. - 6:00 p.m. Eastern Time, Monday through Friday (excluding holidays)

For provider inquiries pertaining to eligibility or pharmacy claims: 7:00 a.m. - 10:00 p.m. Eastern Time, Monday through Friday (excluding holidays). 8:30 a.m. - 5:30 p.m. Eastern Time, Weekends and Holidays