

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.

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/DVS - Initial Request

General Information

* Indicates required field(s)

Client Information

* Enter a Client ID: Go

Clear

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

* Indicates required field(s)

Client Information

* Enter a Client ID: LL12345L Go

Patient Account #:

Name: Doe, John

Gender: M

DOB: 01/01/0001

Transaction Type: Non Dental - DVS

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

Ordering Provider

- **Use an Existing Provider**
 - *Select a Name:
 -
 - OR Search for a Medicaid Provider:
 - Last Name:
 - Provider Number:
 -
- OR
- **Enter a New Non-Medicaid Provider**
 - * NPI #:
 -

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: To:

Onset Date:

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.'

Next

Submit Enter Another DVS For This Client 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"/> 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

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 turn 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.

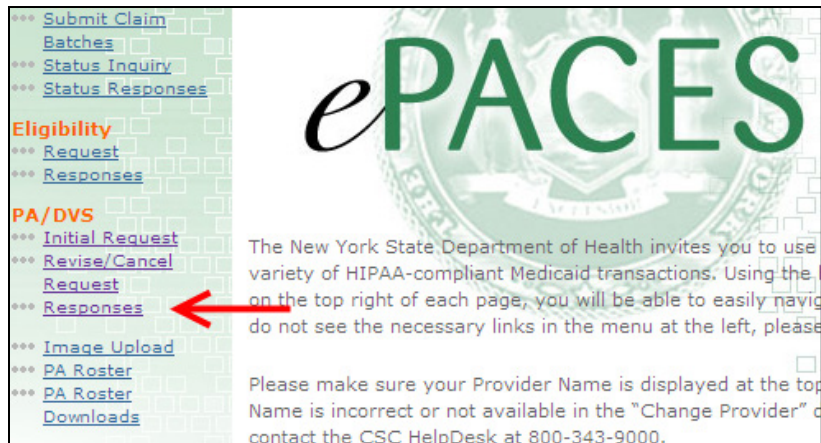
Use the Enter Another DVS For This Client button when the next request is for the same client.

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.

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PA/DVS Response



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	

Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
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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.