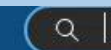eMedNY

Training Video
For NYS Medicaid Providers

ePACES

Key Objectives

Familiarize providers with the
ePACES Dispensing Validation System (DVS) Request
and Response for Durable Medical Equipment (DME)

NOTE: Access to ePACES requires enrollment
Please contact the eMedNY Call Center at 800-343-9000 to enroll in ePACES

PA/DVS Initial Request

General Information

* Indicates required field(s)

Client Information

*Enter a Client ID: AA00000A   ▶ Go

▶ Clear

Select - **Non Dental – DVS** to request a **DVS** for DME
- Procedure code description in DME Provider Manual is preceded by #
- Fee Schedule indicates a PA Code of 6

Provider Service Address

Address Line 1:

Address Line 2:

City:

State:

Zip:

Contact Information

Name:

Telephone: Ext:

E-Mail:

Fax #:

Leave Provider Service Address and Contact Information blank for a DVS Request

A Referring Provider is required when the client is a restricted recipient

Referring Provider

Use an Existing Provider

*Select a Name:

[   ] ▼

(●) Go

OR Search for a Medicaid Provider:

Last Name: [   ]

Provider Number: [   ]

(●) Go

OR

Enter a New Non-Medicaid Provider

* NPI #: [   ]   (●) Go

Ordering Provider

Use an Existing Provider

*Select a Name:

[   ] ▼

(●) Go

OR Search for a Medicaid Provider:

Last Name: [   ]

Provider Number: [   ]

(●) Go

OR

Enter a New Non-Medicaid Provider

* NPI #: [   ]   (●) Go

An Ordering Provider is required on all DME DVS requests

Event Information

Facility Type: (•) Professional/Dental   ( ) (UB) Institutional [ ] [⊞]▸

Service Type: [ ] [⊞]▸   Release Of Information: [ ] [⊞]▸

Accident Date: [ ] [⊞]   Service Date: From: [ ] [⊞]

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: [ ]

Event Information

Facility Type: ⦿ Professional/Dental   ○ (UB) Institutional

Service Type:

Accident Date:

Onset Date:

Admission Date:

Related Causes Information

Related Causes:

Accident Location:

Diagnosis

Primary:

Codes

Code	Description
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion

Event Information

Facility Type: ⦿ Professional/Dental   ○ (UB) Institutional   [ ] 🗔▸

Service Type: [ ] 🗔▸   Release Of Information: [ ] 🗔▸

> M - The Provider has Limited or Restricted Ability to Release Data
> Y - Yes, Provider has a Signed Statement Permitting Release of Medica

Accident Date: [ ] 📅

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:** [ ]

Pattern of Delivery, Home Oxygen Therapy and Home Health Care sections:

Leave blank for a DME DVS Request

Attachments

Type	Transmission Code	Control Number	Description

Enter More Attachments...

Certification Category **Condition Codes**

Enter More Certification Information...

Comments

Next ⊙

REMINDER: A DVS request requires the <u>current date</u> and not a past or future date

Enter modifier(s) when applicable

DVS – Response Action Codes

A1: Certified in total - All requested services/units authorized

A3: Not Certified - Requested services/units are not authorized

C: Cancelled - DVS has been cancelled

CT: Contact Payer - Contact the payer for additional information 1-800-343-9000

NA: No Action Required - Authorization unnecessary for service requested

DVS – Response Action Codes

Action Codes and Response Descriptive Text

When Action code 'A3' is received in a DVS response transaction, it is accompanied by a Health Care Services Decision Reason Code in the Response Descriptive Text Field

The codes most used by NYSDOH are listed below

Code	Description
01	Price Authorization Expired
04	Authorized Quantity Exceeded
0C	Authorization/Access Restrictions
0D	Requires PCP authorization
0H	Certification Not Required for this Service
0L	Exceeds Plan Maximums
0N	No Prior Approval
0Q	Duplicate Request
0X	Service Inconsistent with Provider Type

Code	Description
0Y	Service inconsistent with Patient's Age
0Z	Service inconsistent with Patient's Gender
10	Product/service/procedure delivery pattern (e. g. , units, days, visits, weeks, hours, months)
12	Patient is restricted to specific provider
14	Plan/contractual guidelines not followed
21	Transport Request Denied
25	Services were not considered due to other errors in the request.
26	Missing Provider Role

Search Criteria

Requested within the last [3] days

Review Identification #: [   ]

Client Last Name: [   ]

Date Sent: (mm/dd/yyyy) [   ] 📅

Client ID: [   ]

Action: [▾]

Service Type: [   ] 📇▸

Show ○ all transactions for this provider ⦿ just my transactions

🔘 Search   🔘 Clear

Client ID ▽	Name ▼	Date Sent ▼	Service Type ▼	Review ID Number ▼	Cert. Type	Action ▼	Response Descriptive Text	Image Upload
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	12			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total	

Search Criteria

Requested within the last `3` days

Review Identification #: [   ]

Client Last Name: [   ]

Date Sent: (mm/dd/yyyy) [   ] 📅

Client ID: [   ]

Action: [▾]

Service Type: [   ] 🔳▸

Show ◯ all transactions for this provider ⦿ just my transactions

▶ Search   ▶ Clear

Client ID ▽	Name ▼	Date Sent ▼	Service Type ▼	Review ID Number ▼	Cert. Type	Action ▼	Response Descriptive Text	Image Upload
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	12			A3	Not Certified, 25-Services were not considered due to other errors in the request.	
LL02399Q	SMITH, JOAN	6/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total	

Client Information

Client ID: LL02399Q

Patient Account #:

Name: SMITH JOAN

Gender: F

DOB:

Transaction Type: Non Dental - DVS

Response

Action Code: A1-Certified in total

Issue Date: 6/01/2024

DVS number for claim ⟶ Review ID Number: 12345678900

Effective Date: 6/01/2024

Expiration Date: 6/05/2024

Prescribing Provider

No Provider Chosen

NOTE: Service/Delivery must occur between the Effective Date and the Expiration Date

Reference and Contact Information

eMedNY Website
- www.emedny.org

Durable Medical Equipment Provider Manual
- www.emedny.org/ProviderManuals/DME/index.aspx

ePACES Reference Sheets
- https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-DVS_Request.pdf
- https://www.emedny.org/HIPAA/QuickRefDocs/ePACES_DME_DVS_Request_Response_Cheat_Sheet.pdf

eMedNY Call Center
- 800-343-9000

Conclusion

ePACES DVS Request and Response for DME

www.emedny.org