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A DVS Request may be submitted by either an individual Provider or a Provider Group. If submitted for a Group, the ID must be entered on the claim, which applies to the request. A Prior Approval (non-DVS) request must be submitted under an individual provider. The following data may be entered when generating a DVS or Non-DVS request.

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.

Patient Account #: Individual Patient Account Numbers are usually assigned to each visit a client makes to a provider.

Transaction Type: Select the appropriate transaction type from the drop down. The following options are available: Dental – DVS; Dental – Non DVS; Non Dental – DVS; or Non Dental – Non DVS.

Provider Service Address

Address Line1/Line 2: The street and, optionally, building name in the provider's service address.

City, State, Zip: The City, State and Postal Code (Zip +4) associated with the provider's service address.

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Contact Information

Name: An optional name, normally identifying clerical or technical staff.

Telephone Number, Ext, E-mail, Fax #: The telephone number, extension, e-mail address and fax # for the contact person.

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.

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.

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Event Information

Facility Type: Select appropriate Facility Type radio button of either Professional/Dental or (UB) Institutional.

Service Type: Enter the appropriate service type for the service for which you are getting a PA/DVS. Please select an option from the button to the right of the field.

Release of Information: Pick the appropriate option to indicate whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.

Accident Date: If any of the Related Causes boxes will be checked, the date of the accident must be entered. The date may not be greater than the current date. The format of 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.

Service Date From: Enter proposed or actual begin date of service.

Service Date To: Enter proposed or actual end date of service.

Onset Date: If the onset date differs from the date of service, enter the date here. The date may not be greater than the current date.

Admission Date: If applicable, enter the date of admission.

Discharge Date: If applicable, enter the date of discharge.

Related Causes Information

Related Causes: You may select up to three related causes for this claim. If one or more of the options applies to the situation, mark the appropriate check box(es) and enter the Accident Date.

Accident Location: If Auto Accident is selected as a Related Cause, enter the state and country in which the accident occurred, 'NY' and 'USA' are the corresponding default values.

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Diagnosis

Primary: Enter the Primary Diagnosis code. Only ICD-10-CM diagnosis codes are acceptable.

Secondary: Enter the Secondary Diagnosis code. Only ICD-10-CM diagnosis codes are acceptable.

Pattern of Delivery

The Pattern of Delivery section contains fields used to define units of service to be provided over specific periods of time. The following fields are provided:

Unit Count: These fields include a unit value on the top and a qualifier field on the bottom. The qualifier field is a drop-down that allows you to choose Days, Units, Hours, Month, or Visits.

Unit Qualifier: This field is a drop-down that allows you to choose Days, Units, Hours, Month, or Visits.

Frequency: These fields include a frequency value on the top and a frequency type field on the bottom. The type field is a drop-down that allows you to choose Days, Months, or Weeks.

Freq. Type: This field is a drop-down that allows you to choose Days, Months, or Weeks.

Duration: These fields include a duration value on the top and a duration type field on the bottom. The type field is a drop-down that allows you to choose Hour, Day, Years, Episode, Visit, Month, Week.

Duration Type: This field is a drop-down that allows you to choose Hour, Day, Years, Episode, Visit, Month, Week.

Calendar Pattern: This field establishes the frequency (e.g., 1st Week of the Month) that the requested service is to be rendered as it relates to calendar days/weeks.

Time Pattern: This field establishes the time (e.g., 2nd Shift) that the requested service is to be rendered.

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Home Oxygen Therapy

Oxygen Equipment type: These fields allow you to identify the requested equipment type. You must populate at least one of these fields using the adjacent pop-up.

Equipment Reason: Allows you to enter optional free form text that justifies the use of the equipment.

Oxygen Delivery System: This required field can only be populated by the associated pop-up and identifies the method of oxygen delivery.

Oxygen Flow Rate: This required field specifies a patient's oxygen flow rate in liters per hour.

Portable Oxygen System Flow Rate: This optional field specifies a device's oxygen flow rate in liters per hour.

Test Type Results: These required fields include a radio button set that establishes the test type and a text field used to record the test results.

Test Condition: These fields allow you to identify the condition in which the test was administered. At least one of these fields must be populated using the associated popup.

Test Findings: These fields allow you to identify the test findings. At least one of these fields must be populated using the associated pop-up.

Daily Oxygen Use count: The number of times per day a patient must use oxygen.

Oxygen Use Period Hour Count: The number of hours in a period of oxygen use.

Respiratory Therapist Order: Optional free form text describing treatment to be provided by the respiratory therapist.

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Home Health Care

Prognosis: This field captures the patient's prognosis (Good, Fair, etc.) and can be populated by the associated pop-up.

Physician Order Date: The date that a physician ordered the home health care.

Start Date: The date that the home health care is to begin.

Last Visit Date: The date that the physician last saw the patient.

Physician Contact Date: The date that contact was last made with the physician.

Certification Period From/To: These From and To dates establish the period within which the home health care is certified.

Admission Period From/To: These From and To dates establish admission and discharge dates, if any, from a facility prior to start of home health care.

Discharge Facility Type: The type of facility (e.g., Acute Care Facility) from which the patient was or will be discharged prior to the home health care.

Related Surgery Date: The date of a surgery, if any, related to the home health care.

Related Surgical Procedure: These radio buttons and related text field capture whether the procedure is a HCPCS or a ICD-10-CM procedure and the procedure code, respectively.

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Attachments

Type: This field can only be populated by the associated pop-up and identifies the type of attachment.

Transmission Code: This field can only be populated by the associated pop-up and identifies the method by which the attachment will be transmitted to eMedNY.

Control Number: This field identifies the attachment's control number in your records. It is an internal number that is for the provider's office use only and does not correspond to the subsequent PA number issued by NYS Medicaid.

Description: This field describes the attachment.

Certification Category: This field is required if when health care services review is requesting Ambulance Certification, Chiropractic Certification, Durable Medical Equipment, Oxygen Therapy, Functional Limitations, Activities Permitted or Mental Status when relevant to review.

Condition Codes: If entering a certification category, select the appropriate condition code in the list.

Comments: Allows you to enter free form text that clarifies the request.

Once all the necessary information has been entered click the "Next" button.

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Prior Approval Items (Dental)

Line: This is a system-generated value to uniquely identify the Service Line on the claim. The counter will start with 1 and increment with each new Service Line entered. A minimum of one Service Line is required on all claims. Note: If requesting a DVS, only one line will display. If requesting a Non DVS, 5 lines will display.

Service Dates: If requesting a procedure/service on a single date, enter this date in the From Date. However, if the procedure/service will transpire over a period of time, enter the start and end dates in the From and To fields respectively. The date(s) may not be greater than the current date. The format 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. At a minimum, a From Date is required for all Service Lines.

NDC/Proc & Modifiers: Enter the Health Care Financing Administration Common Procedural Coding System identifier (or National Drug Code) for the product/service. This code value is required. Optionally, up to 4 modifiers identifying special circumstances related to the performance of the service may be entered for each code. Note: If entered, the Modifier must be a 2-character code.

Unit Count: Enter the service quantity in this field.

Oral Cav Area: A two-digit code may be entered or selected to identify the area of the oral cavity in which the indicated service is rendered. Additional codes may be entered by clicking the More icon.

Tooth Number: Enter or select the tooth number/code for the tooth related to this service. If multiple teeth are affected by the procedure, additional Tooth Numbers may be entered by clicking the More icon. A Tooth Number may not be repeated on a single line.

Line Amount: The submitted charge amount for this procedure/service must be entered. Note: Zero dollars is a valid charge amount.

More Details: For each Prior Approval Item Line, you may view/enter additional details by clicking the More icon. However, you may only view these additional details once all required elements have been entered. Navigating off this summary page, either by clicking the More icon or moving to another tab, will trigger validation of the data entered on this page. Validation is done one line at a time, so if there are errors on multiple lines you will have to fix each line before seeing the next set of errors.

Remove: If a Prior Approval Line must be removed for any reason, clicking the Delete icon will remove the line and re-sequence the remaining Prior Approval Lines.

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More Details (Dental)

The top of the screen will display information on what service line more button you are on. This includes Line Number, Service Dates, NDC/Proc & Modifiers, Unit Count, and Line Amount that was enter on the Prior Approval Items line.

Oral Cavity Areas: A two-digit code may be entered or selected to identify the area of the oral cavity in which the indicated service is rendered.

Tooth Information: Tooth Number/Tooth Surface Codes: A single Tooth Number and associated Surface Code may be entered/viewed on the main Service Line Summary page; you may add/view a maximum of 32 Tooth Number/Surface Code combinations, however a Tooth Number may not be repeated on an individual Service Line. If a Tooth Number or Surface Information was entered on the Prior Approval Items page, the values will default to the first corresponding field on this page.

Attachments: This group allows you to apply attachments to the line. The Enter More Attachments link allows for the entry of 5 additional attachment fields.

Copy Attachments from line: If you want to copy attachments from a previous line, enter the line number here.

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Type: This field may be populated by using the associated pop-up and identifies the type of attachment.

Transmission Code: This field may be populated by using the associated pop-up and identifies the method by which the attachment will be transmitted or sent to eMedNY.

Control Number: This field identifies the attachment's control number in your records. It is an internal number that is for the provider's office use only and does not correspond to the subsequent PA number issued by NYS Medicaid.

**Description:** This field describes the attachment.

Copy Comments from line: If you want to copy comments from a previous line, enter the line number here.

Comments: The Comments field allows you to enter free form text that clarifies the request. You may copy comments into the current line from another line in the current PA.

Close: After you have completed the additional items for the current line, choose Close to save the information and return to the previous page. If you wish to abandon the additional items for the current line, choose Clear and you will return to the previous page.

Prior Approval Items (Non-Dental)

Line: This is a system-generated value to uniquely identify the Service Line on the claim. The counter will start with 1 and increment with each new Service Line entered. A minimum of one Service Line is required on all claims. Note: If requesting a DVS, only one line will display. If requesting a Non DVS, 5 lines will display.

Service Dates: If requesting a procedure/service on a single date, enter this date in the From Date. However, if the procedure/service will transpire over a period of time, enter the start and end dates in the From and To fields respectively. The format 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. At a minimum, a From Date is required for all Service Lines.

NDC/Proc & Modifiers: Enter the Health Care Financing Administration Common Procedural Coding System identifier (or National Drug Code) for the product/service. This code value is required. Optionally, up to 4 modifiers identifying special circumstances related to the performance of the service may be entered for each code. Note: If entered, the Modifier must be a 2-character code.

Unit Count Basis Meas.: Enter the service quantity in this field.

Line Amount: The submitted charge amount for this procedure/service must be entered. Note: Zero dollars is a valid charge amount.

More Details: For each Prior Approval Item Line, you may view/enter additional details by clicking the More icon. However, you may only view these additional details once all required elements have been entered. Navigating off this summary page, either by clicking the More icon or moving to another tab, will trigger validation of the data entered on this page. Validation is done one line at a time, so if there are errors on multiple lines you will have to fix each line before seeing the next set of errors.

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Remove: If a Prior Approval Line must be removed for any reason, clicking the Delete icon will remove the line and re-sequence the remaining Prior Approval Lines.

More Details (Non-Dental)

The top of the screen will display information on the selected service line. This includes Line Number, Service Dates, NDC/Proc & Modifiers, Unit Count, and Line Amount that was enter on the Prior Approval Items line.

DX Pointer: Enter the applicable DX pointer

Unit Count: These fields include a Units value on the top and a Type field on the bottom. The type field is a drop-down that allows you to choose Days, Units, Hours, Month, or Visits.

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Frequency: These fields include a frequency value on the top and a frequency type field on the bottom. The type field is a drop-down that allows you to choose Days, Months, or Weeks.

Duration: These fields include a duration value on the top and a duration type field on the bottom. The type field is a drop-down that allows you to choose Hour, Day, Years, Episode, Visit, Month, Week.

Calendar Pattern: This field establishes the frequency (e.g., 1st Week of the Month) that the requested service is to be rendered as it relates to calendar days/weeks.

Time pattern: This field establishes the time (e.g., 2nd Shift) that the requested service is to be rendered.

Facility Type Code: Select appropriate Facility Type radio button of either Professional/Dental or (UB) Institutional.

Attachments: This group allows you to apply attachments to the line. The Enter More Attachments link allows for the entry of 5 additional attachment fields.

Copy Attachments from line: If you want to copy attachments from a previous line, enter the line number here.

Type: This field may be populated by using the associated pop-up and identifies the type of attachment.

Transmission Code: This field may be populated by using the associated pop-up and identifies the method by which the attachment will be transmitted or sent to eMedNY.

Control Number: This field identifies the attachment's control number in your records. It is an internal number that is for the provider's office use only and does not correspond to the subsequent PA number issued by NYS Medicaid.

Description: This field describes the attachment.

Copy Comments from line: If you want to copy comments from a previous line, enter the line number here.

Comments: The Comments field allows you to enter free form text that clarifies the request. You may copy comments into the current line from another line in the current PA.

Close: After you have completed the additional items for the current line, choose Close to save the information and return to the previous page. If you wish to abandon the additional items for the current line, choose Clear and you will return to the previous page.

Submit/Enter Another DVS For This Client: Once all necessary information has been entered, you transmit the request by clicking either the Submit button or the Enter Another DVS For This Client button.

- Use **Submit** to clear the data entered so that you may submit a new request for a different client.
- Use **Enter Another DVS For This Clien**t to clear the service data but retain the client data if you intend to submit a new request for the same client.

   NOTE: The Enter Another DVS For This Client function is only available for DVS transaction types (Dental – DVS and Non Dental - DVS).

To see the details of a response to your request, click the **Responses** link in the left menu under PA/DVS to open the **Prior Approval Activity Worklist.**

eMedNY ePACES - PA/DVS Request

Any submitter now has the ability to upload JPEG, GIF, PNG, PDF and TIF attachments to Prior Approvals created through ePACES, submitted on paper or a user's 278 file. After a Prior Approval has been entered, the submitter clicks on PA responses to access the image upload button. An Image Upload button is only available to those Prior Approvals that ARE NOT in finalized status (i.e., Approved or Rejected).

Click on Image upload Button and a new window pops open to upload an attachment.

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* indicates required fields

Image Upload

PA Number: **01199387408**

* Image Type: [MR - MRI ▼]

* File Type: ⦿ gif ○ jpg ○ pdf ○ png ○ tif

* File Upload: [Choose File] No file chosen

[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 ⬍

PA Number: The PA number of the PA that an image will be attached to.

Image Type: Choose what type of Image (i.e., MR-MRI, PH-Photo, or XR-Xray)

File Type: Choose the image file format (i.e. gif, jpg, pdf, png, or tif)

File Upload: Click on "BROWSE" and choose a file from your computer to upload.

> **NOTE:** The Image Uploaded must match the file type or the submitter will receive an error message. For example, if the user selects GIF for their FILE TYPE but the FILE UPLOADED is a TIF, an error message appears indicating that the FILE TYPE and FILE UPLOADED do not match. If the file contains a virus, an error message will appear.

Upload: Once the submitter has selected the correct Image Type, File Type and chosen a file, they can click on Upload to upload the file.

The Image Activity List will keep a track of images that were attached to the PA.

User: The user that submitted the file.

Local Image Name: This field is composed of the user ID, Date/Time Stamp, PA number, Image Type, the number 5, and the file type separated by periods.

> For example: USERID.100728091732.12345678901.MR.5.JPEG

Sent Date: The Date the image was uploaded.

Status: A value of 2 in this field means that the image was uploaded. A value of 4 in this field means that the image has been received and has been successfully attached to the PA in the eMedNY system. A value of 3 means that a virus was found in the image.

Source: Will always be a 5 for ePACES.

Image Type: The type of image that was uploaded (i.e., MR-MRI, PH-Photo, or XR-Xray)

For those PAs that were not created through ePACES, the submitter clicks on PA Roster from their left-hand menu and enters the appropriate information to search for their PA. After they click Search, they will have an Image Upload button in the response section that works in the same fashion as if it were a PA created through ePACES. Once a submitter clicks on Image Upload, a new window pops open to upload an attachment.

ePACES - PA/DVS Request

Phone Contact

eMedNY 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, 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.