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PA/DVS Request

A DVS Request may be submitted by either an individual Provider or a Provider Group. In addition, a request may be submitted as a single submission for individual clients or a repeated submission for the same client. See *Submitting Requests—Single and Repeated* below

If the request is submitted for a Group, the Group ID associated with the DVS request must be entered on the claim. 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.
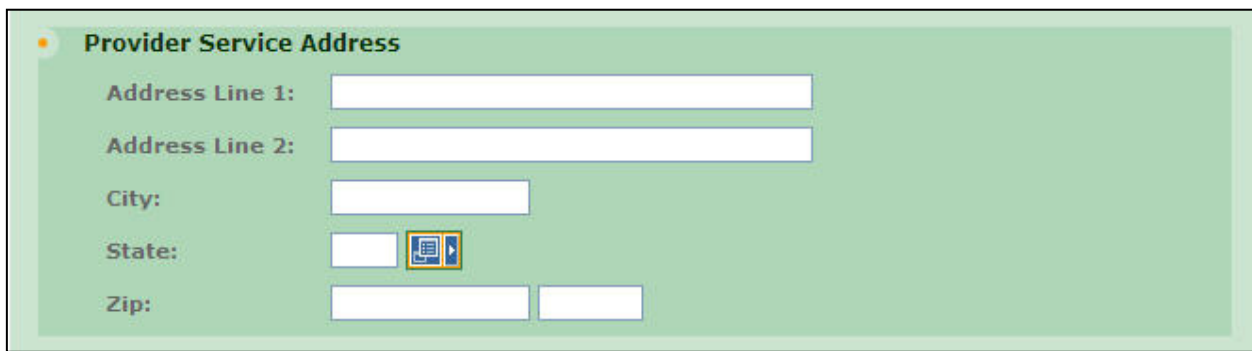
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Patient Account #: Individual Patient Control Numbers are usually assigned to each visit a client makes to a provider. This may also be referred to as the Patient Account Number in the provider's billing system.

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 Line 1/Line 2: Enter the street name and, optionally, the building name or suite number in the provider's service address.

City: Enter the city or town name in the provider's address.

State: Enter the state name in the provider's address.

Zip: Enter the postal code (Zip + 4) associated with the provider's service address.

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Contact Information

Enter the following if applicable:

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

Telephone: The contact's telephone number.

Ext: The contact's extension number.

E-Mail: The contact's e-mail address.

Fax #: The contact's fax number.

Referring Provider

Use an Existing Provider

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Select a Name: From those available in the drop-down list, select the name of a previously used provider documented in the support file to indicate a Referring provider.

Last Name: Enter a Last Name to search for an existing Medicaid provider. This will return a list of providers that match the search criteria. Click the radio button next to the desired provider.

Provider Number: Enter the provider number (MMIS ID or NPI) to search for an existing Medicaid provider.

Enter a New Non-Medicaid Provider

NPI #: Enter the NPI to indicate a New Non-Medicaid provider that is not listed as an option in the Select a Name drop down.

Ordering Provider

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Use an Existing Provider

Select a Name: From those available in the drop-down list, select a name of a previously used provider documented in the support file to indicate an Ordering provider.

Last Name: Enter a Last Name to search for an existing Medicaid provider. This will return a list of providers that match the search criteria. Click the radio button next to the desired provider.

Provider Number: Enter the provider number to search for an existing Medicaid provider.

Enter a New Non-Medicaid Provider

NPI #: Enter the NPI to indicate a New Non-Medicaid provider that is not listed as an option in the Select a Name drop down.

Event Information

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

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Service Type: Enter the appropriate service type for the service for which you are requesting a PA/DVS. Please pick an option from the list.

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 the proposed or actual begin date of service.

Service Date To: Enter the 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.

Diagnosis

Primary: Enter the Primary Diagnosis code. Only ICD-9-CM diagnosis codes are acceptable.

Secondary: Enter the Secondary Diagnosis code. Only ICD-9-CM diagnosis codes are acceptable.

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Pattern of Delivery

These fields are collapsed. To open them, click on '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 displayed:

Unit Count: Enter the number of units requested in this field. The *Unit Qualifier* field below will allow you to choose the type of unit (Days, Units, Hours, Month or Visits) from a drop down list.

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

Frequency: Enter the frequency requested in this field. The *Freq. Type* field below will allow you to choose the frequency (Days, Months or Weeks) from a drop down list. 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 either Days, Months, or Weeks.

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

Duration: Enter the duration requested in this field. The *Duration Type* field below will allow you to choose the duration (Hour, Day, Year, Episode, Visit, Month or Week) from a drop down list.

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

Calendar Pattern: This field establishes when (e.g., 1st Week of the Month) 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

These fields are collapsed. To open them, click on '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 pop-up.

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.

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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.

Home Health Care

These fields are collapsed. To open them, click on 'Home Health Care'.

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

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

Start Date: The date that 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.

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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 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 an ICD-9-CM procedure and the procedure code, respectively.

Attachments

This section gives the Provider a mechanism to indicate that attachments are associated with this prior approval request. Attachments identified in this section apply at the Header level. If you need to identify an attachment that applies to a specific line on the PA, use the Attachments section available through the *More Details* button on the Prior Approval Items tab. Each attachment is identified and described by the fields listed below. Providers sending attachments must obtain the Electronic Transaction Attachment Scanning Sheet from the www.emedny.org website. Each attachment must have an ETA submitted with it to ensure that the scanned document is properly filed in the eMedNY Image Repository.

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

Transmission Code: This field can only be populated using 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.

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Certification Category

Certification Category: This field is required when Health Care Services Review requires a service to be performed by a certified professional. Options are Ambulance Certification, Chiropractic Certification, Durable Medical Equipment, Oxygen Therapy, Functional Limitations, Activities Permitted or Mental Status

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

Comments

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

Once all the necessary information is entered, click on 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 1 Service Line is required on all claims. **Note**: If requesting a DVS, only one line will display. If requesting a Non DVS prior approval, 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: 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.

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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)

* Indicates required field(s)

More Details - PA Item #1

▶ Close   ▶ Clear

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count	*Line Amount
1	From: 06/01/2011 To:	D5220	1.000	$500.00

Oral Cavity Areas

[____] 🔲▶   [____] 🔲▶   [____] 🔲▶   [____] 🔲▶   [____] 🔲▶

Tooth Information

Tooth Number	Tooth Surface Codes	Tooth Number	Tooth Surface Codes
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D
[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D	[____] 🔲▶	☐O ☐M ☐B ☐L ☐I ☐F ☐D

▶ Enter Another

Attachments

Copy attachments from Line [____]

Type	Transmission Code	Control Number	Description
[____] 🔲▶	[____] 🔲▶	[_____]	[_____]
[____] 🔲▶	[____] 🔲▶	[_____]	[_____]
[____] 🔲▶	[____] 🔲▶	[_____]	[_____]
[____] 🔲▶	[____] 🔲▶	[_____]	[_____]
[____] 🔲▶	[____] 🔲▶	[_____]	[_____]

Enter more Attachments

Comments

Copy comments from Line [____]

[_____]

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The top of the screen will display information on what service line's *More* button you are on. This includes Line Number, Service Dates, NDC/Proc & Modifiers, Unit Count and Line Amount entered 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.

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.

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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 1 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.

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 (Non-Dental)

More Details - Item #1

▶ Close   ▶ Clear

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count Basis Meas.	*Line Amount
1	From: 06/01/2011 To: 09/01/2011	S9124	1.000 UN-Unit	$20000.00

• **DX Pointer**

[   ]   [   ]

• **Pattern of Delivery**

Unit Count:	Frequency:	Duration:	Calendar Pattern:

[   ]   [   ]   [   ]   [   ] 📧▶

Time Pattern:

[▼]   [▼]   [▼]   [   ] 📧▶

• **Health Care Services Review Information**

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

• **Attachments**

Copy attachments from Line [   ]

Type	Transmission Code	Control Number	Description
[ ] 📧▶	[ ] 📧▶	[ ]	[ ]
[ ] 📧▶	[ ] 📧▶	[ ]	[ ]
[ ] 📧▶	[ ] 📧▶	[ ]	[ ]
[ ] 📧▶	[ ] 📧▶	[ ]	[ ]
[ ] 📧▶	[ ] 📧▶	[ ]	[ ]

Enter more Attachments

• **Comments**

Copy comments from Line [   ]

[   ]

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The top of the screen will display information on which service line's *More* button you are on. This includes Line Number, Service Dates, NDC/Proc & Modifiers, Unit Count and Line Amount entered on the Prior Approval Items line.

DX Pointer: Enter the applicable DX pointer.

Unit Count: Enter the number of units requested in this field. The *Unit Qualifier* field below will allow you to choose the type of unit (Days, Units, Hours, Month or Visits) from a drop down list.

Frequency: Enter the frequency requested in this field. The *Freq. Type* field below will allow you to choose the frequency **(**Days, Months or Weeks) from a drop down list.

Duration: Enter the duration requested in this field. The *Duration Type* field below will allow you to choose the duration (Hour, Day, Year, Episode, Visit, Month or Week) from a drop down list.

Calendar Pattern: This field establishes when (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.
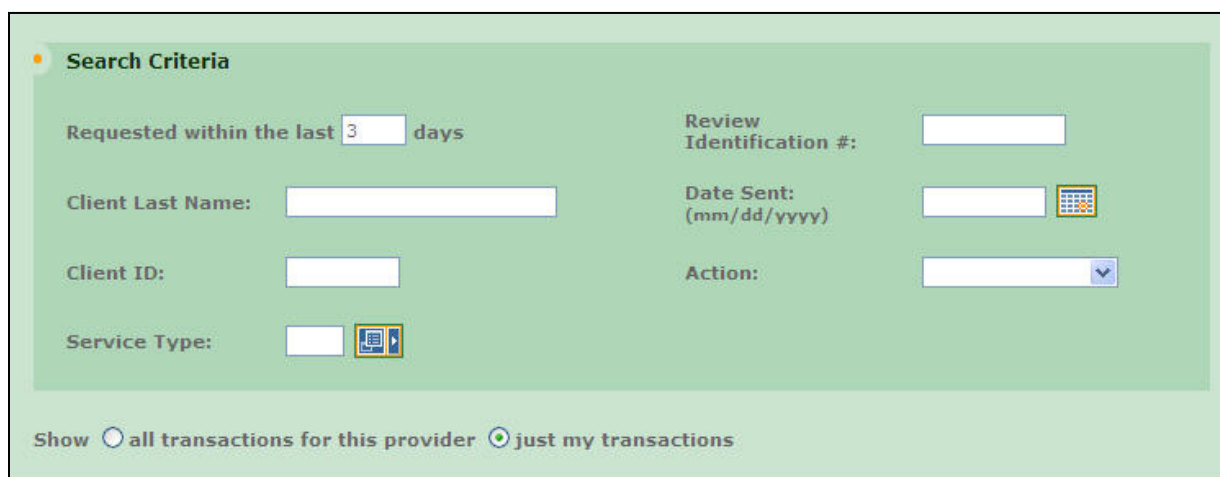
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Close: After you have completed the additional items for the current line, choose *Close* to save the information and return to the previous page. If you wish to abandon the additional items for the current line, choose *Clear* and you will return to the previous page.

PA/DVS Activity Worklist

You may view the list of PA/DVS Requests by clicking *Responses* under PA/DVS on the left-hand menu. This page has two sections, the top contains the Search Criteria which you enter to filter the pool of all PA/DVS Requests in the system. The lower portion is the filtered list of PA/DVS Requests/Responses. The results may be sorted based on any of the columns by clicking the arrow located in the header of the column.

Search Criteria Region

This section of the page contains multiple fields that you may use to filter the pool of submitted PA/DVS Requests. When the page is initially accessed from the menu, requests made within the past 3 days are defaulted to display the most recent requests made. Changing any of the values in the fields and clicking *Search* will refresh the page with the new list of inquiries displayed in the lower portion.

Requested within the last _____ days: Entering a value in this field will limit the displayed requests to only those requests made within the specified number of 24-hour periods. For example, if you open this page at 9:00 AM Friday and enter 2 in this field then click *Search,* the results will display requests made in the past 48 hours which translates to requests made after 9:00 AM on Wednesday in this example. The value entered in this field must be greater than 0, and will default to 3. **Note:** this field cannot be used in combination with the *Date Sent* field.

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Client Last Name: Entering the last name of a client will limit the returned requests to only inquiries made for clients where the last name in the database exactly matches what was typed. For example, to find 'JOHN SMITH JR' you must enter 'SMITH JR' in this search field.

Client ID: Entering the Client ID will limit the returned requests to only requests made for that exact value.

Service Type: Enter the service type using the associated pop-up.

Review Identification #: The PA/DVS number assigned will display here.

Date Sent: To retrieve requests made on a specific date, enter the date here. The format should be: MM/DD/YYYY or may be selected from a calendar by clicking the calendar drop-down button. **Note**: this field cannot be used in combination with the *Requested within the last _____ days* field.

Action: Enter or select a desired code by which to filter the PA/DVS Requests to be displayed. The provided list includes all valid Action codes.

Show all transactions/Show just my transactions: Selecting 'all transactions' will return all PA/DVS Confirmation Requests made by users of your facility(s). Selecting 'just my transactions' will return only the PA/DVS Confirmation Requests created by you, the current user.

Request/Response Region

						Records 1-2 of 2	
Client ID ▽	**Name** ▼	**Date Sent** ▼	**Service Type** ▼	**Review ID Number** ▼	**Action** ▼	**Response Descriptive Text**	**Image Upload**
AA00000Z		5/3/2011 9:26:42 AM	5		A3	Not Certified	
ZZ00000A		5/4/2011 11:23:41 AM	35		C	95-Patient Not Eligible	
Client ID	**Name**	**Date Sent**	**Service Type**	**Review ID Number**	**Action**	**Response Descriptive Text**	**Image Upload**

This section of the page contains a table listing the PA/DVS Confirmation Requests that match the filtering criteria as defined in the above section. With minimal criteria, this list could become quite lengthy which is why there is a default of displaying requests made within the past 3 days. As soon as a Request is submitted, it will be displayed at the top of this list as requests are displayed in descending order of when they were submitted.

Client ID: The Client ID for which the request was made. Once a response is received for a request, the Client ID becomes a hyperlink. Clicking on the hyperlink opens the details of that response.

Name: This value is the Client Name in the following format: 'LastName, FirstName MiddleInitial'.

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Date Sent: The date when the Request was sent to NY Medicaid. The format is MM/DD/YYYY.

Service Type: The service type selected will display here.

Reviewer ID Number: The PA/DVS number assigned will display here.

Action: The Action Code received in the DVS Response from NYS Medicaid.

Response Descriptive Text: The *Action Code* or *Reject Reason* description associated with the *Action* in the adjacent column.

Note: A transaction that failed in the transmission to eMedNY will be marked with a Status of 'Retry', and will not have a hyperlinked response. If this is the case, you must resubmit your DVS Request.

Image Upload

Users can upload an image for a specific PA by clicking the *Image Upload* button on the PA Activity Worklist Page. It opens a separate window to upload the image for the specified PA.

PA Number: The prior approval number that you are uploading images for will display here.

Image Type: Select the type of image that you are about to upload. Options are: MRI, X-Ray and Photo.

File Type: Select the type of file being uploaded. Options are: gif, jpg, png, and tif. Only these file types can be uploaded.

File Upload: Click on "Browse" to select the file you want to upload.

Upload: Once all required fields are populated and a file has been selected, click on this button.

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Submitting Requests—Single and Repeated

DVS 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.

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

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.