eMedNY

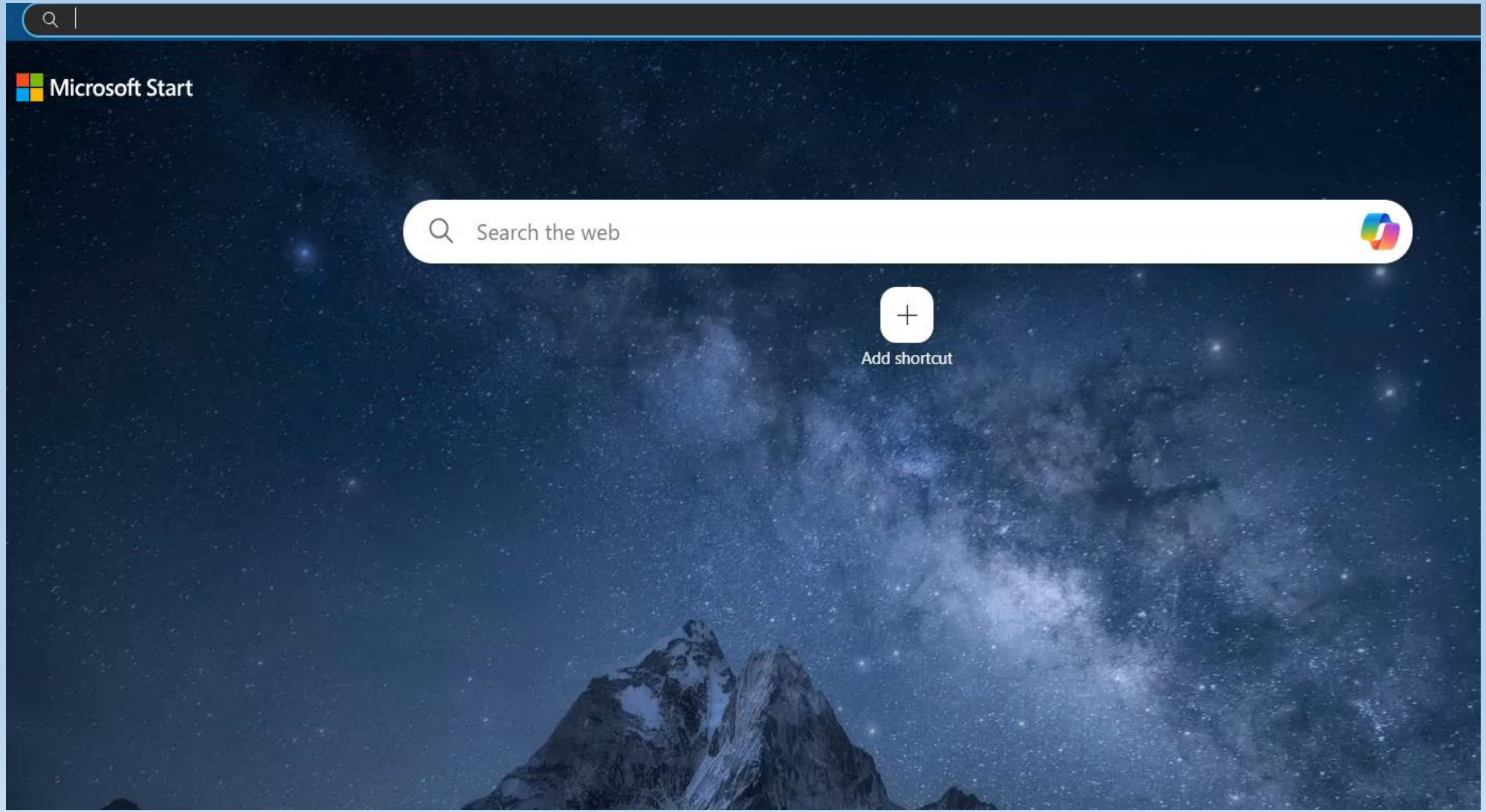
# Training Video

## For NYS Medicaid Providers

# ePACES

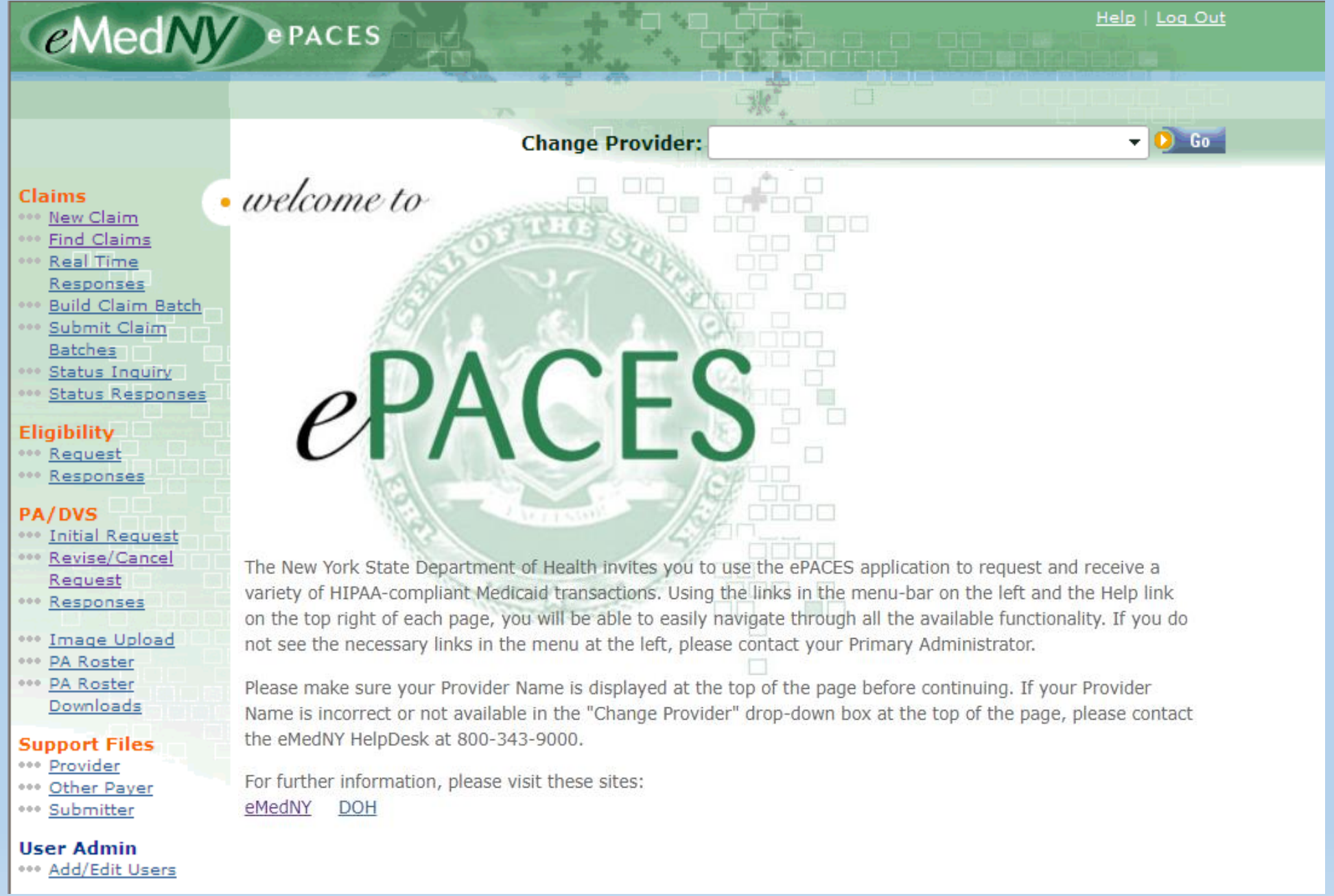
# Key Objectives

Familiarize Providers with
How to Cancel an ePACES Dispensing Validation System (DVS) Request for Durable Medical Equipment (DME)


Microsoft Start
Search the web
Add shortcut

**NOTE**: Access to ePACES requires enrollment
Please contact the eMedNY Call Center at 800-343-9000 to enroll in ePACES

eMedNY ePACES
welcome to
ePACES
Username:
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
Agree / Login


eMedNY ePACES
Help | Log Out
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

# Cancel DVS Request Information

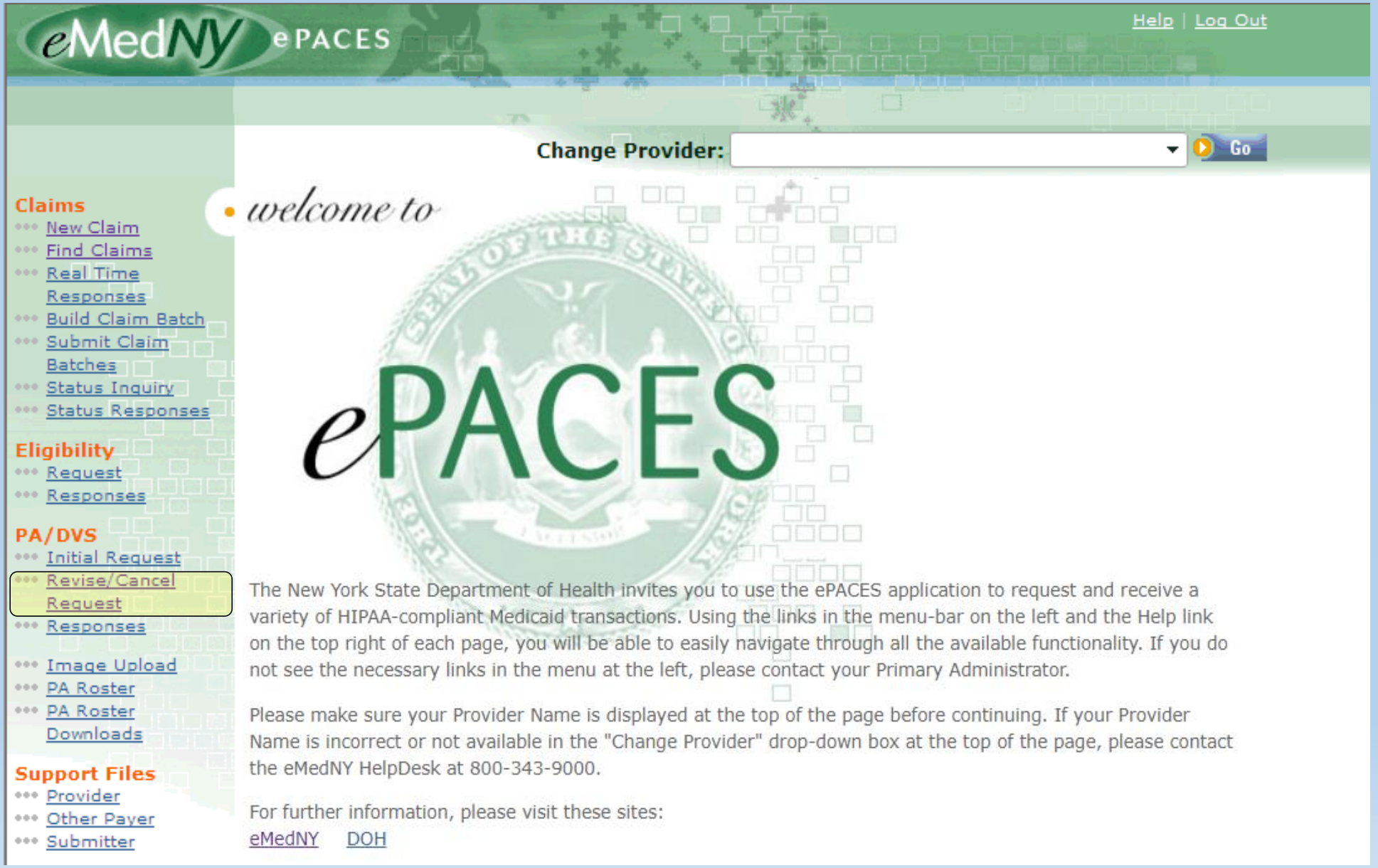
A DVS Request may only be cancelled

Only DVS Responses with an Action Code of A1 may be cancelled

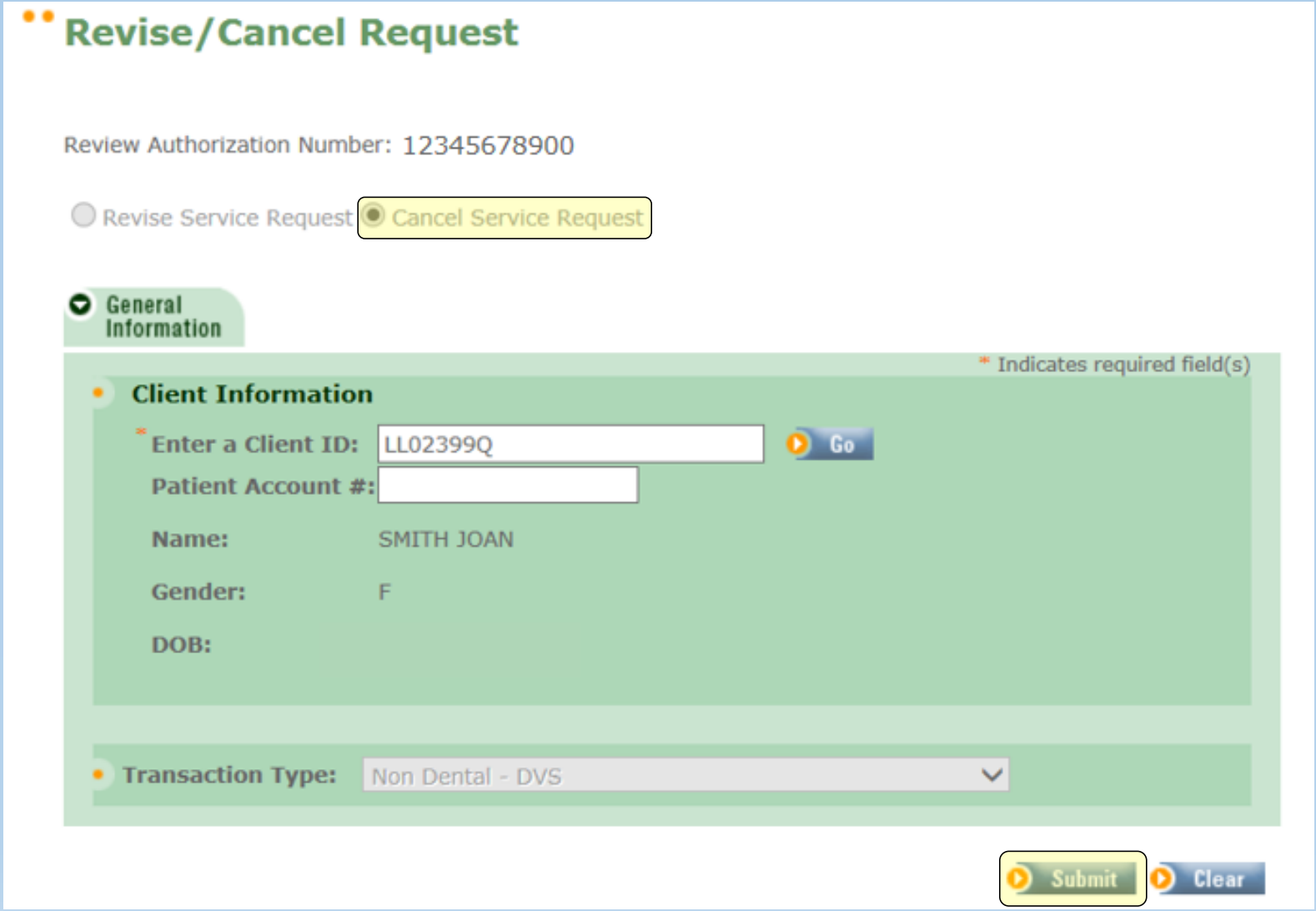
If a DVS will not cancel . . .

- Check if the claim was paid. If paid, replace the paid claim if it contains multiple claim lines and remove the one line with the DVS
- If the paid claim contains only one claim line - void the claim
- Once the paid claim is replaced or voided - cancel the DVS
- If the claim was **not** paid - check when the DVS was obtained. It could be out of the timeframe for cancellation

# Cancel DVS Request – OPTION 1

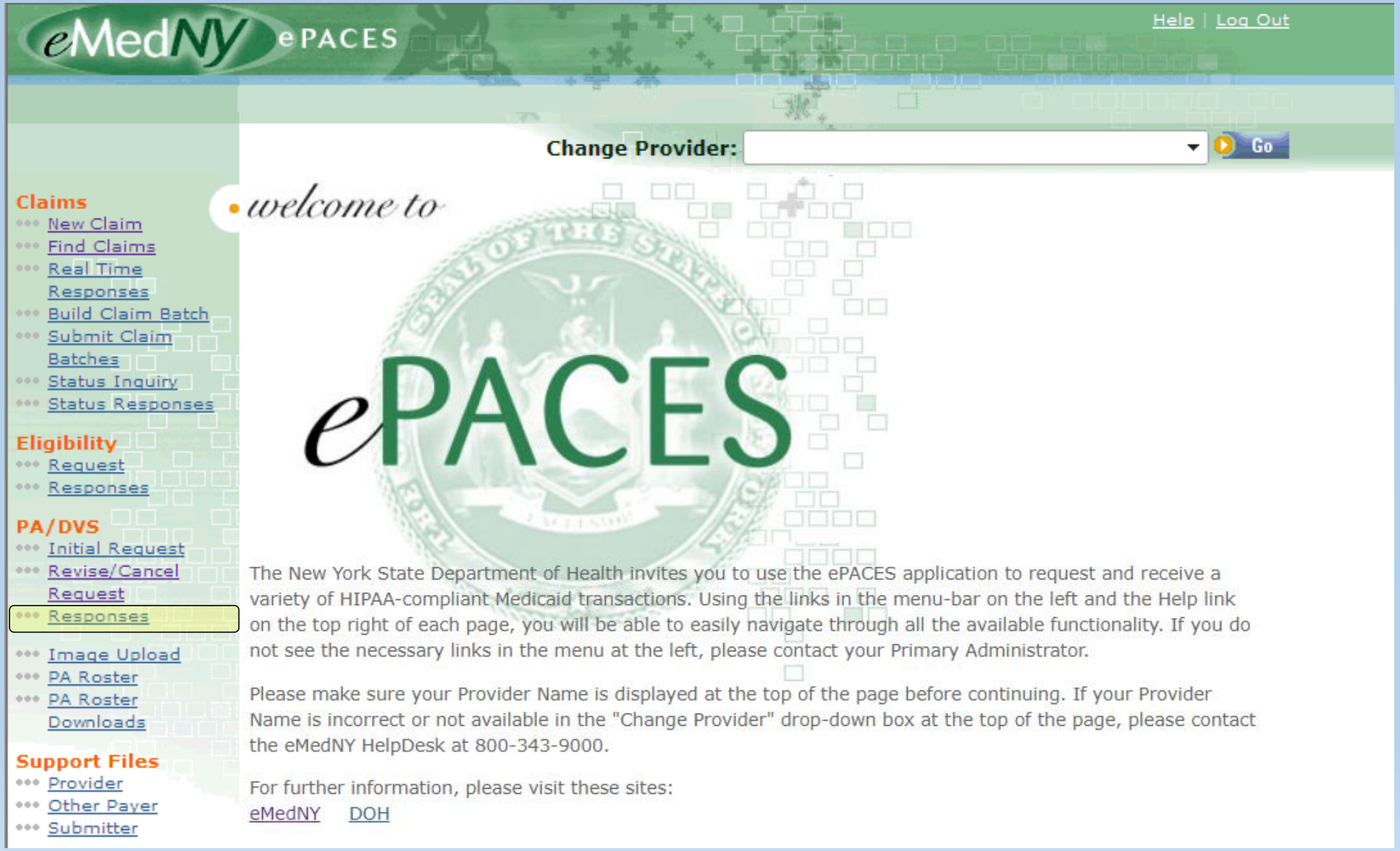


| Client ID | Name | Date Sent | Review ID Number | Cert. Type | Action | Response Descriptive Text |
|---|---|---|---|---|---|---|
| LL02399Q | SMITH, JOAN | 1/01/2024 3:20:58 PM | 12 | | A3 | Not Certified, 25-Services were not considered due to other errors in the request. |
| LL02399Q | SMITH, JOAN | 1/01/2024 3:20:58 PM | 18 | 12345678900 | A1 | Certified in total |




**REMINDER: A DVS request may only be cancelled**

# Cancel DVS Request – OPTION 2



## Search Criteria

Requested within the last 3 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 |
|---|---|---|---|---|---|---|---|---|
| LL02399Q | SMITH, JOAN | 1/01/2024 3:20:58 PM | 12 | | | A3 | Not Certified, 25-Services were not considered due to other errors in the request. | |
| LL02399Q | SMITH, JOAN | 1/01/2024 3:20:58 PM | 18 | 12345678900 | | A1 | Certified in total | |

View Original Request Information

Revise/Cancel Request

**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:** 1/01/2024

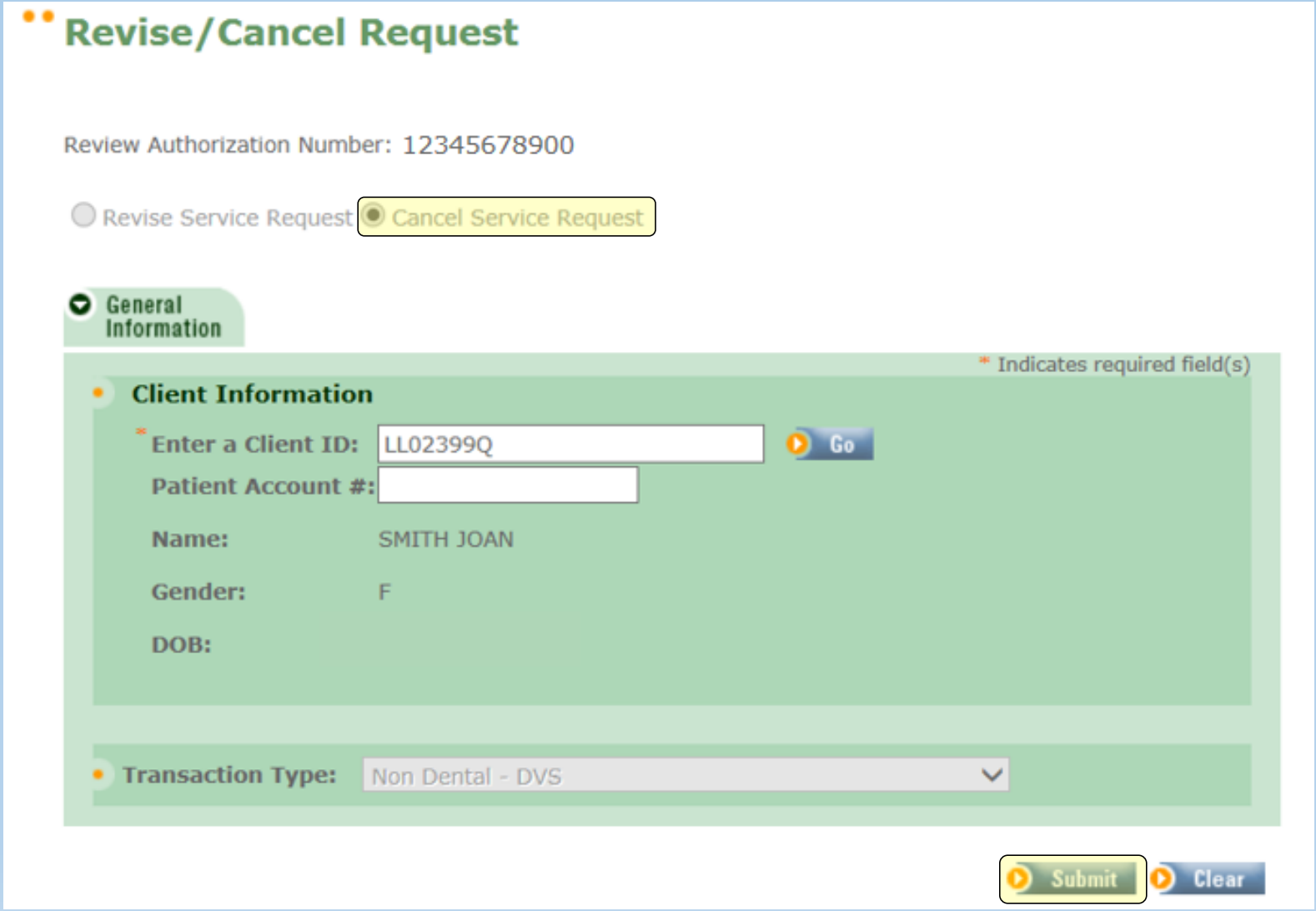
**Review ID Number:** 12345678900

**Effective Date:** 1/01/2024

**Expiration Date:** 1/05/2024

**Prescribing Provider**

No Provider Chosen


Revise/Cancel Request
Review Authorization Number: 12345678900
Revise Service Request
Cancel Service Request
General Information
* Indicates required field(s)
Client Information
* Enter a Client ID: LL02399Q
Go
Patient Account #:
Name: SMITH JOAN
Gender: F
DOB:
Transaction Type: Non Dental - DVS
Submit
Clear

# Reference and Contact Information

eMedNY Website
- www.emedny.org

Durable Medical Equipment Provider Manual
- www.emedny.org/ProviderManuals/DME/index.aspx

ePACES Reference Sheets
- https://www.emedny.org/HIPAA/QuickRefDocs/ePACES_PA_DVS_Revise_Cancel_Function.pdf

eMedNY Call Center
- 800-343-9000

# Conclusion

## ePACES DVS for DME – Cancel Request

eMedNY

www.emedny.org