



## ePACES PA/DVS Response

### PA/DVS Activity Worklist

You may view the list of PA/DVS Requests by clicking **Responses** under PA/DVS on the left-hand menu. This page has two sections the top contains the **Search Criteria** which you enter to filter the pool of all PA/DVS Requests in the system, and the lower portion is the filtered list of **PA/DVS Confirmation Requests/Responses**. The results may be sorted based on any of the columns by clicking the arrow located in the header of the column.

### Search Criteria Region

This section of the page contains multiple fields that you may use to filter the pool of submitted PA/DVS Requests. When the page is initially accessed from the menu, requests made within the past 3 days are defaulted to display the most recent requests made. Changing any of the values in the fields and clicking Search will refresh the page with the new list of inquiries displayed in the lower portion.

**Requested within the last \_\_\_\_ days:** Entering a value in this field will limit the displayed requests to only requests made within the specified number of 24-hour periods. For example, if you open this page at 9:00 AM Friday and enter 2 in this field then click Search, the results will display requests made in the past 48 hours which translates to requests made after 9:00 AM on Wednesday in this example. The value entered in this field must be greater than 0, and will be defaulted to 3. NOTE: this field cannot be used in combination with the "Date Sent" field.

**Client Last Name:** Entering the last name of a client will limit the returned requests to only inquiries made for clients 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 Client ID will limit the returned requests to only requests made for that exact value.

**Service Type:** Enter the service type using the associated pop-up.

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



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**Date Sent:** To retrieve requests made on a specific date, enter the date here. The format should be: MM/DD/YYYY or may be selected from a calendar by clicking the calendar drop-down button. NOTE: this field cannot be used in combination with the "Requested within the last \_\_\_\_ days" field.

**Action:** Enter or select a desired code by which to filter the PA DVS Requests to be displayed. The provided list will include all valid Action codes.

**Show all transactions/Show just my transactions:** Selecting "all transactions" will return all PA/DVS Requests made by users of your facility(s). Selecting "just my transactions" will return only the PA/DVS Requests created by you, the current user.

### Request/Response Region

Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
<a href="#">LL12345X</a>	DOE, JANE	5/3/2011 9:26:42 AM	5		A3	Not Certified	
<a href="#">LL12345X</a>	DOE, JANE	5/4/2011 11:23:41 AM	35		C	95-Patient Not Eligible	

This section of the page contains a table listing the PA DVS Confirmation Requests that match the filtering criteria as defined in the above section. With minimal criteria, this list could become quite lengthy which is why there is a default of displaying requests made within the past 3 days. As soon as a Request is submitted, it will be displayed at the top of this list as requests are displayed in descending order of when they were submitted.

**Client ID:** The Client ID for which the request was made. Once a response has been received for a request, the Client ID will become a hyperlink. Clicking the hyperlink will open the details of that response.

**Name:** This value is the Client Name in the following format: "LastName, FirstName MiddleInitial".

**Date Sent:** The date when the Request was sent to NY Medicaid. The format will be: MM/DD/YYYY.

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

**Reviewer ID Number:** The PA/DVS Number will display here.

**Action:** The Action Code received in the DVS Response from NY Medicaid.

**Response Descriptive Text:** The Action Code or Reject Reason description associated with the Action in the adjacent column.

**Image Upload:** User can upload Image for desired PA by clicking Image upload button from the PA Activity Worklist Page. It will open a separate window to upload image for desired PA.



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\* indicates required fields

**Image Upload**  
PA Number: 53000018549  
\* Image Type: MR - MRI  
\* File Type:  gif  jpg  png  tif  
\* File Upload:    
  
(Once all required fields are populated and local image file is selected, click upload button.)

**Image Activity List**

User	Local Image Name	Document Name	Sent Date	Status	Source	Image Type

NOTE: A transaction, which has somehow failed in the transmission to eMedNY, will be marked with a Status of "Retry", and will not have a hyperlinked response. If this is the case, you must resubmit your PA Request.

### PA/DVS Response Details

The PA/DVS Response Details page contains the information that was received from NY Medicaid. The amount of information contained in the response is dependent on the specific plan in which the client is enrolled.

The information presented is divided into sections. Any or all of these sections may be blank depending upon the level of information supplied by NY Medicaid.

**Client Information**  
\* Client ID: LL12345X  
Patient Account #: TEST  
Name: Jane Doe  
Gender: F  
DOB: 01/01/0001

**Client Information** - Includes the patient's ID, patient account #, name, gender and date of birth to assist in ensuring confirmation was requested for the proper individual.

**Transaction Type:** Dental - DVS

**Transaction Type** – Displays the Transaction Type that was selected for the PA or DVS Initial request.



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<b>Response</b>	
Action Code:	
Issue Date:	Review ID Number: 83000017661
Effective Date: 4/4/2011	Expiration Date: 3/29/2012
<b>Prescribing Provider</b> No Provider Chosen	

**Response** - NY Medicaid's response to the request for PA/DVS. Responses indicating approval will be displayed in **Black**; while denial and error responses will be displayed in **Red**.

**Action Code:** This explains the actions taken by the Reviewer.

**Issue Date:** This will display the date the PA/DVS was issued.

**Reviewer ID Number:** The PA/DVS number assigned will display here.

**Effective Date:** This is the date the PA/DVS is effective.

**Expiration Date:** This is the date the PA/DVS is expired.

**Prescribing Provider:** If a prescribing provider was entered on the request, it will be displayed here.

**Ordering Provider:** If an ordering provider was entered on the request, it will be displayed here.

<b>Ordering Provider</b> No Provider Chosen
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**Event information:** If fields were entered under Event Information they will be displayed here.



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**Event Information**

\* Facility Type:  Professional/Dental  (UB) Institutional

\* Service Type: 12 Release Of Information:

Accident Date: Service Date: From: 4/4/2011

Onset Date: To:

Admission Date: Discharge Date:

**Related Causes Information**

Related Causes:  Employment  
 Another Party Responsible  
 Auto Accident

Accident Location: NY US

**Diagnosis**

Primary: Secondary:

**Related Causes Information:** If fields were entered under Related Causes Information they will be displayed here.

**Diagnosis:** The Primary diagnosis on the claim s will display here. If there was a secondary diagnosis given on the request that will also display here.

**Pattern of Delivery:** If fields were entered under Pattern of Delivery in the request they will display here on the response.

**Pattern of Delivery**

Unit Count: Frequency: Duration: Calendar Pattern:

PER EVERY FOR

Unit Qualifier: Freq. Type Duration Type: Time Pattern:

**Home oxygen Therapy:** If fields were entered under Home Oxygen Therapy in the request, they will display here on the response.



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**Home Oxygen Therapy**

- \*Oxygen Equipment Type:
- Equipment Reason:
- \*Oxygen Delivery System:
- \*Oxygen Flow Rate:
- Portable Oxygen System Flow Rate:
- \*Test Type Results:
- \*Test Condition:
- Test Findings:
- Daily Oxygen Use Count:
- Oxygen Use Period Hour Count:
- Respiratory Therapist Order:

**Home Health Care:** If fields were entered under Home Health Care in the request, they will display here on the response.

**Home Health Care**

- \*Prognosis:
- \*Start Date:
- Certification Period:
- From:
- To:
- Physician Order Date:
- Last Visit Date:
- Physician Contact Date:
- Admission Period:
- From:
- To:
- Discharge Facility Type:
- Related Surgery Date:
- Related Surgical Procedure:

**Comments:** Any additional comments that were entered on the request.

**Comments**

Once you have reviewed the information displayed on the page, you have two options. You may click the Close button, which will set the status of the response to "Viewed", or you may click Worked to mark the response as such, indicating that follow-up has been completed. Both buttons will close the details page and return you to the PA Activity Worklist.

### Phone Contact

- eMedNY Call Center: (800) 343-9000

Hours of Operation:



## ePACES PA/DVS Response

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**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, 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](http://www.emedny.org).