

Document Number FOD - 4016



ePACES MEVS Service DVS Request



DVS Request

The following data may be entered when generating a Dispensing Validation System (DVS) request.

* Indicates required field(s)

* Client ID:

Name: DELORES LACOST

Gender: F

DOB: 2/3/1944

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

Enter the desired Client ID and click Go, this will return the associated Client information below the prompt. The client's full name, gender, and birth date will be displayed as confirmation that the correct ID was entered. If this is not the desired client, re-enter the ID and search again.

Card Sequence Number:

Card Sequence Number: The 2-digit sequence number of the Client's Medicaid card should be entered for all requests.

• **Requesting Provider**

Taxonomy Code:

Requesting Provider

Taxonomy Code: Enter the Taxonomy code of the provider submitting the DVS Request. The Requesting Provider is that which is currently logged into the ePACES system; validate the name displayed in the upper left hand corner of the page is the proper Provider. See the Appendix for appropriate Taxonomy Code/Service Type combinations for **NYS Providers** and **Out-of-State Providers**.



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Referring Provider

A Referring Provider must be a Medicaid Provider if the client is restricted. If a Non-Medicaid Provider is entered your transaction will not process. If Referring Provider information is available, you may choose to **select an existing provider** from the list or **search the database** for a Medicaid provider. See Appendix for details.

<p>Use an Existing Provider</p> <p>* Select a Name: <input type="text"/></p> <p><input type="button" value="Go"/></p> <p>OR Search for a Medicaid Provider:</p> <p>Last Name: <input type="text"/></p> <p>Provider Number: <input type="text"/></p> <p><input type="button" value="Go"/></p>	<p>Enter a New Non-Medicaid Provider</p> <p><input checked="" type="radio"/> Person <input type="radio"/> Non-Person Entity</p> <p>* Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Initial: <input type="text"/></p> <p>* EIN or SSN: <input checked="" type="radio"/> EIN <input type="radio"/> SSN</p> <p><input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>* AND/OR</p> <p>State License #: <input type="text"/></p> <p><input type="button" value="Go"/></p>
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Ordering Provider

If an Ordering Provider exists, you may choose to **select an existing provider** from the list, **search the database** for a Medicaid provider, or **enter a Non-Medicaid provider**.

<p>Ordering Provider</p> <p>Use an Existing Provider</p> <p>* Select a Name: <input type="text"/></p> <p><input type="button" value="Go"/></p> <p>OR Search for a Medicaid Provider:</p> <p>Last Name: <input type="text"/></p> <p>Provider Number: <input type="text"/></p> <p><input type="button" value="Go"/></p>	<p>Enter a New Non-Medicaid Provider</p> <p><input checked="" type="radio"/> Person <input type="radio"/> Non-Person Entity</p> <p>* Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Initial: <input type="text"/></p> <p>* EIN or SSN: <input checked="" type="radio"/> EIN <input type="radio"/> SSN</p> <p><input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>* AND/OR</p> <p>State License #: <input type="text"/></p> <p><input type="button" value="Go"/></p>
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**Requested Service**

Type of Service: Enter or select the code for the type of service being rendered, for which DVS is being requested. See the Appendix for appropriate Taxonomy Code/Service Type combinations for **NYS Providers** and **Out-of-State Providers**.

Service Date: The date for which the DVS is being requested. The format for the date is: MM/DD/YYYY and may either be entered in the field or selected from the calendar available by pressing the button to the right of the field. The field will default to the current date.

Release of Information: Enter or select the code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations. A value must be entered for all requests.

Requested Service	
Type of Service:	<input type="text"/>
* Service Date:	<input type="text" value="06/13/2008"/>
* Release of Information:	<input type="text"/>

Co-payment Information

Exempt From Co-Pay? To bypass Co-pay processing select 'Yes', otherwise select 'No'.

Co-Payment Information	
* Exempt from Copay?	<input type="radio"/> Yes <input type="radio"/> No

Pharmacy/DME DVS Information

Item Code: Select whether the value entered in the box is a Procedure Code or an NDC Code.

Enter the code value in the text box below the radio buttons. If entering an NDC Code, you must enter the 11-digit code with no hyphens. If a modifier is required DO NOT enter a space between the Procedure Code and the modifier.

Qty Dispensed: Enter the quantity to be approved.

Pharmacy/DME/Hearing Aid DVS Information		
Units Ordered	Item Code	Qty Dispensed
Pharmacy/DME/Hearing Aid DVS:	<input type="radio"/> HCPCS <input type="radio"/> NDC <input type="text"/>	<input type="text"/>

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**Dental DVS Information**


Dental HCPCS: Enter the Dental procedure code, which applies, to this DVS Request. This value must start with the letter "D". It is not case sensitive. This value is required.

Site Code: Enter the tooth number/code for the tooth related to this service or use the drop down box. The value entered must appear in the pop up window list. This value is not required.

Times: Enter the number of times the procedure will be performed. This value is required.

Dental DVS Information

Dental HCPCS:

Site Code: 

Times:

Once all necessary information has been entered, clicking Submit will transmit the request and clear the data entered so that you may submit another request for authorization. To see the details of a response to your request, click the **DVS Responses** link in the left-hand menu to open the **DVS Activity Worklist**.

Phone Contact

CSC Call Center: (800) 343-9000

Hours of Operation:

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

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

Note: This information was extracted from the **ePACES Help** documentation available internally in the ePACES application (click on the red *Help* link in the upper right corner of the screen) or on www.emedny.org: click on NYHIPAADESK and scroll down to *and click on ePACES General Information and Enrollment* then select *ePACES Help Documentation*.