eMedNY

Training Video

For NYS Medicaid Providers

ePACES

Key Objectives

Familiarize providers with
how to replace a claim using ePACES

Key Objectives

1. GENERAL INFORMATION
2. INFORMATION THAT CANNOT BE REPLACED
3. FINDING THE TCN VIA ePACES
4. FINDING THE TCN ON A REMITTANCE
5. IMPORTANT REMINDERS
6. REFERENCE & CONTACT INFO

Replacing – General Information

Only previously paid claims can be replaced (adjusted)

A replacement is submitted on the most recently paid claim

Claim status of paid $0.00 can also be replaced

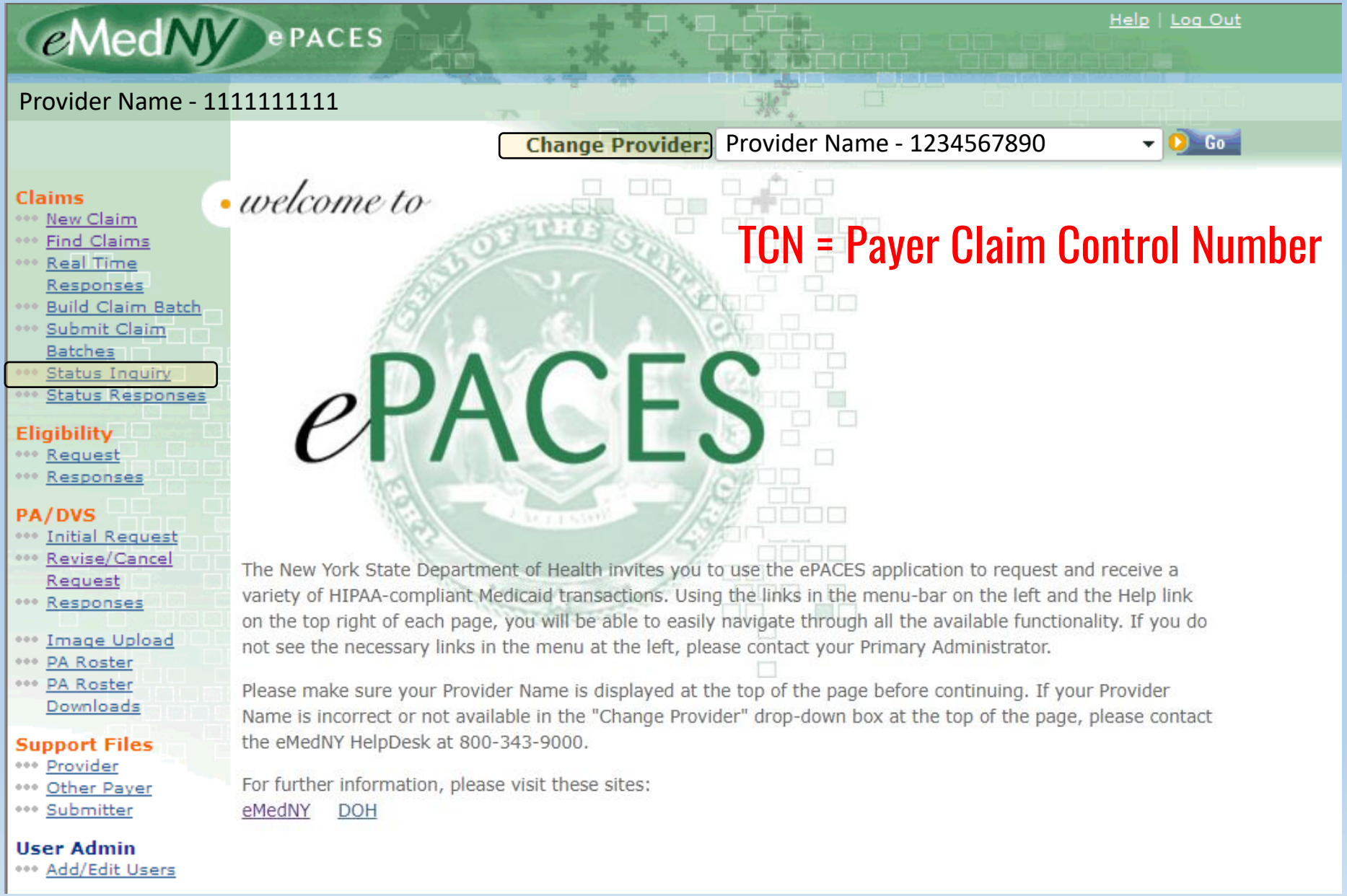
ePACES may be used to replace claims submitted using other methods

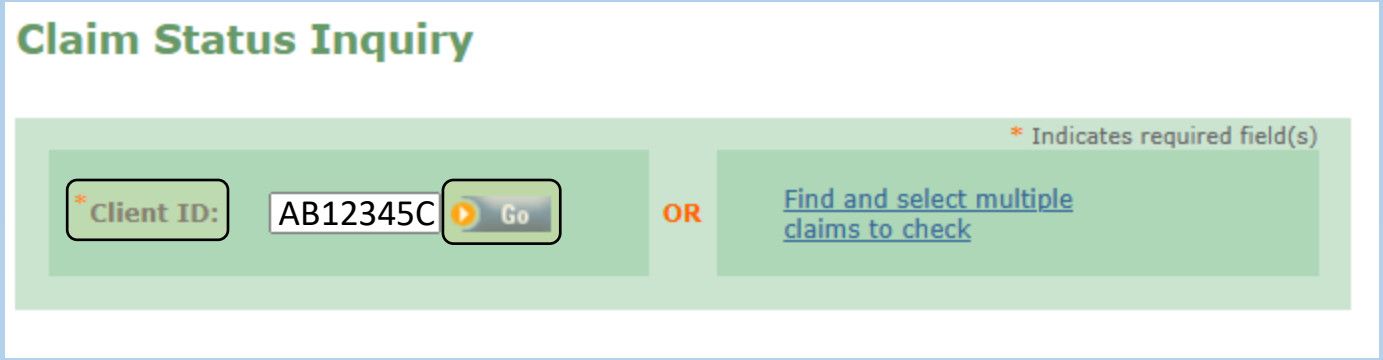
There are two options for replacing a claim in ePACES

Fields That Cannot Be Replaced

- Billing Provider ID
- Group Provider ID
- Member ID
- Claim Type (Example: Institutional to Professional)

Finding the TCN in ePACES




Claim Status Inquiry
* Indicates required field(s)
*Client ID:
AB12345C
Go
OR
Find and select multiple claims to check

* Indicates required field(s)

* Client ID: AB12345C Go

Patient Control #:

Jane Doe
123 Circle Rd
Anywhere, NY 12345

DOB: 05/26/2000

Gender: F

If this is not the correct Client, enter another and click "Go" above.

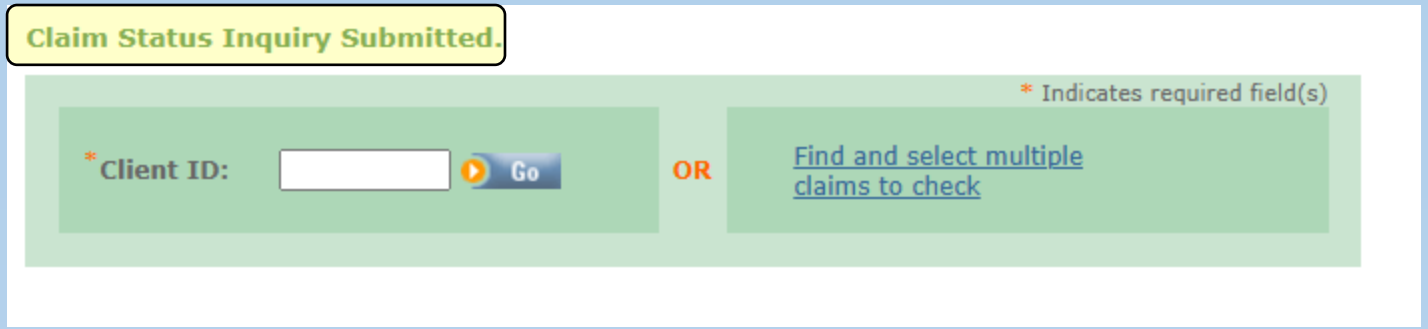
Claim

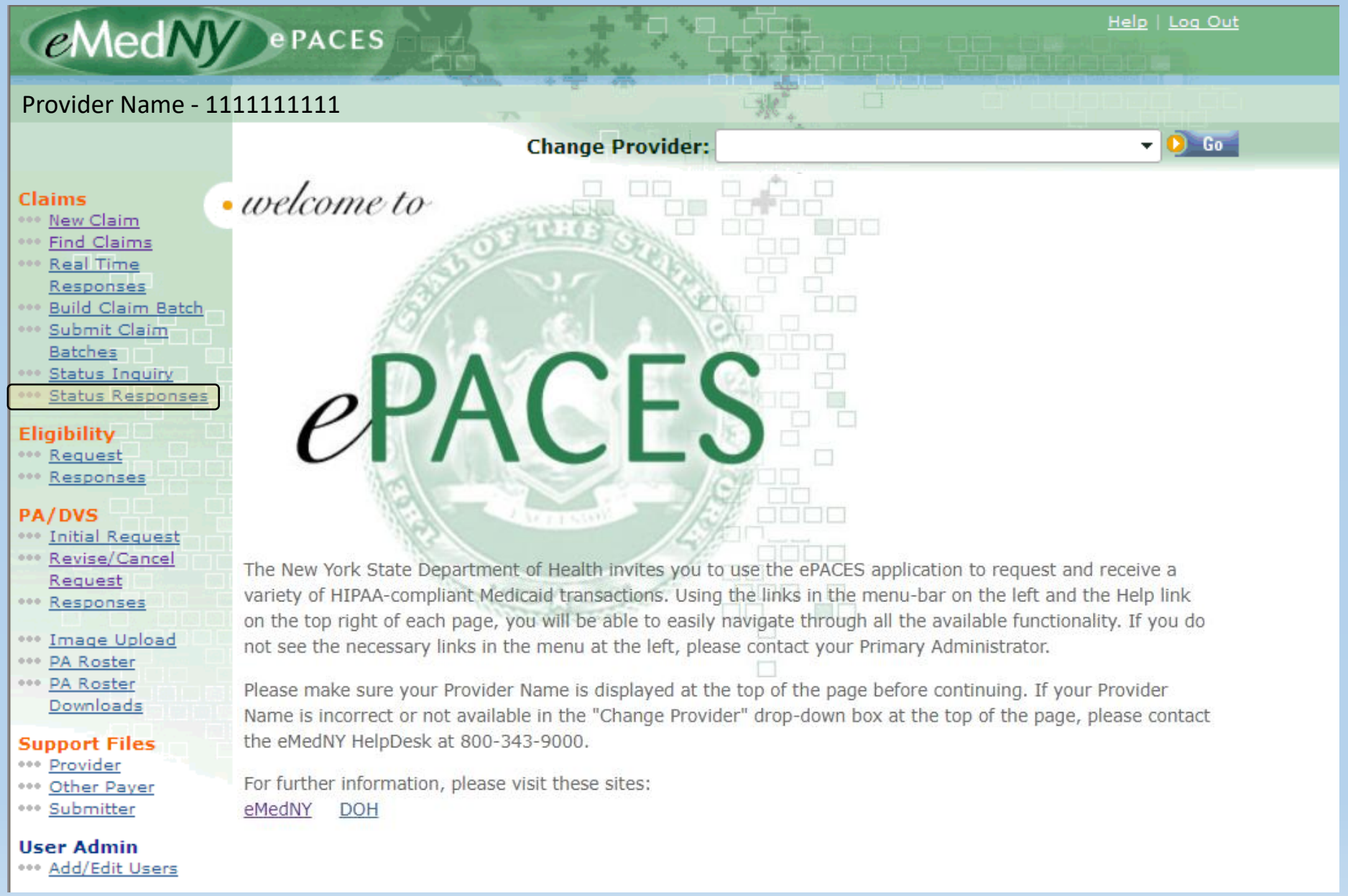
* Date of Service: From: 05/19/2025 To: 05/30/2025

Total Claim Amount:

Payer Claim Control Number:

Submit Clear


Claim Status Inquiry Submitted.
* Indicates required field(s)
* Client ID:
Go
OR
Find and select multiple claims to check


eMedNY ePACES
Help | Log Out
Provider Name - 1111111111
Change Provider:
Go
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
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

Claim Status Activity Worklist

Search Criteria

Requested within the last 1 days

Date Inquiry Sent:

Client Last Name:

Dates of Service: From

Patient Control #:

To

Client ID:

Status:

Show: all transactions for this provider just my transactions

Search Clear

Record 1 of 1

Name	Patient Control #	Client ID	Date Sent	Dates of Service	Status
Doe, Jane		AB12345C	05/04/2025	05/04/2025	Received

Name	Patient Control #	Client ID	Date Sent	Dates of Service	Status

Record 1 of 1

Patient

Client ID: AB12345C **Name:** Jane Doe

Claims

Payer Claim Control#	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date	Remittance Trace#	Remittance Date
2513900056246830	100.00	100.00	05/04/2025	05/04/2025		

Finding the TCN – Paper or PDF Remit

PAGE 03
DATE 08/06/07
CYCLE 1563

MEDICAID
MANAGEMENT INFORMATION SYSTEM

MEDICAL ASSISTANCE (TITLE XIX) PROGRAM
REMITTANCE STATEMENT

TO: ABC PRACTITIONER
123 MAIN STREET
ANYTOWN, NEW YORK 11111

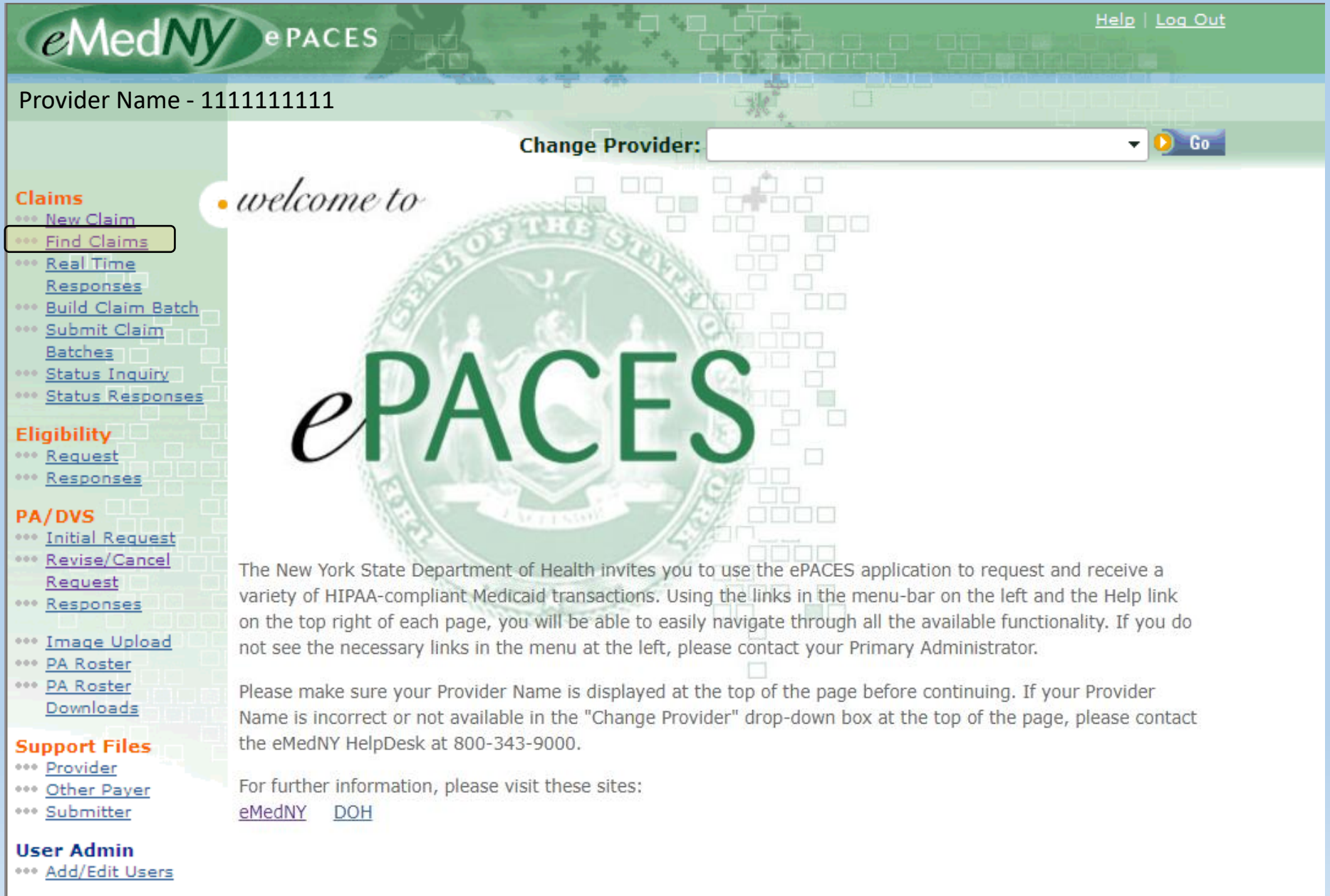
ETIN:
PRACTITIONER
PROV ID: ########/##########
REMITTANCE NO: ##########

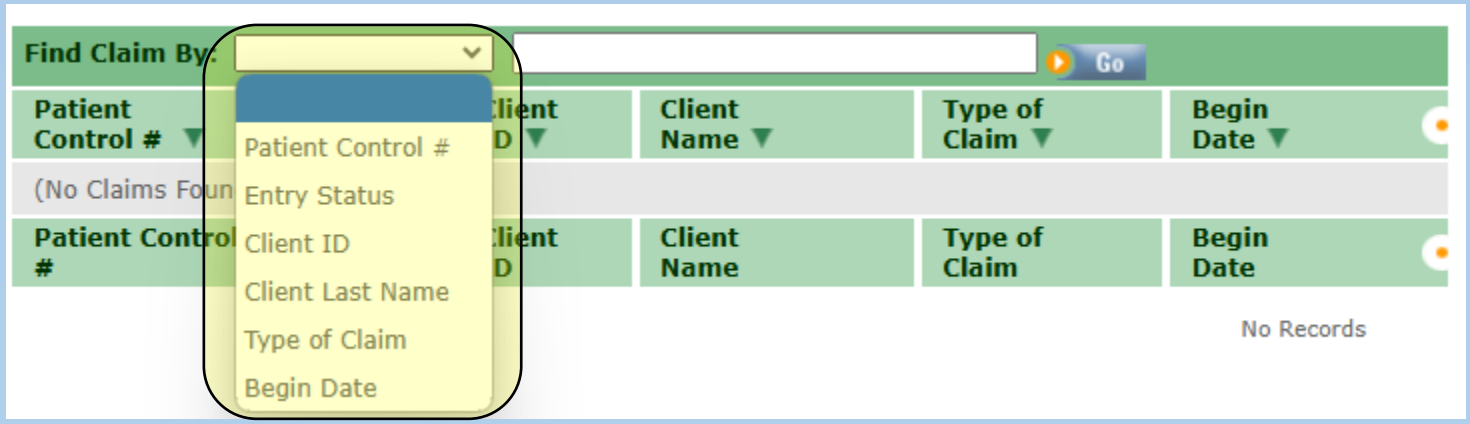
LN. NO	OFFICE ACCOUNT NUMBER	CLIENT NAME	CLIENT ID NUMBER	TCN	DATE OF SERVICE	PROC. CODE	UNITS	CHARGED	PAID	STATUS	ERRORS
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	91105	1.000	14.30	14.30	PAID	
02	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	90846	1.000	14.30	14.30	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	99221	1.000	52.80	52.80	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	99111	1.000	66.00	66.00	PAID	
01						99285	1.000	17.60		ADJT	ORIGINAL CLAIM PAID MM/DD/YY
	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY				17.60-		
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	99281	1.000	14.30	14.00	ADJT	

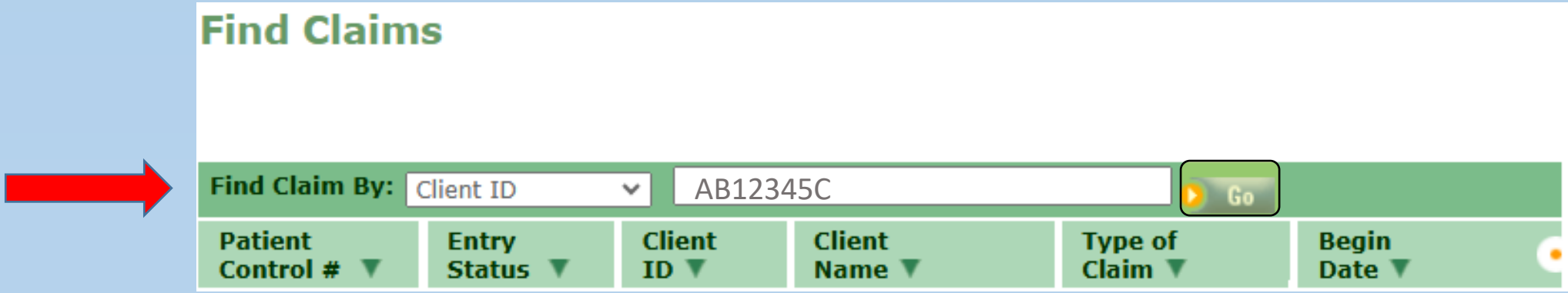
*=PREVIOUSLY PENDED CLAIM
**=NEW PEND

TOTAL AMOUNT ORIGINAL CLAIMS	PAID	147.40	NUMBER OF CLAIMS		4
NET AMOUNT ADJUSTMENTS	PAID	3.60 -	NUMBER OF CLAIMS		1
NET AMOUNT VOIDS	PAID	0.00	NUMBER OF CLAIMS		0
NET AMOUNT VOIDS – ADJUSTS		3.60 -	NUMBER OF CLAIMS		1

Replacement Option 1




Find Claim By:
Go
Patient Control #
Client Name
Type of Claim
Begin Date
(No Claims Foun
Patient Control #
Entry Status
Client ID
Client Last Name
Type of Claim
Begin Date
No Records


Find Claims
Find Claim By:
Client ID
AB12345C
Go
Patient Control #
Entry Status
Client ID
Client Name
Type of Claim
Begin Date

Find Claims

Claim(s) by User ID: Go

Record 1 of 1

Find Claim By: Go

Patient Control #	Entry Status	Client ID	Client Name	Type of Claim	Begin Date
20240510SMITH	Sent	AB12345C	Doe, Jane	RT-Professional	05/04/2025
20240510SMITH	Sent	AB12345C	Doe, Jane	RT-Professional	04/04/2025

Note: Only claims with a Sent status may be replaced.

New Claim - 837 Professional Real Time

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

* Indicates required field(s)

Submission Reason: Original **NPI Number:** 1234567890

***Patient Control Number:** 20240510SMITH

Location Information

Address Line 1: 123 Candy Lane
Address Line 2:
City: Career
State: NY
Zip Code: 11111-1111

Client Information

***Enter a Client ID:** AB12345C

Replicate Claim For New Client

Jane Doe
123 Main Drive
Career, NY 11111-1111

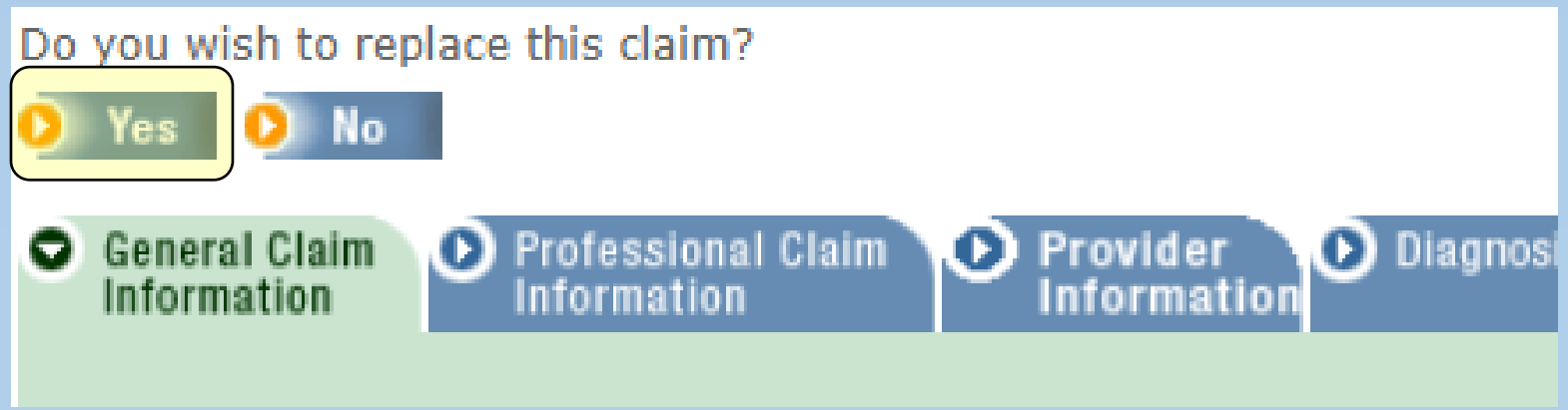
***DOB:**

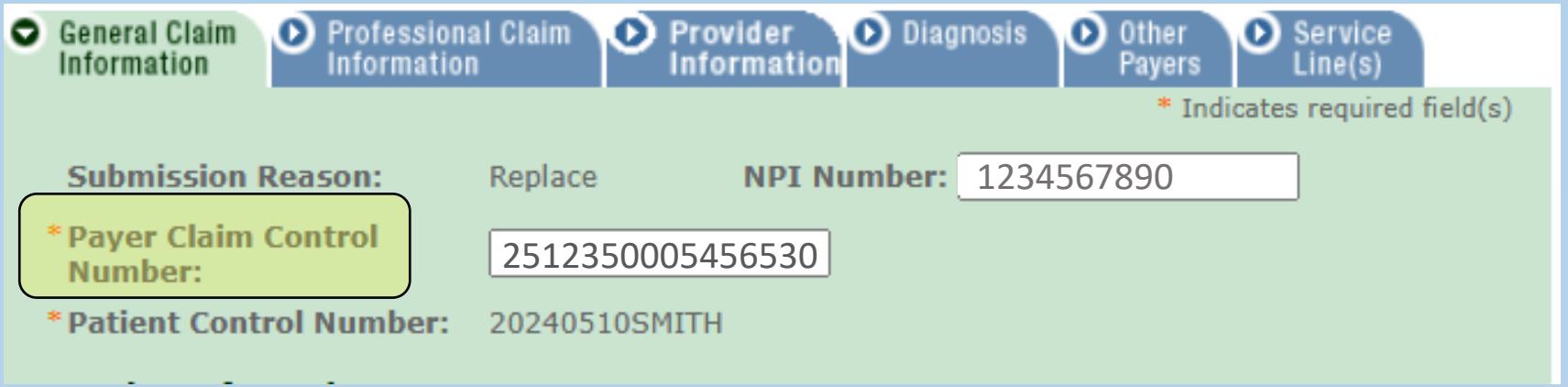
***Gender:** F

***Type of Claim:** Professional Real Time

Next

Void Claim | Replace Claim | Edit Claim


Do you wish to replace this claim?
Yes
No
General Claim Information
Professional Claim Information
Provider Information
Diagnosi


General Claim Information
Professional Claim Information
Provider Information
Diagnosis
Other Payers
Service Line(s)
* Indicates required field(s)
Submission Reason:
Replace
NPI Number:
1234567890
* Payer Claim Control Number:
2512350005456530
* Patient Control Number:
20240510SMITH

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

* Indicates required field(s)

Submission Reason: Replace **NPI Number:** 1234567890

* **Payer Claim Control Number:** 2512350005456530

* **Patient Control Number:** 20240510SMITH

Location Information

Address Line 1: 123 Candy Lane
Address Line 2:
City: Career
State: NY
Zip Code: 11111-1111

Client Information

* **Enter a Client ID:** AB12345C

Replicate Claim For New Client

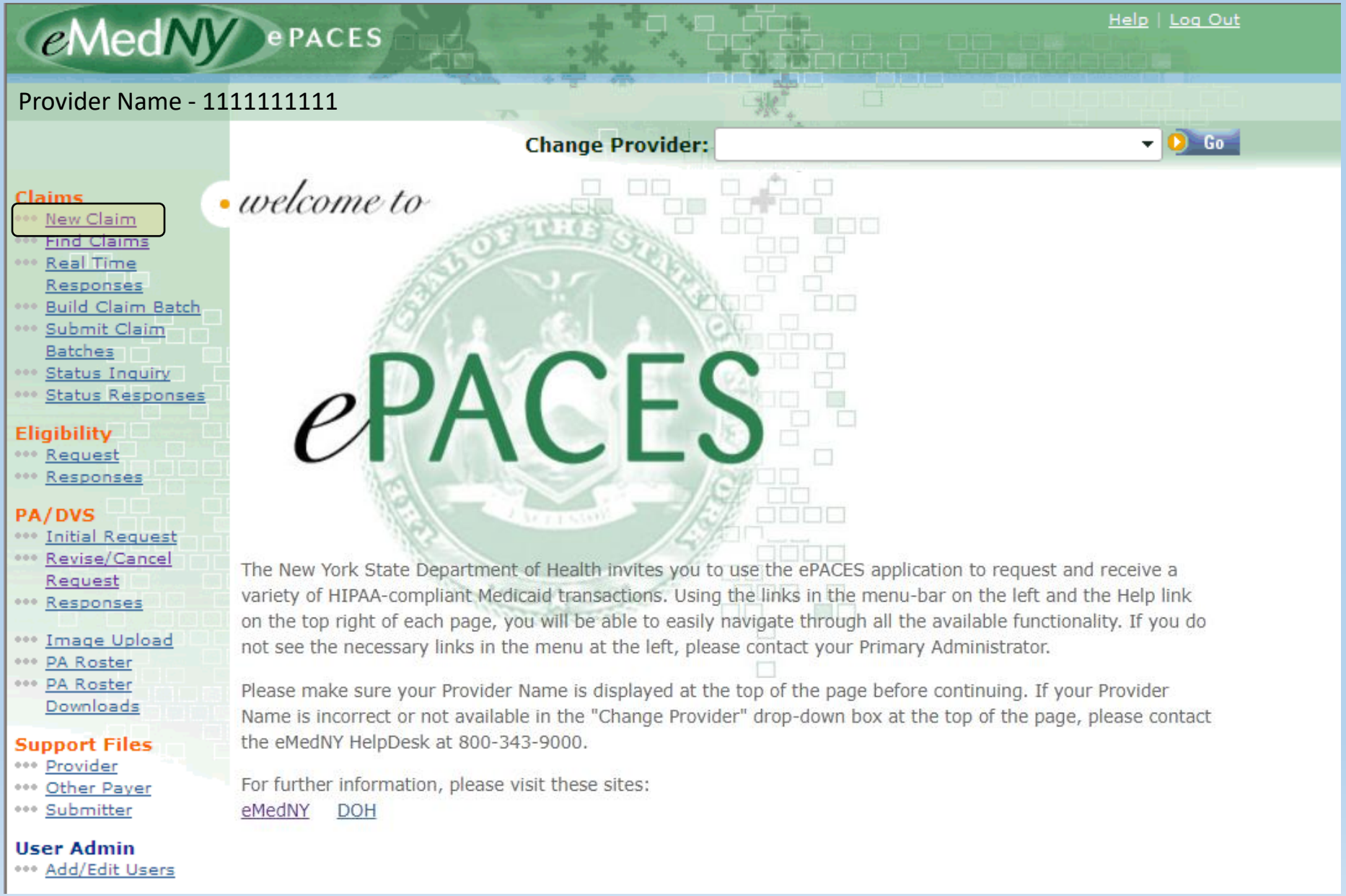
Jane Doe
123 Main Drive
Career, NY 11111-1111

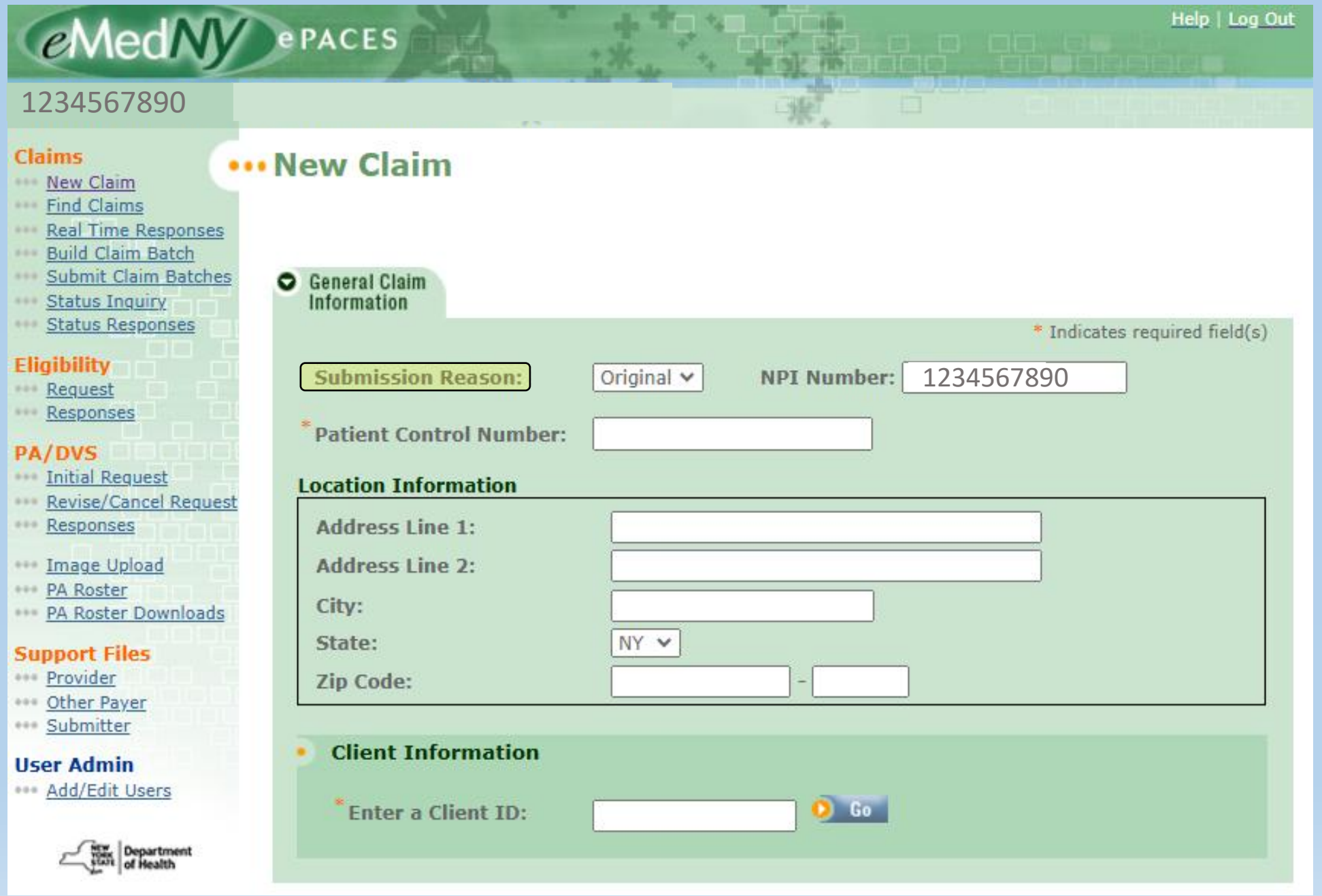
* **Gender:** F

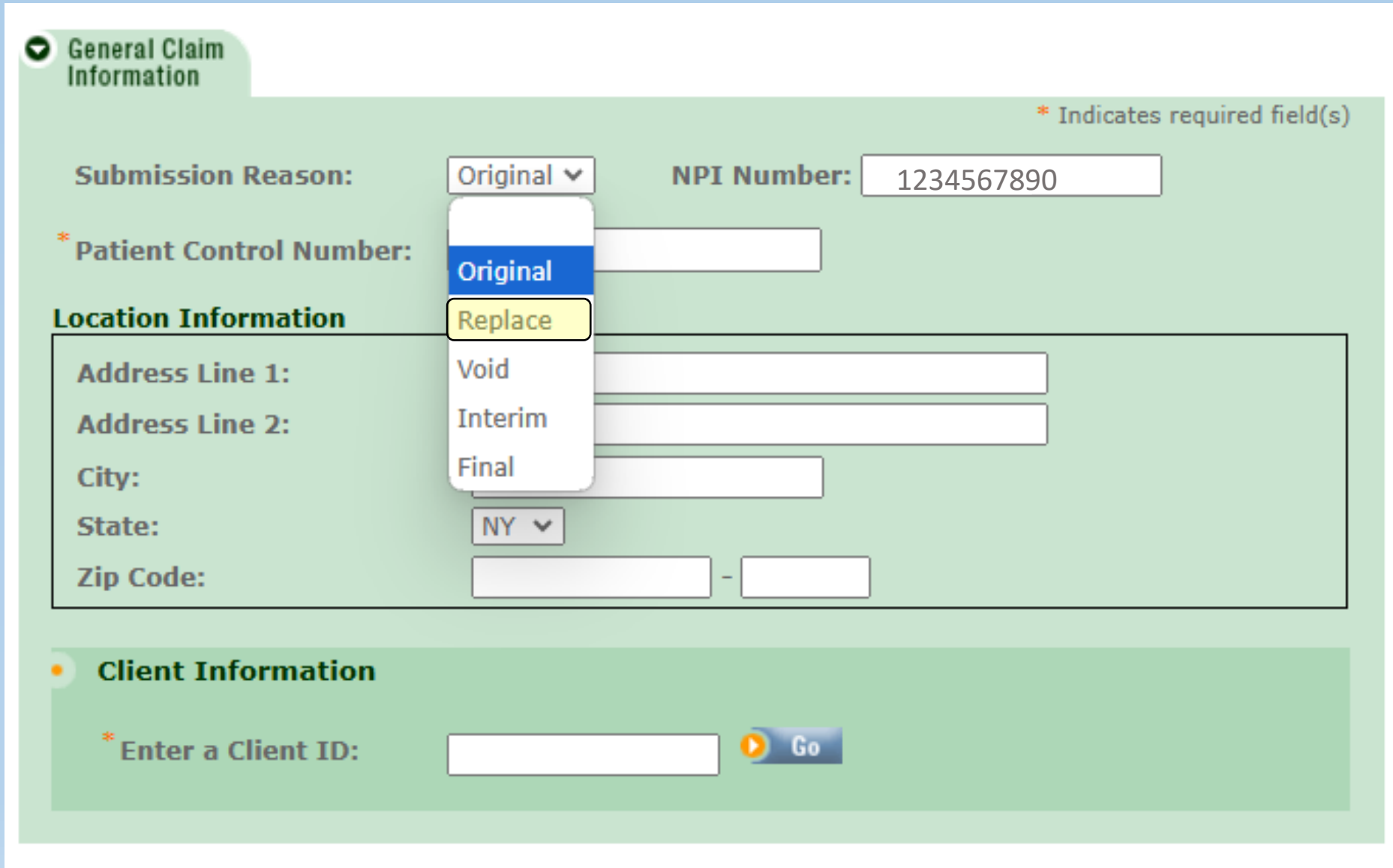
* **Type of Claim:** Professional Real Time

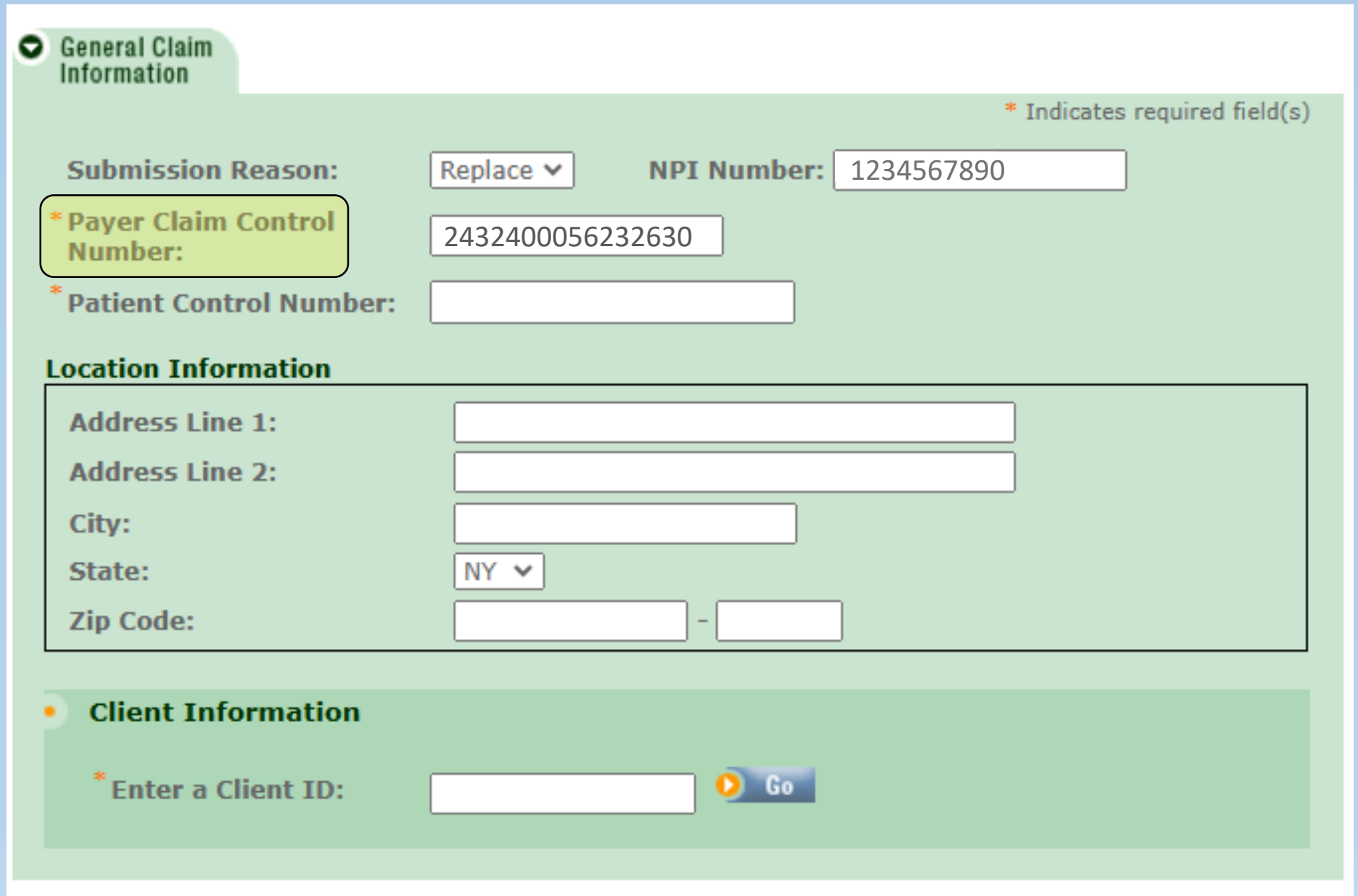
Next

Replacement Option 2




eMedNY ePACES
Help | Log Out
1234567890
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
Department of Health
New Claim
General Claim Information
* Indicates required field(s)
Submission Reason:
Original
NPI Number:
1234567890
* 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:
1234567890
* Patient Control Number:
Original
Replace
Void
Interim
Final
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:
1234567890
* Payer Claim Control Number:
24324000562326 30
* 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: 1234567890

***Payer Claim Control Number:** 2432400056232630

***Patient Control Number:** Doe121424

Location Information

Address Line 1: 123 Candy Lane

Address Line 2:

City: Career

State: NY

Zip Code: 11111 - 1111

Client Information

***Enter a Client ID:** AB12345C Go

Reference and Contact Information

eMedNY Website
- www.emedny.org

ePACES Voiding and Replacing Claims
- https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-Voiding_and_Replacing_Claims.pdf

Claim Quick Reference Guides
- https://www.emedny.org/selfhelp/ePACES/ClaimQuickRefDocs.aspx

eMedNY Call Center
- 800-343-9000

Conclusion of ePACES - How to Replace a Claim

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www.emedny.org