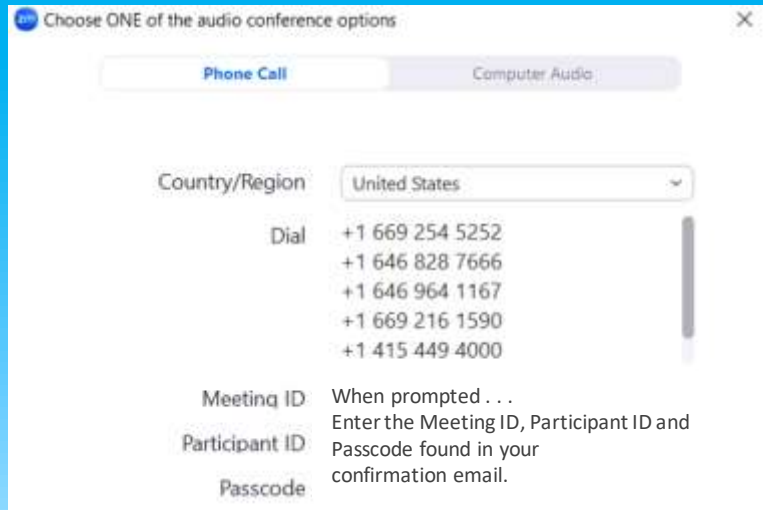


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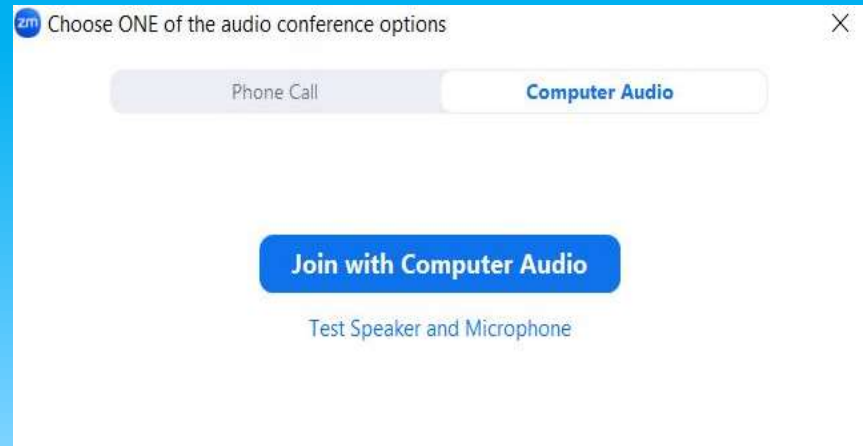
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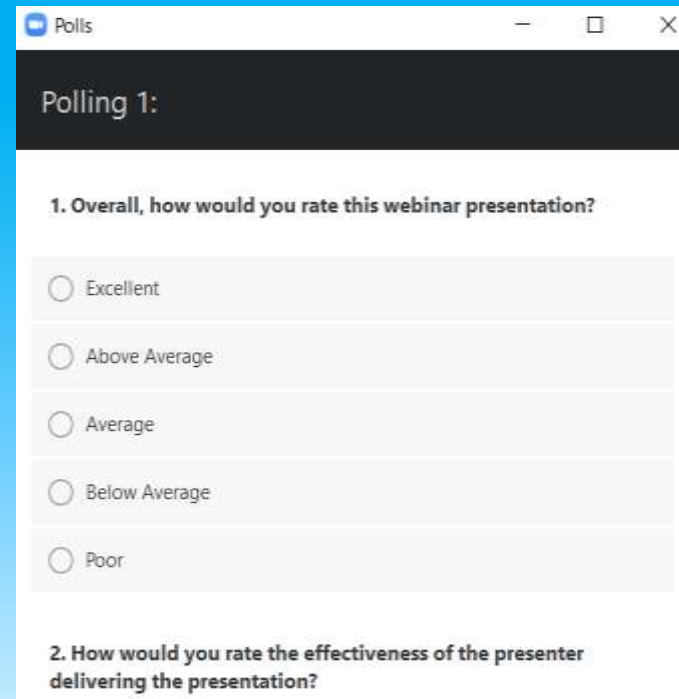
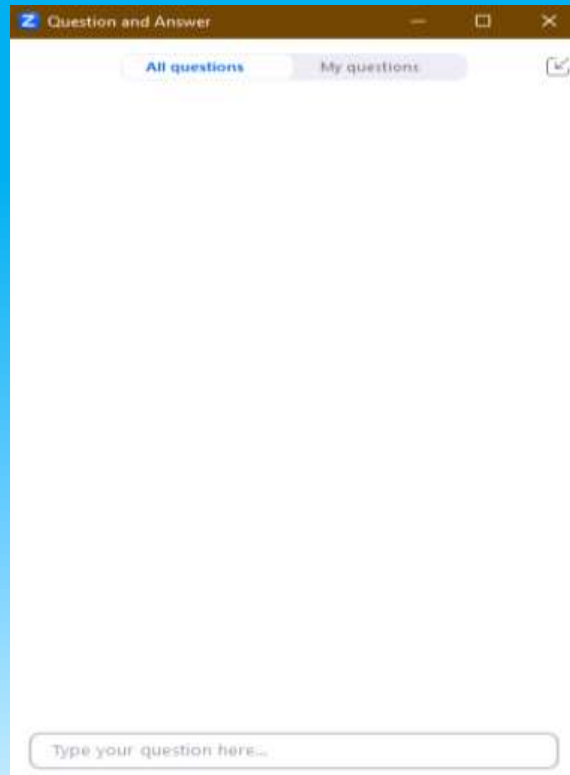
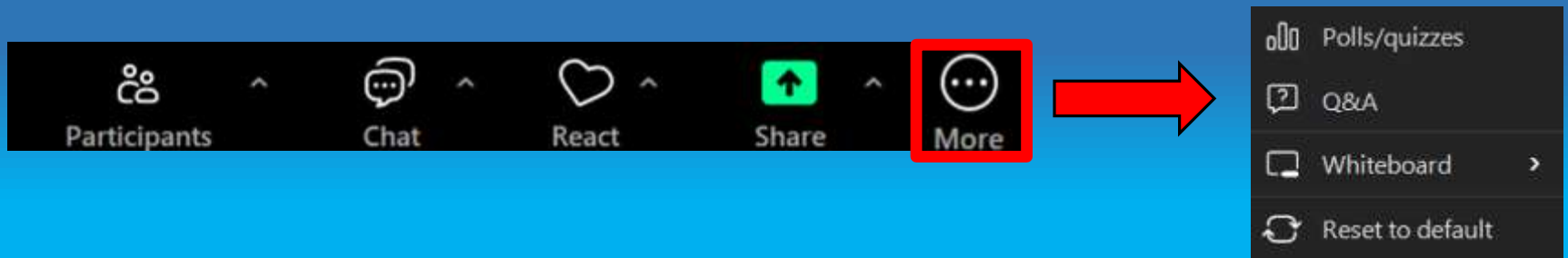
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Click on the link to the [Department of Health's Medicaid Update website](#). This monthly publication is mailed to active providers, and informs providers of up-to-date changes in the Medicaid Program. This website has an index that makes finding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

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

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- [FTP Batch Procedure Manual](#)

Provider Manuals – Doula

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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.ny.gov/new-york-state-medicaid-doula-services-benefit) or email the doula services team at doulapilot@health.ny.gov.

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Provider Manuals – MEVS Manual

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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.



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* Provider Form Instructions

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- [5010 ePACES Dental Claim Reference Guide \(PDF 915KB\)](#)
- [5010 ePACES Professional Real Time Claim Reference Guide \(PDF 872KB\)](#)
- [5010 ePACES Professional Claim Reference Guide \(PDF 947KB\)](#)
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April 10, 2023

Attention: Matching Origin Codes to Correct Prescription Serial Number in Medicaid

Reminder: Prescriptions billed to NYRx, the Medicaid Pharmacy Program require the appropriate origin code and corresponding serial number; the information describes the format the prescription was received. Serial numbers are a unique alphanumeric number on the bottom right of an Official New York Prescription Form (ONYSRx). The table below describes all the different circumstances a prescription may be obtained at various pharmacy types; and will assist in choosing the correct match. **Note:** Prescription drug orders received from a "care coordinator" or other party other than the prescribing practitioner are not valid.

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Provider Type

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DOH Medicaid Updates



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NEW! For Practitioners ONLY
PROVIDER ENROLLMENT MAINTENANCE
PORTAL
ENROLL TODAY!

Pharmacy Benefit Transition
New York State Department of Health Medicaid NYRx
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Are you compliant with NYSDOH EFT Requirement?
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 **NEW MEDICARE CARDS** **MEDICAID MANAGED CARE NETWORK** **PTAR**
click here for more information **REVALIDATION**
click here for more information

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 GDIIT at (800) 343-8000.



1 2 3 4 5

3

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

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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).]

Special Edition COVID-19 Issues

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- [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



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• *welcome to*

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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.

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☒ **I have read and I agree to the Medicaid Confidentiality Regulations**

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PROVIDER NAME - 0123456789

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... Submitter Support File

Submitter Information

Electronic Transmitter Identification Number (ETIN): 0000

DeCertification Date: 12/31/2024

PROVIDER NAME - 0123456789

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• New Eligibility Request

• Client ID

* Enter Client ID:

OR

• Client Information

* First Name:

* Last Name:

* Date Of Birth:

mm/dd/yyyy



* SSN:

OR

County Code:

* Gender:

Male ▾

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:

OR

• Client Information

* First Name:

* Last Name:

* Date Of Birth:

mm/dd/yyyy



* SSN:

OR

County Code:

* Gender:

Male ▼

Ordering/Referring Provider NPI:

* Date of Service: 09/04/2024



* 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

Request has been submitted.

* Indicates required field(s)

• **Client ID**

* Enter Client ID:

OR

• **Client Information**

* First Name:

* Last Name:

* Date Of Birth:

mm/dd/yyyy



* SSN:

OR

County Code:

* Gender:

Male ▼

Ordering/Referring Provider NPI:

*Date of Service:



* **Service Types**

Available for submission:



Filter

- 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	09/04/2024
LL44444X	SMITH, JAMES	09/04/2024
LL55555X	DOE, JANE	09/04/2024
LL55555X	WILLIAMS, ROBERT	09/04/2024
LL66666X	BROWN, JIM	09/04/2024
LL33333X	SMITH, MARY	09/04/2024
LL00000X	JONES, JOHN	09/04/2024
LL77777X	DOE, JANET	09/04/2024

Page size: Page: of 1 1

• Eligibility Response Details

• Client Information:

Client ID: LL11111X
Gender: M
Date of Birth: 4/26/1987
Anniversary Date: 8/01/2024
Recertification: December
County: Nassau
Date of Service: 09/04/2024

Client Name: DOE, JOHN
SSN:
Address 1: ADDRESS LINE 1
Address 2:
City, State Zip: CITY, STATE ZIP
Office: H78 NY Health Benefit Exchange
Plan Date: 8/01/2024

• Medicaid Eligibility Information:

Not MA Eligible

• Eligibility Response Details

• Client Information:

Client ID: LL11111X
Gender: M
Date of Birth: 4/26/1987
Anniversary Date: 8/01/2024
Recertification: December
County: Nassau
Date of Service: 09/04/2024

Client Name: DOE, JOHN
SSN:
Address 1: ADDRESS LINE 1
Address 2:
City, State Zip: CITY, STATE ZIP
Office:
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
Gender: M
Date of Birth: 4/26/1987
Anniversary Date: 8/01/2024
Recertification: December
County: Nassau
Date of Service: 09/04/2024

Client Name: DOE, JOHN
SSN:
Address 1: ADDRESS LINE 1
Address 2:
City, State Zip: CITY, STATE ZIP
Office:
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:

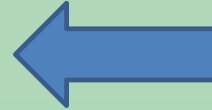
Plan name: UNITED HEALTHCARE OF NY INC
Address: 77 WATER STREET 14TH
NEW YORK, NY 100054407
Phone: (212) 898-8400
Plan Code: MO



Medicare Information:

Other Payer Name: MEDICARE ABDQMB

Medicare Identifier:



Third Party Insurance:

Other Payer Name: TPI HEALTHCARE

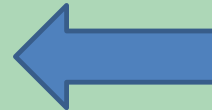
Carrier Code: 01

Other Payer Address: PO BOX 1111
CITY, STATE ZIP

Phone Number: (800) 222-3333

Policy Number: POLN01

Group Number: GRPN01



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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* Indicates required field(s)

Submission Reason:

Original ▼

NPI Number:

Original

Replace

Void

Interim

Final

* **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:**



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

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



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 ☐ 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...](#)

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


























[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
<u>Y</u>	Yes
<u>N</u>	No
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"/>	

[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


























[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"/>	

[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"/>	

[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

<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...](#)

• 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"/>
Code
<input type="text"/>

Group Provider (use if a different entity than

Group Provider Number:

 Previous

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

 Close

 Delete Claim  Finish  Save As Draft  Cancel

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 #:

AND/OR

State License #:

▶ Go

- **Primary Care Provider**

- **Use an Existing Provider**

*Select a Name:



OR Search for a Medicaid Provider:

Last Name:

Provider Number:



OR

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

NPI #:

AND/OR

State License #:



- **Supervising Provider**

- **Use an Existing Provider**

*Select a Name:



OR Search for a Medicaid Provider:

Last Name:

Provider Number:



OR

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

* NPI #:



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
Z322
Z323

Prenatal Support
Support during labor and delivery
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		From: 09/04/2024 To:			Unit			Yes No		
2		From: To:			Unit			Yes No		
3		From: To:			Unit			Yes No		
4		From: To:			Unit			Yes No		
5		From: To:			Unit			Yes 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: 09/04/2024 To:	T1032		Uni			<input type="radio"/> Yes <input type="radio"/> No		
2		<div> <div> Procedure Code: T1032 Prenatal / Postpartum Support T1033 Support during labor and delivery </div> </div>								
3		<div> <div> Modifier: Telehealth https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm </div> </div>								
4		From:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
5		From:			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: 09/04/2024 To:	T1032	84.37	Uni			<input type="radio"/> Yes <input type="radio"/> No		
2		<div> <div>T1032 - Prenatal / Postpartum Support: \$93.75 NYC \$84.37 Rest of State</div> <div>T1033 - Support during labor and delivery: \$750.00 NYC \$675.00 Rest of State</div> </div>								
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		From: 09/04/2024 To:	T1032	84.37	1 Unit			<input type="radio"/> Yes <input type="radio"/> No		
2		From: To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
3		From: To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
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: 09/04/2024 To:	T1032	84.37	1 Unit		1	<input type="radio"/> Yes <input type="radio"/> No		
2		From: To:						<input type="radio"/> Yes <input type="radio"/> No		
3		From: To:						<input type="radio"/> Yes <input type="radio"/> No		
4		From: To:						<input type="radio"/> Yes <input type="radio"/> No		
5		From: To:						<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: 09/04/2024 To:	T1032	84.37	1 Unit		1	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2		From: To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
3		From: To:			Unit			<input type="radio"/> Yes <input type="radio"/> No		
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: 09/04/2024 To:	T1032	84.37	1 Unit		1	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2		From: To:						<input type="radio"/> Yes <input checked="" type="radio"/> No		
3		From: To:						<input type="radio"/> Yes <input checked="" type="radio"/> No		
4		From: To:						<input type="radio"/> Yes <input type="radio"/> No		
5		From: To:						<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:



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](#)

•• Professional Real Time Claim Response Activity Worklist

• Search Criteria


Requested within the last days

Submission Reason:


Client Last Name:

Date Request Sent: 
(mm/dd/yyyy)

Patient Control #:

Dates of Service
From: (mm/dd/yyyy) 

Client ID #:

Dates of Service To: 
(mm/dd/yyyy)

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	09/04/2024 3:55:58	09/04/2024	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
2424800000000030	84.37	84.37	09/04/2024	09/04/2024

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.	09/04/2024	T1032	84.37	84.37	1.00	09/04/2024

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:

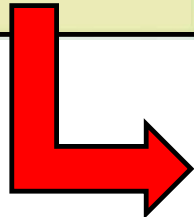
Patient Control #: 12345

Pharmacy Control #:

Payer Claim Control #	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date
2424800000000030	84.37	0.00	09/04/2024	09/04/2024

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	09/04/2024	T1032	84.37	0.00	1.00	09/04/2024



(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, the eMedNY logo is on the left, and navigation links (home, self help, glossary, site map) are on the right. Below the logo is a search bar with the text "ENHANCED BY Google". A horizontal menu contains links: 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" link is highlighted, and a dropdown menu is open, listing: Overview, What's New, 834 FAQs, FAQs, Privacy and Security, Transaction Instructions, Issues Form, Online Resources, Crosswalks, and Edit/Error Knowledge Base (EEKB) Search Tool. A red arrow points from the "Edit/Error Knowledge Base (EEKB) Search Tool" menu item to a graphic in the lower-left corner. This graphic features a map of New York State with the Statue of Liberty, a city skyline, and the text "welcome to eMedNY". On the right side of the page, there is a yellow banner asking "Are you compliant with NYSDOH EFT Requirement?", followed by buttons for "Login ePACES", "Login eXchange", "Medicaid NYRx", "Provider Enrollment Maintenance Portal", "Web Portal", and "Enteral Web Portal".

home | self help | glossary | site map

eMedNY

ENHANCED BY Google

What's New | Information | Provider Enrollment | Provider Manuals | Provider Outreach and Training | Contacts | eMedNY HIPAA Support | eMedNY Tools Center | PTAR

NEW! For Practitioners ONLY
PROVIDER ENROLLMENT MAINTENANCE
PORTAL
ENROLL TODAY!

Pharmacy Benefit Transition
NEW YORK STATE | Department of Health | Medicaid NYRx
LEARN MORE

Overview
What's New
834 FAQs
FAQs
Privacy and Security
Transaction Instructions
Issues Form
Online Resources
Crosswalks
Edit/Error Knowledge Base (EEKB) Search Tool

Are you compliant with NYSDOH EFT Requirement?

Login ePACES
ePACES Information

Login eXchange
eXchange Information

Medicaid NYRx
Member Resource Site

Provider Enrollment Maintenance Portal

Web Portal
Web Portal Information

Enteral Web Portal

welcome to eMedNY

[What's New](#)
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[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 - 6:00pm (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
2424800000000030	84.37	0.00	09/04/2024	09/04/2024

Line Level Status

Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units.	Status Date
------	--------	--------------------	---------------------	--------------------	-------------	--------	-------------

NOTE: Rejected claims **DO NOT** appear on remittance advice

Pre-adjudication Crosswalks

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

The screenshot displays the eMedNY website interface. 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 labeled "ENHANCED BY Google". A horizontal menu contains links for What's New, Information, Provider Enrollment, Provider Manuals, Provider Outreach and Training, Contacts, eMedNY HIPAA Support, eMedNY Tools Center, and PTAR. A dropdown menu is open under "eMedNY HIPAA Support", listing Overview, What's New, 834 FAQs, FAQs, Privacy and Security, Transaction Instructions, Issues Form, Online Resources, Crosswalks (highlighted with a red arrow), Edit/Error Knowledge Base (EEKB), and Search Tool. On the left, a banner for "NEW! For Practitioners ONLY PROVIDER ENROLLMENT MAINTENANCE PORTAL ENROLL TODAY!" is visible. Below it is a graphic of the Statue of Liberty and the text "welcome to eMedNY". On the right, a sidebar contains a yellow warning box about NYSDOH EFT requirements, followed by buttons for Login ePACES, Login eXchange, Medicaid NYRx, Provider Enrollment Maintenance Portal, Web Portal, and Enteral Web Portal, each with a corresponding information link.

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	NYS Medicaid Conditions				INST	PROF	DENT	PROF
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



Department
of Health

Medicaid
Program