

Document Number FOD - 4018



ePACES MEVS Service DVS Confirmation



DVS Confirmation Request

The following data may be entered when requesting a DVS Confirmation:

Client ID:

Name: JULIANNE L MORRIS

Gender: F

DOB: 6/9/2003

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 who initially requested the DVS. 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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Requested Service

Type of Service: 

Service Date: 

Requested Service

Type of Service: Enter or select the code for the type of service rendered. 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 was requested. The date may not be greater than the current date. 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.

Pharmacy/DME DVS Information

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

Pharmacy/DME DVS Information

If desired, quantity information from the original request may be entered but it is not required to successfully process the Confirmation.

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.


Qty Dispensed: Enter the quantity to be approved.

Once all necessary information has been entered, clicking Submit will transmit the request and clear the data entered so that you may submit another confirmation request.

To see the details of a response to your request, click the **DVS Confirm Responses** link in the left-hand menu to open the **DVS Confirm Activity Worklist**.

Dental DVS Information

Dental HCPCS:

Site Code: 

Times:

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.

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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. If desired, quantity information from the original request may be entered but it is not required to successfully process the confirmation.

To see the details of a response to your request, click the **DVS Confirm Responses** link in the left-hand menu to open the **DVS Confirm 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*.