



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)



Microsoft Start

Search the web



Add shortcut

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  
**PORTAL**

ENROLL TODAY!

Pharmacy Benefit Transition



Department of Health

Medicaid NYRx

LEARN MORE

**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



Login PTAR



welcome to

# eMedNY



NEW MEDICARE CARDS



MEDICAID MANAGED CARE NETWORK

PTAR

[click here for more information](#)



REVALIDATION

[click here for more information](#)

**NOTE:** Access to ePACES requires enrollment

Please contact the eMedNY Call Center at 800-343-9000 to enroll in ePACES

• *welcome to*



# ePACES

**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.

[View Medicaid Confidentiality Regulations.](#)

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

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](#)

## •• PA/DVS Initial Request

▼ General Information

\* Indicates required field(s)

### • Client Information

\* Enter a Client ID:

▶ Go

▶ Clear

General Information    Prior Approval Items

\* Indicates required field(s)

**Client Information**

\* Enter a Client ID: AA00000A    Go

Patient Account #:

Name:

Gender:

DOB:

Transaction Type: Dental - DVS

Provider Service Address: **Non Dental - DVS**

Address Line 1:

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**

**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](#)

**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**

• 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



## 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:

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

## Event Information

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

\* Service Type:   Release Of Information:  

Accident Date:   M - The Provider has Limited or Restricted Ability to Release Data  
Y - Yes, Provider has a Signed Statement Permitting Release of Medical Information

Onset Date:   To:  

Admission Date:   Discharge Date:  

## Related Causes Information

Related Causes:  Employment  
 Another Party Responsible  
 Auto Accident

Accident Location:    

## Diagnosis

Primary:

Secondary:

A screenshot of a form with three dropdown menus. Each menu is represented by a light green bar with a white circle containing an orange dot on the left and a downward-pointing chevron on the right. The text in the bars is: "Pattern of Delivery", "Home Oxygen Therapy", and "Home Health Care".

**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
<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"/> 	<input type="text"/>	<input type="text"/>

[Enter More Attachments...](#)

**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...](#)

• Comments





Next 

▶ General Information

▼ Prior Approval Items

\* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: MM/DD/YYYY  To: 	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		

◀ Previous

▶ Submit

▶ Enter Another DVS For This Client

▶ Clear

**REMINDER: A DVS request requires the current date and not a past or future date**

▶ General Information

▼ Prior Approval Items

\* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	Line Amount	More Details	Remove
1	From: <input type="text"/>  To: <input type="text"/> 	<input type="text"/> <input type="text"/>	<input type="text"/> UN-Unit ▼	\$ <input type="text"/>		

Enter modifier(s) when applicable

◀ Previous

▶ Submit

▶ Enter Another DVS For This Client

▶ Clear

**Request Submitted.**



General Information

\* Indicates required field(s)

Client Information

\* Enter a Client ID:

Go

Clear

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](#)

# 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

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

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  days

Review Identification #:

Client Last Name:

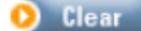
Date Sent: (mm/dd/yyyy)  

Client ID:

Action:

Service Type:  

Show  all transactions for this provider  just my transactions

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
<a href="#">LL02399Q</a>	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.	
<a href="#">LL02399Q</a>	SMITH, JOAN	6/01/2024 3:20:58 PM	18	12345678900		A1	Certified in total	

• Search Criteria

Requested within the last  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
<a href="#">LL02399Q</a>	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.	
<b>LL02399Q</b>	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

Effective Date: 6/01/2024

**Prescribing Provider**  
No Provider Chosen

Review ID Number: 12345678900

Expiration Date: 6/05/2024

DVS number for claim →

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

# Reference and Contact Information

## eMedNY Website

- [www.emedny.org](http://www.emedny.org)

## Durable Medical Equipment Provider Manual

- [www.emedny.org/ProviderManuals/DME/index.aspx](http://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-DVS_Request.pdf)
- [https://www.emedny.org/HIPAA/QuickRefDocs/ePACES\\_DME\\_DVS\\_Request\\_Response\\_Cheat\\_Sheet.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](http://www.emedny.org)