

## Obtaining a DVS for Incontinence Products in ePACES

To obtain a DVS prior authorization in ePACES, click on the 'Initial Request' link on the left side under PA/DVS.

**PA/DVS - Initial Request**

**General Information**

**Client Information**

\* Enter a Client ID:

Enter the Client ID in the white text box and click on 'Go'. After clicking 'Go', the general information tab screen will appear displaying the member's information.

**PA/DVS Initial Request**

**General Information**

**Client Information**

\* Enter a Client ID:

Patient Account #:

Name: Doe, John

Gender: M

DOB: 01/01/0001

**Transaction Type:**

**Provider Service Address**

Address Line 1:

Address Line 2:

City:

State:

Zip:

**Transaction Type:** From the drop down, select 'Non Dental – DVS'.

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### Ordering Provider

The screenshot shows the 'Ordering Provider' section of the ePACES interface. It features two main input fields: one for selecting an existing provider from a dropdown menu and another for entering a new non-Medicaid provider's NPI number. Both fields have associated 'Go' buttons. The word 'OR' is used to indicate that either method can be used to identify the provider.

**\*NOTE\* The doctor who wrote the prescription must be in the *Ordering Provider* field. If you do not enter the ordering provider, you will get a rejected DVS.**

Please enter the provider who ordered this service here. If the ordering provider is a Medicaid provider, enter the information on the left hand side of the screen. If they are not a Medicaid provider, enter the provider's NPI on the right hand side of the screen.

#### **Use an Existing Provider**

**Select a Name:** If using an existing provider in your support file, you can select the name of the provider from the list, and then click on 'Go'.

OR

**Last Name:** You can also enter the last name of the provider and click on 'Go'.

OR

**Provider Number:** You can also enter the provider's MMIS ID and click on 'Go'.

#### **Enter a New Non-Medicaid Provider**

**NPI:** If you are entering a new non-Medicaid provider, you can enter the NPI of the provider here.

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### Event Information

**Event Information**

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

\* Service Type: 12   Release Of Information: Y

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

**Facility Type:** Select 'Professional/Dental' as a fee-for-service provider.

**Service Type:** Please select the following service type from the list:

- 12 Durable Medical Equipment

**Release of Information:** Please select 'Y- The provider has a signed statement permitting medical release of information' from the list.

Scroll to the bottom of the page, and click on 'Next.'



The screenshot shows the 'Event Information' form with the 'Next' button highlighted in red. Below the form are three buttons: 'Submit', 'Enter Another DVS For This Client', and 'Clear'.

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### Prior Approval Items

\*\*\* PA/DVS Non Dental Items

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"/> <input type="button" value="Calendar"/>	<input type="text"/>	<input type="text"/> UN-Unit <input type="button" value="▼"/>	\$ <input type="text"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="button" value="Previous"/>						

**Service Dates:** Please enter today's date in the 'From' field. You cannot enter a previous date of service.

**NDC/Proc & Modifiers:** Enter the procedure code you are obtaining a DVS for in the top box. (In order to find the appropriate procedure code please turns to Page 18 of the Procedure Code section of the manual).

**Unit Count Basis Meas.:** Enter the appropriate service quantity for which you are requesting a DVS.

**Line Amount:** Enter the total charge amount for the quantity you are dispensing. (The Unit Count Basis Measure X Price per unit = Line Amount. IE: 250 x .10 = 25.00).

Once you have entered the client's general information and the service information, the request is ready to be submitted.

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### Submitting Requests—Single and Repeated

Requests may be submitted either as a **single** submission for an individual client, or as one of a set of **repeated** submissions for the same client. Repeated submissions retain the client's information in between submissions.



#### **SINGLE REQUESTS**

Single requests use the **Submit** button. The function submits the request and clears the entire request form in preparation for submitting a new request for a different client.

Use the Submit button when the next request is for a different client.

#### **REPEATED REQUESTS**

Repeated requests use the **Enter Another DVS For This Client** button. The function submits the request, but clears only the service information leaving the client information intact in preparation for submitting another request for the same client. Requests may continue being submitted for the same client for each use of the button.

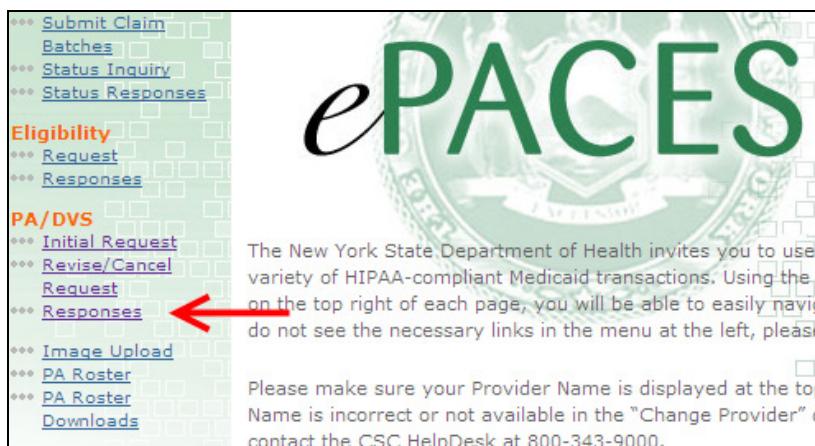
Use the Enter Another DVS For This Client button when the next request is for the same client.

#### **ENDING REPEATED REQUESTS**

Repeated requests are ended by using the Submit button instead of the Enter Another DVS For This Client button. Using the Submit button submits the request and clears the entire form so that a new request may be made for a different client.

## Obtaining a DVS for Incontinence Products in ePACES

### PA/DVS Response



The New York State Department of Health invites you to use a variety of HIPAA-compliant Medicaid transactions. Using the links on the top right of each page, you will be able to easily navigate through the system. If you do not see the necessary links in the menu at the left, please contact the CSC HelpDesk at 800-343-9000.

Please make sure your Provider Name is displayed at the top. If the Provider Name is incorrect or not available in the "Change Provider" dropdown, contact the CSC HelpDesk at 800-343-9000.

To view the response of your DVS prior authorization request, click on 'Responses' on the left side under PA/DVS.

**\*\* Prior Approval Activity Worklist**

**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

Record 1 of 1

Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
LL12345L	Doe, John	12/15/2011 2:42:37 PM	12	00000010130	A1	Certified in Total	<input type="button" value="Image Upload"/>

The 'Reviewer ID Number' is the DVS number. An action code of A1 and Response Descriptive text of 'Certified in Total' means the DVS has been approved. If the DVS prior authorization has been rejected, the message will display in the Response Descriptive Text.