eMedNY

# Training Video

## For NYS Medicaid Providers

# ePACES

# Key Objectives

Familiarize providers with the
ePACES Dispensing Validation System (DVS)
for Dental

# Key Objectives

1. DVS GENERAL INFORMATION
2. ePACES DVS REQUEST
3. ePACES DVS RESPONSE
4. ePACES DVS CANCEL
5. IMPORTANT REMINDERS
6. REFERENCE & CONTACT INFO

# DVS – General Information

The Dispensing Validation System (DVS) is an automated approval process for selected items

A DVS authorization is an 11 digit number

Dental sealants require DVS authorization

# DVS – General Information

When a procedure code's description shows (*DVS REQUIRED):*
The item/service requires an authorization via the Dispensing Validation System

## Example from Dental Provider Manual – Procedure Code Section

D1351 **Sealant – per tooth** (TOOTH) (DVS REQUIRED) $35.35

Mechanically and/or chemically prepared enamel surface sealed to prevent decay. ***Refer to the "Prior Approval/Prior Authorization Requirements" section for use of DVS.*** Application of sealant is restricted to previously unrestored permanent first and second molars that exhibit no signs of occlusal or proximal caries for members **between 5 and 15 years of age** (inclusive). **Buccal and lingual grooves are included in the fee**. The use of opaque or tinted sealant is recommended for ease of checking bond efficacy. Reapplication, if necessary, is permitted **once every five (5) years.**

**Note**: Tooth number required for sealants.

# DVS – General Information

When a PA / DVS Code of DVS is indicated in the Fee Schedule:
The item/service requires an authorization via the Dispensing Validation System

**Example from Dental Provider Manual – Fee Schedule**

| Code | Description | By Report | PA / DVS |
|---|---|---|---|
| D1351 | SEALANT - PER TOOTH | | DVS |

# DVS – General Information

Valid for 365 days (1 year)

If needed, a provider may cancel a Dental DVS within 90 days of original issue date

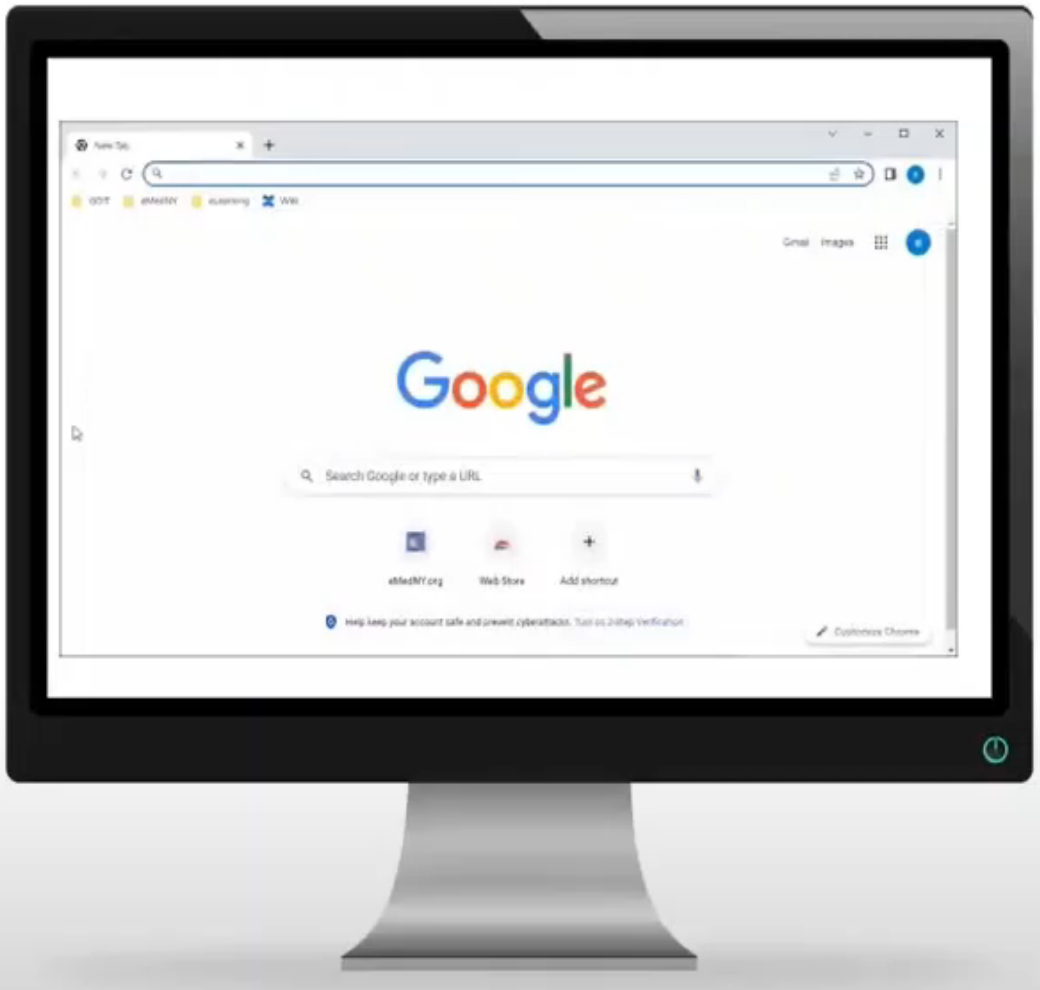
The tooth number on a DVS request must match the tooth number on the claim

# DVS – General Information

A DVS request requires the **current date** and not a past or future date

DVS authorization **does not** guarantee payment

Prior to submitting a DVS request, providers must verify member's eligibility


Google
Search Google or type a URL
eMedNY.org
Web Store
Add shortcut

# DVS Resources

## eMedNY Website – Self Help

# DVS Resources

## Self Help – ePACES Reference Sheets

### Self Help

This page provides links to eMedNY help documents and pages that will help providers and users conduct business with us. If you believe any information to be incorrect, please let us know.

**ePACES**

- ePACES Announcements
- ePaces Login Issue with Captcha
- Frequently Asked Questions
- Enroll Now
- ePACES General Information
- ePACES Help
- Claim Quick Reference Guides
- Prior Approval Quick Reference Guides
- ePACES Reference Sheets

**Electronic Funds Transfer**

- Frequently Asked Questions
- Enroll Now

NOTE: Instead of filling out the EFT Authorization Form above, you can complete the form online at: https://portal.emedny.org/provider/

**Web Portal**

- Portal Login
- Enrolling in the Web Portal
- Core Web Services Enrollment

# DVS Resources

**ePACES Reference Sheets – PA/DVS Request**

## ePACES Reference Sheets

- ePACES - Building and Submitting Claim Batches
- ePACES - Claim Balancing
- ePACES - Claim Status Inquiry and Response
- ePACES - PA/DVS Request
- ePACES - PA/DVS Response
- ePACES - PA/DVS Revise Cancel Quick Reference Guide
- ePACES - Obtaining a DVS for DME
- ePACES - Obtaining a DVS for Occupational, Physical and Speech Therapy in ePACES
- ePACES - Edit a Claim Function

# DVS Resources

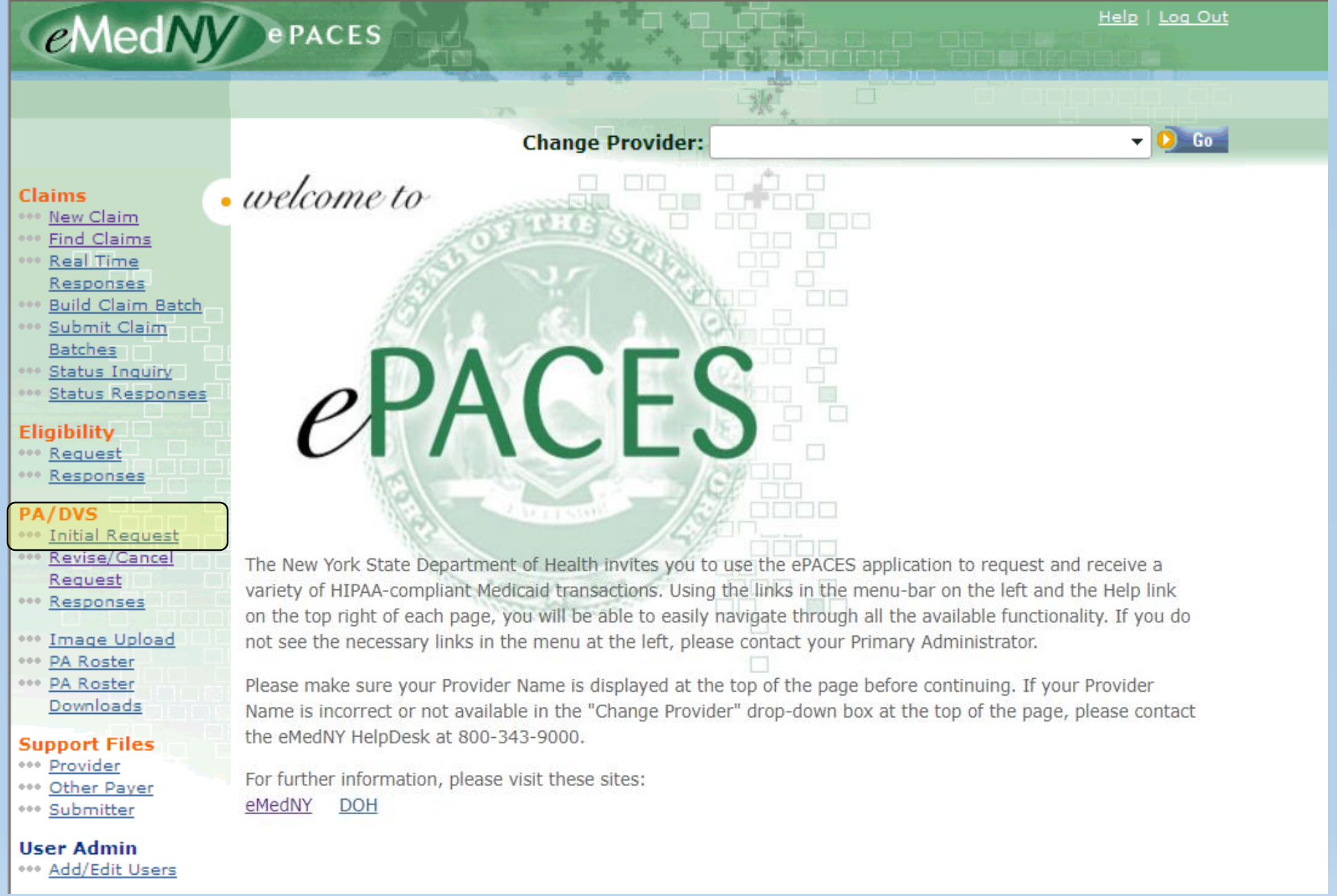
**ePACES Reference Sheets – PA/DVS Response**

## ePACES Reference Sheets

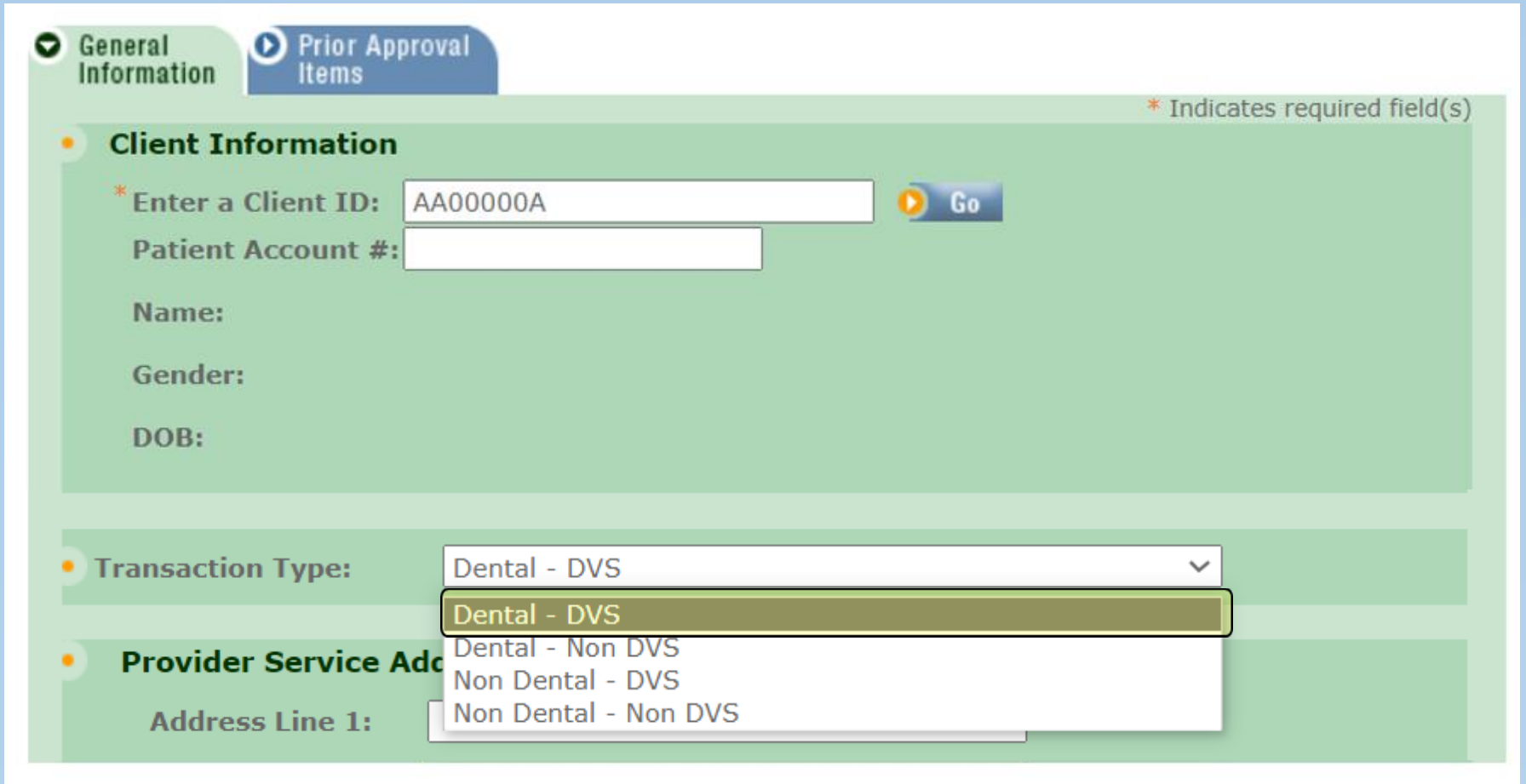
- ePACES - Building and Submitting Claim Batches
- ePACES - Claim Balancing
- ePACES - Claim Status Inquiry and Response
- ePACES - PA/DVS Request
- ePACES - PA/DVS Response
- ePACES - PA/DVS Revise Cancel Quick Reference Guide
- ePACES - Obtaining a DVS for DME
- ePACES - Obtaining a DVS for Occupational, Physical and Speech Therapy in ePACES
- ePACES - Edit a Claim Function

**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

PA/DVS Initial Request
General Information
* Indicates required field(s)
Client Information
*Enter a Client ID:
AA00000A
Go
Clear

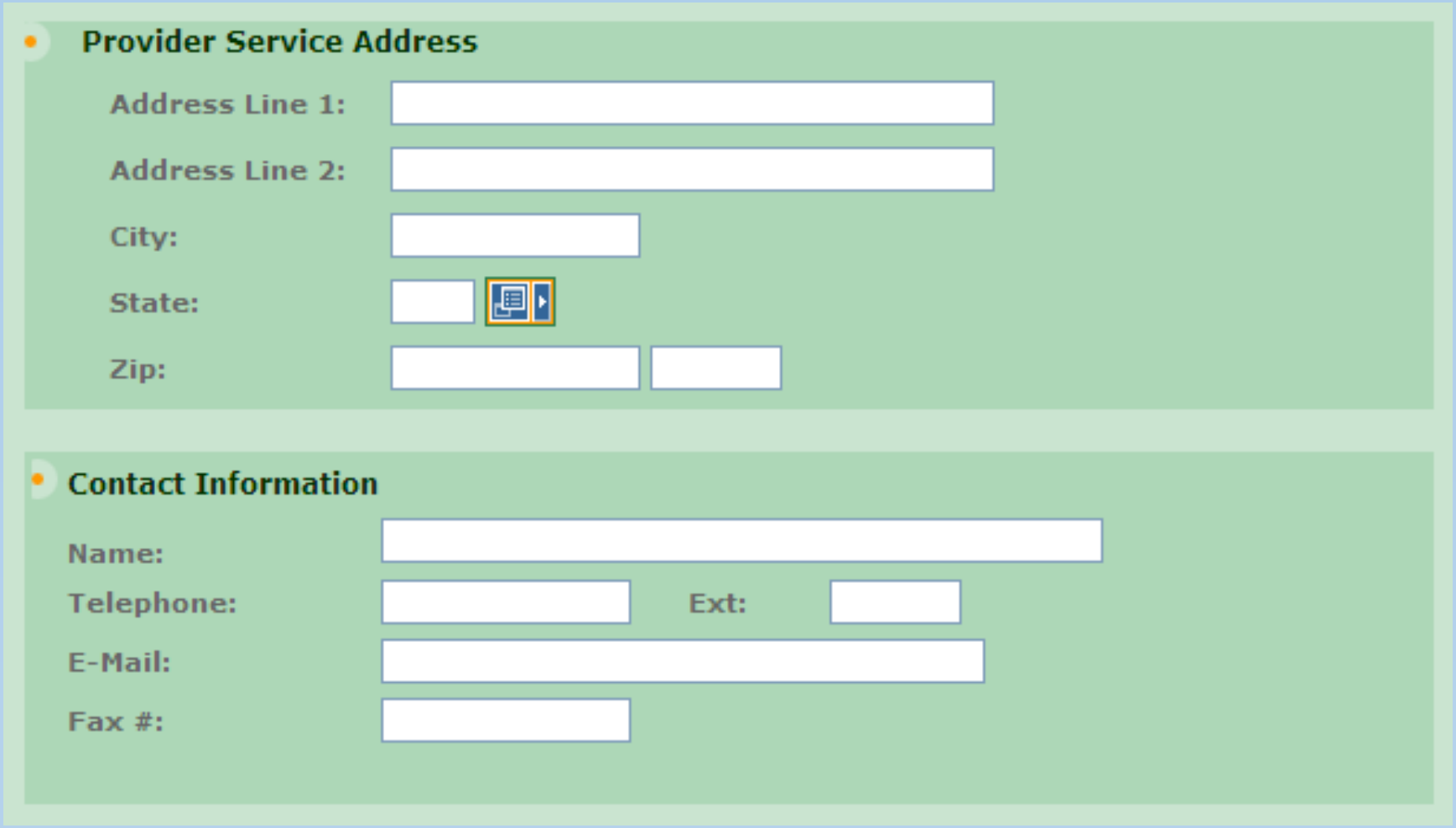



Select - **Dental – DVS** to request a **DVS** for Dental

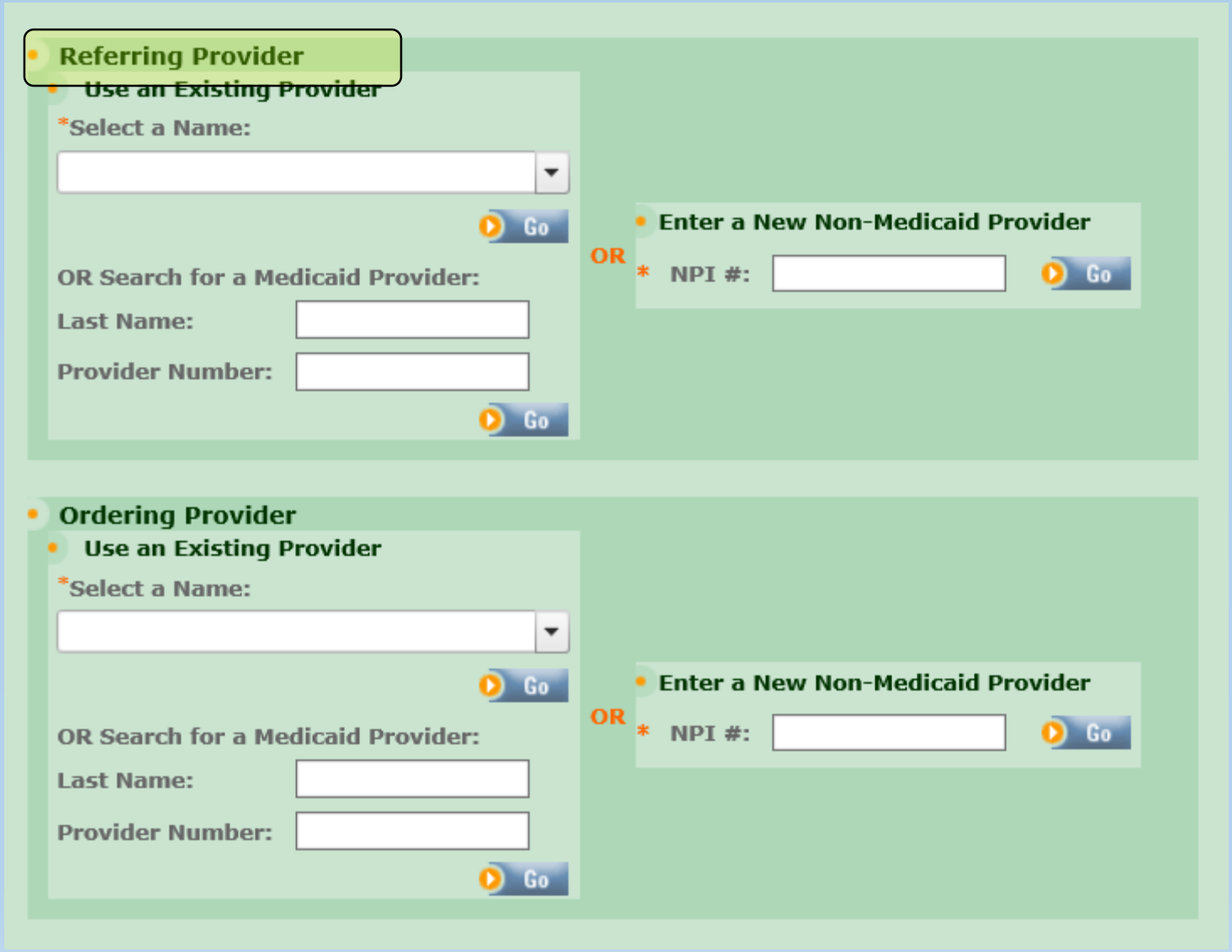
- Procedure code description in Dental Provider Manual shows (DVS REQUIRED)
- Fee Schedule indicates a PA/DVS Code of DVS

***NOTE**: Dental – Non DVS is used to request a Prior Approval for Dental*

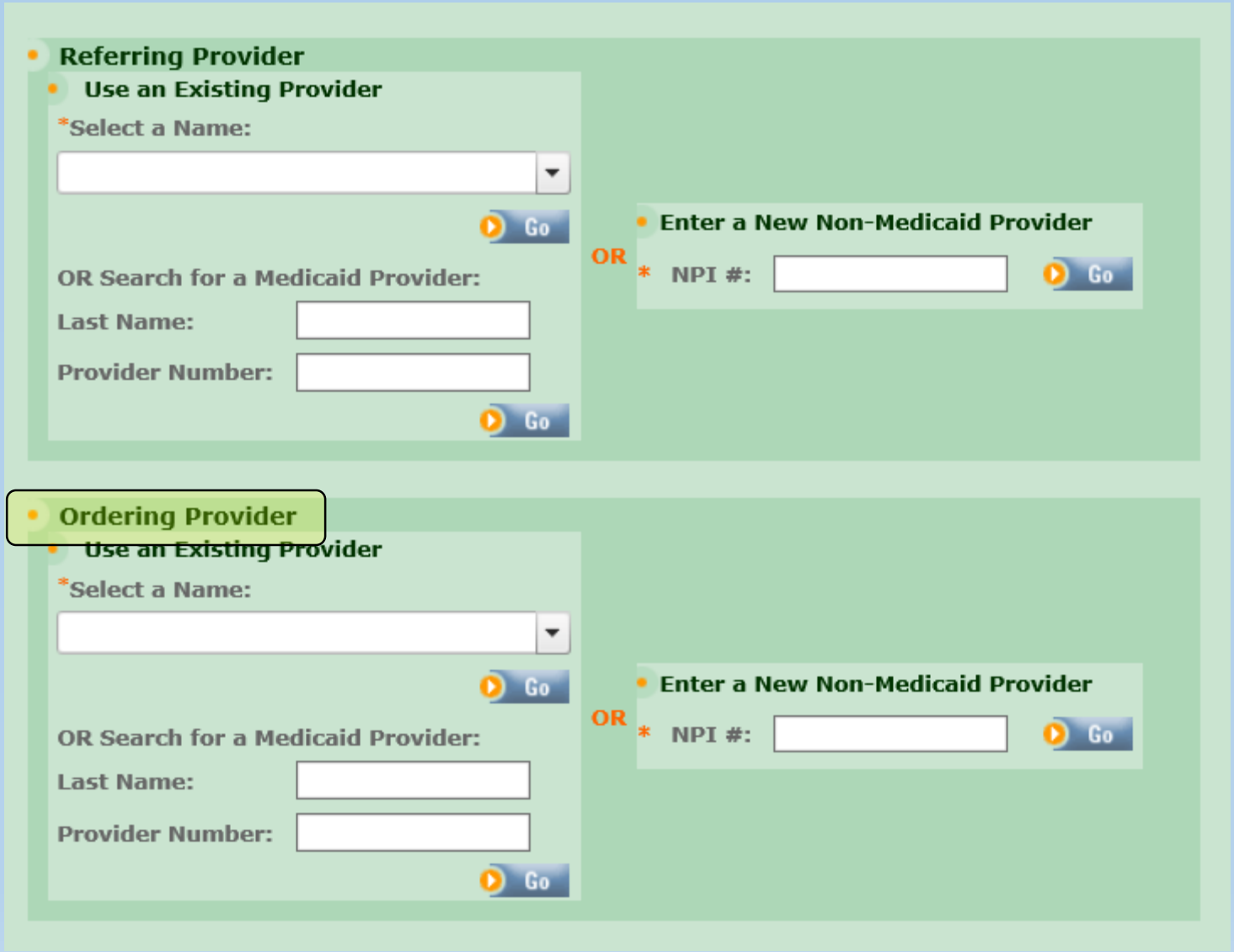
- *Procedure code description in Dental Provider Manual shows (PA REQUIRED)*
- *Fee Schedule indicates a PA/DVS Code of PA*




**Leave Provider Service Address and Contact Information blank for a Dental DVS Request**




**A Referring Provider is required when the client is a restricted recipient**




**An Ordering Provider is required on all Dental DVS requests**

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

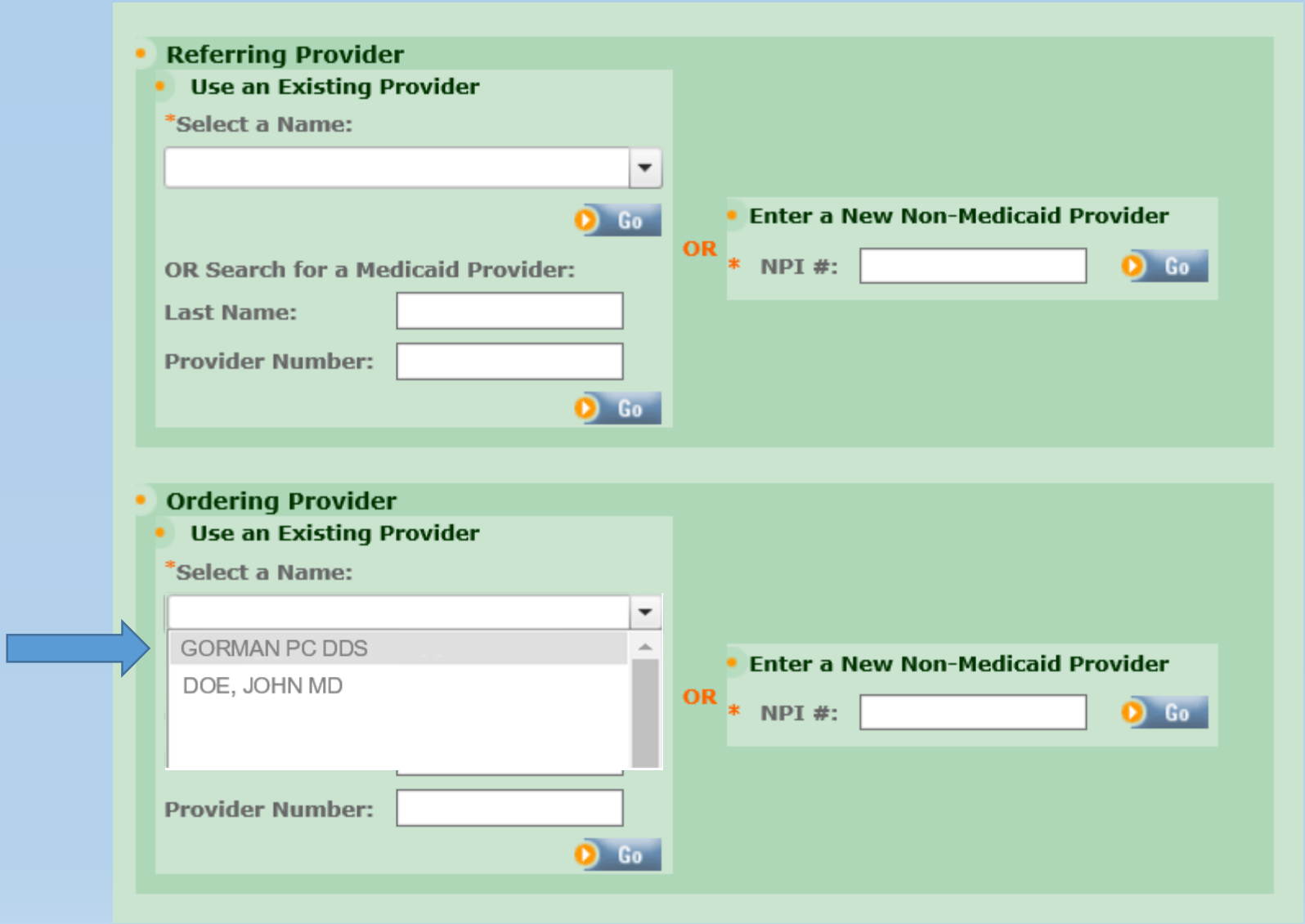
Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go


Referring Provider
Use an Existing Provider
*Select a Name:
Go
OR Search for a Medicaid Provider:
Last Name:
Provider Number:
Go
OR
Enter a New Non-Medicaid Provider
* NPI #:
Go
Ordering Provider
Use an Existing Provider
*Select a Name:
GORMAN PC DDS
DOE, JOHN MD
Provider Number:
Go
OR
Enter a New Non-Medicaid Provider
* NPI #:
Go

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

### Use an Existing Provider

*Select a Name:

GORMAN PC DDS

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

Last Name: Gorman DDS

First Name: PC

Middle Initial:

NPI #: 0123456789

State License #:

Provider Type: 020 DENTIST

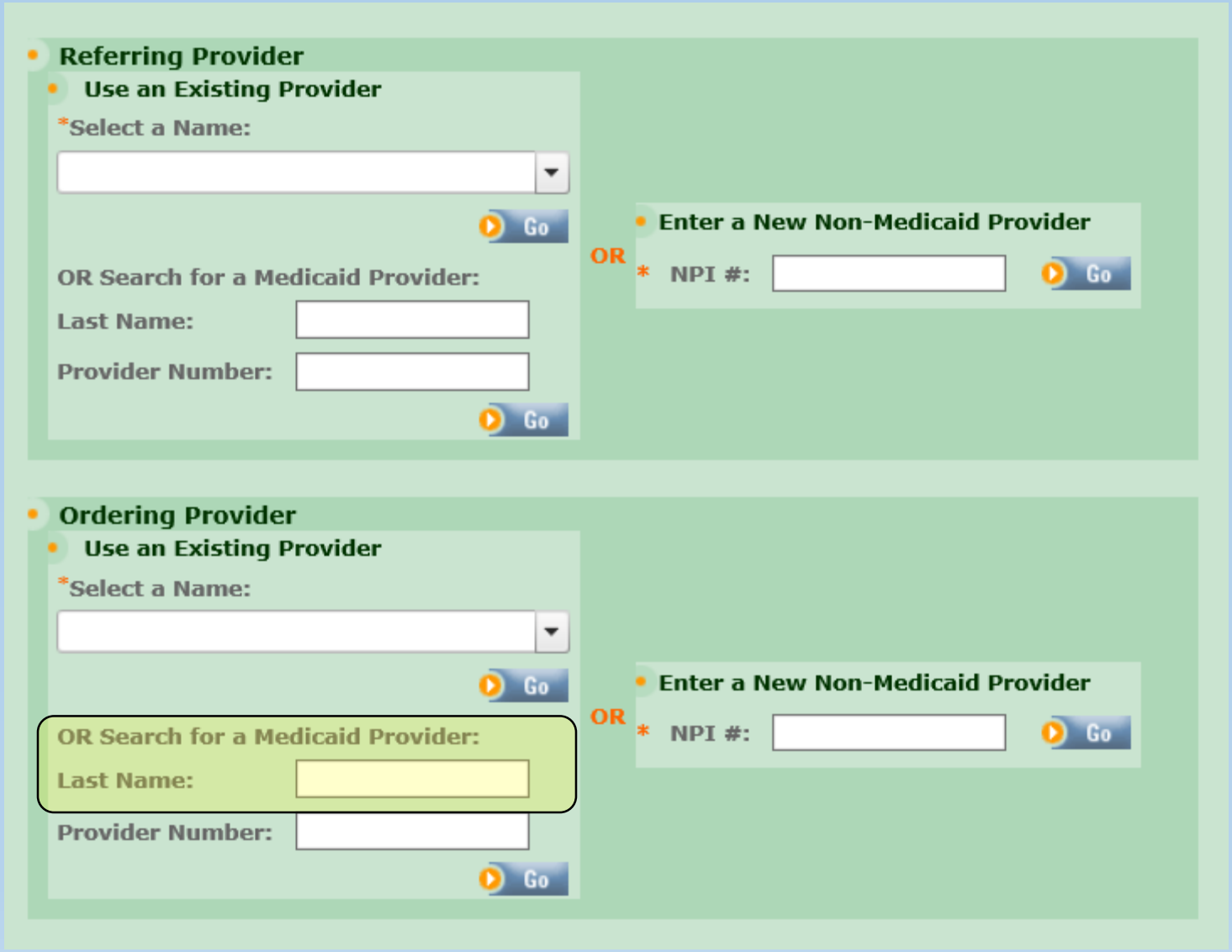
Contact Information:

1234 Main St.

Anytown, NY 12345

Phone:

Change Provider


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

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name: Gorman

Provider Number:

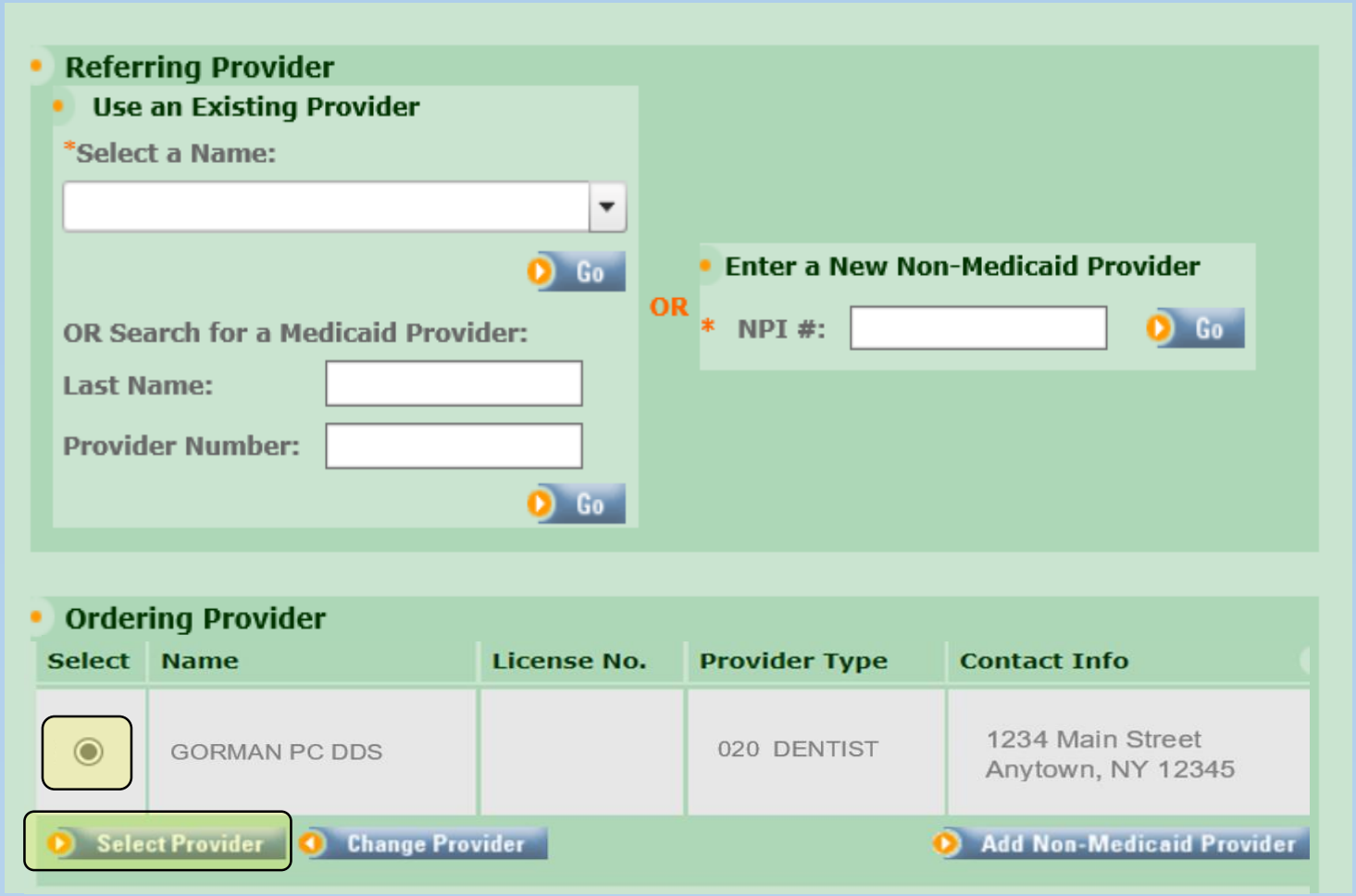
Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go


Referring Provider
Use an Existing Provider
*Select a Name:
Go
OR Search for a Medicaid Provider:
Last Name:
Provider Number:
Go
OR
Enter a New Non-Medicaid Provider
* NPI #:
Go
Ordering Provider
Select
Name
License No.
Provider Type
Contact Info
GORMAN PC DDS
020 DENTIST
1234 Main Street
Anytown, NY 12345
Select Provider
Change Provider
Add Non-Medicaid Provider

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

Last Name: Gorman DDS

First Name: PC

Middle Initial:

NPI #: 0123456789

State License #:

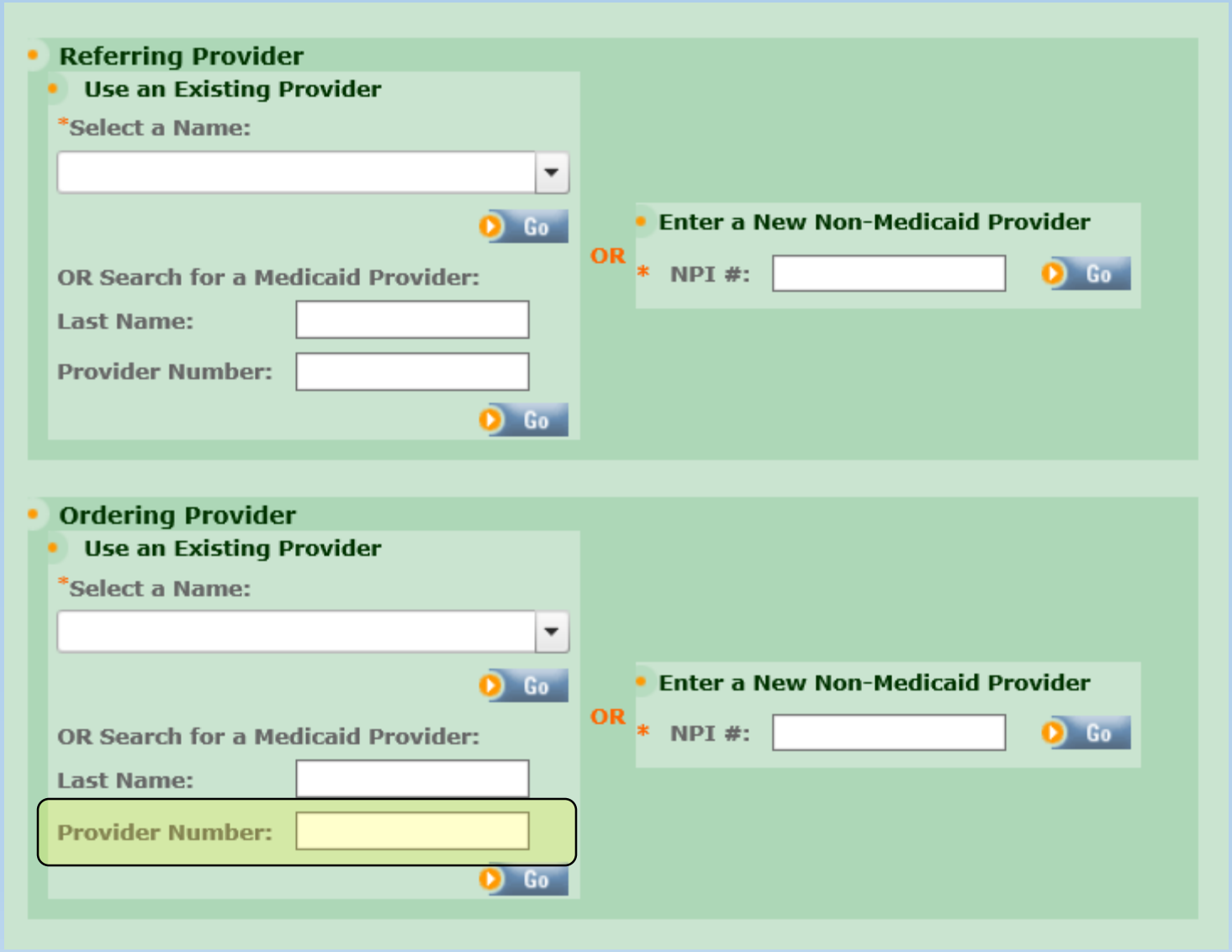
Provider Type: 020 DENTIST

Contact Information:

1234 Main St.
Anytown, NY 12345

Phone:

Change Provider


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

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number: 0123456789

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Referring Provider

### Use an Existing Provider

*Select a Name:

Go

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

Go

OR

### Enter a New Non-Medicaid Provider

* NPI #:

Go

## Ordering Provider

Last Name: Gorman DDS

First Name: PC

Middle Initial:

NPI #: 0123456789

State License #:

Provider Type: 020 DENTIST

Contact Information:

1234 Main St.
Anytown, NY 12345

Phone:

Change Provider

## Event Information

Facility Type: (•) Professional/Dental ( ) (UB) Institutional

Service Type: Release Of Information:

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

## Diagnosis

**Primary:** **Secondary:**

## Event Information

Facility Type: (•) Professional/Dental ( ) (UB) Institutional

Service Type:

Release Of Information:

Accident Date:

Onset Date:

Admission Date:

- 24 - Periodontics
- 25 - Restorative
- 26 - Endodontics
- 27 - Maxillofacial Prosthetics
- 28 - Adjunctive Dental Services
- 33 - Chiropractic
- 35 - Dental Care
- 36 - Dental Crowns
- 37 - Dental Accident
- 38 - Orthodontics
- 39 - Prosthodontics
- 40 - Oral Surgery
- 42 - Home Health Care
- 44 - Home Heath Visits
- 45 - Hospice

## Related Causes Inform

Related Causes:

- [ ] Employment
- [ ] Another Party Responsible
- [ ] Auto Accident

Accident Location: NY US

## Diagnosis

**Primary:**

**Secondary:**

## Event Information

Facility Type: (•) Professional/Dental ( ) (UB) Institutional

Service Type:

Release Of Information:

M - The Provider has Limited or Restricted Ability to Release Data
Y - Yes, Provider has a Signed Statement Permitting Release of Medica

Accident Date:

Onset Date: To:

Admission Date: Discharge Date:

## Related Causes Information

Related Causes: [ ] Employment [ ] Another Party Responsible [ ] Auto Accident

Accident Location: NY US

## Diagnosis

**Primary:** **Secondary:**

## Event Information

Facility Type: (•) Professional/Dental ( ) (UB) Institutional

Service Type:

Release Of Information:

Accident Date:

Service Date: From:

Onset Date:

To:

Admission Date:

Discharge Date:

## Related Causes Information

Related Causes:

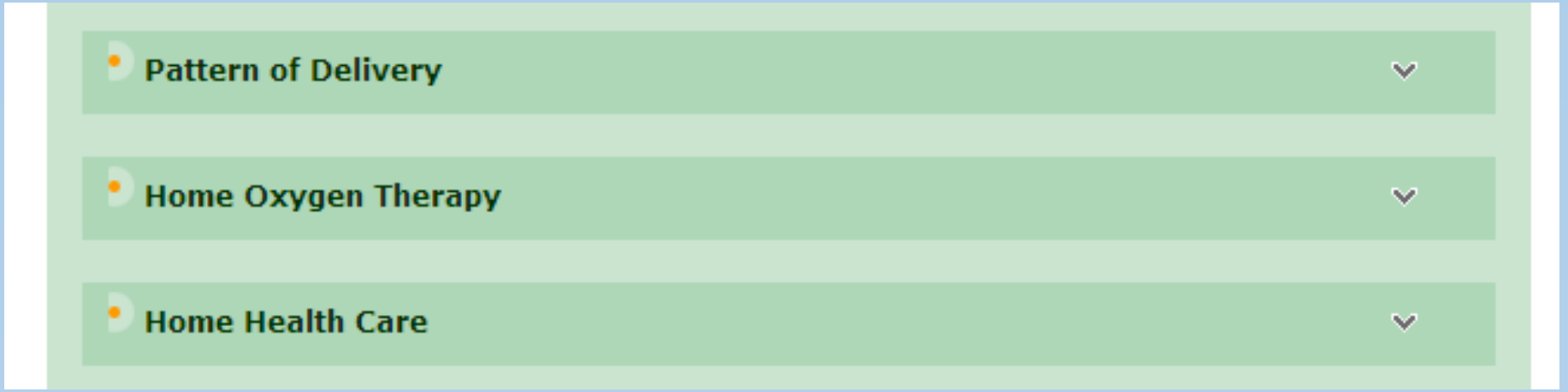
- [ ] Employment
- [ ] Another Party Responsible
- [ ] Auto Accident

Accident Location: NY US

## Diagnosis

**Primary:**

**Secondary:**




**Pattern of Delivery, Home Oxygen Therapy and Home Health Care sections:**

**Leave blank for a Dental DVS Request**

## Attachments

| Type | Transmission Code | Control Number | Description |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

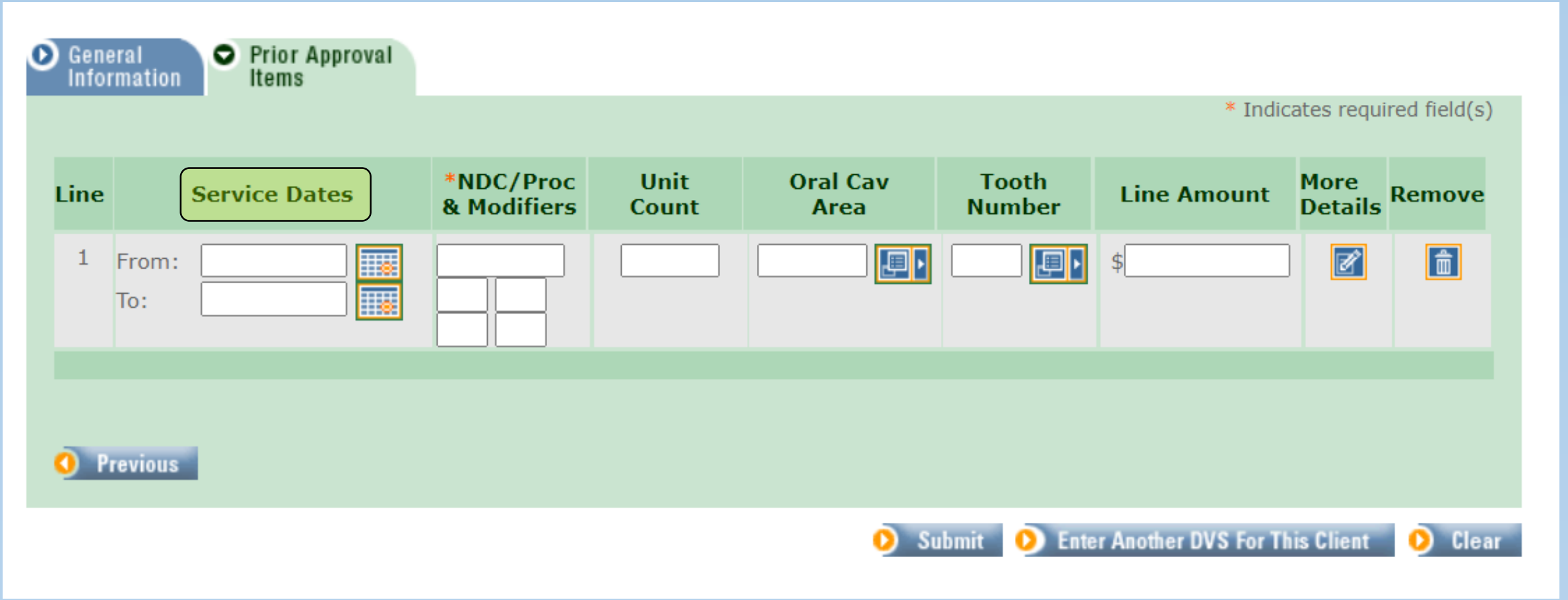
Enter More Attachments...

| Certification Category | Condition Codes | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

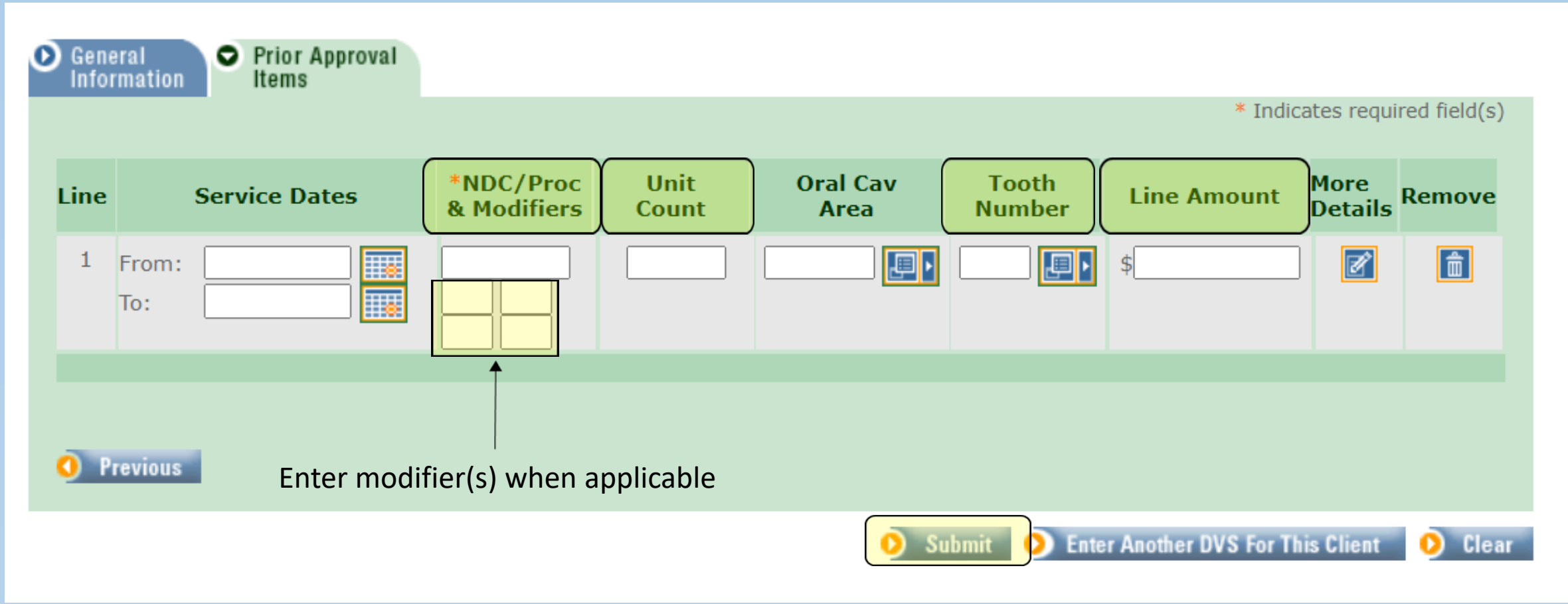
Enter More Certification Information...

## Comments

Next




**REMINDER: A DVS request requires the <u>current date</u> and not a past or future date**


General Information
Prior Approval Items
* Indicates required field(s)
Line
Service Dates
*NDC/Proc & Modifiers
Unit Count
Oral Cav Area
Tooth Number
Line Amount
More Details
Remove
1
From:
To:
$
Previous
Enter modifier(s) when applicable
Submit
Enter Another DVS For This Client
Clear

Request Submitted.

General Information

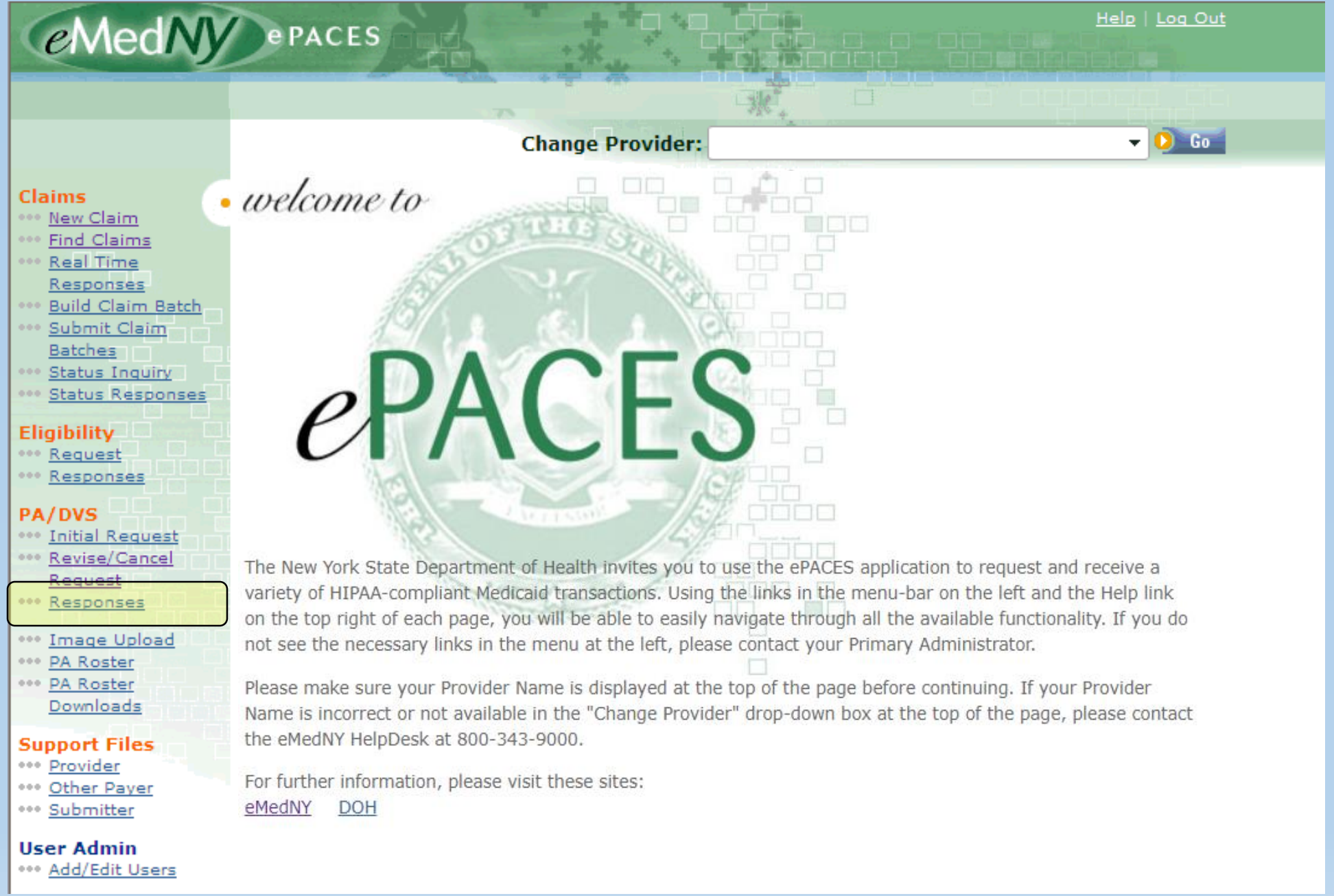
* Indicates required field(s)

Client Information

*Enter a Client ID:

Go

Clear


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

# DVS Response Codes

## Action Codes and Response Descriptive Text

A1: Certified in total - All requested service(s)/Units authorized

A3: Not Certified - Requested service(s)/Units not authorized

- When ‘A3’ is received, review the Response Descriptive Text to identify the error
- Refer to the MEVS/DVS Provider Manual (Section 4.2) for Rejection Reason Code Information

C: Cancelled - DVS has been cancelled

CT: Contact Payer - (contact the payer for additional information) 1-800-343-9000

NA: No Action Required - (Authorization unnecessary for service requested)

# Prior Approval Response Codes

## Action Codes and Response Descriptive Text

When Action code ‘A3’ is received in a DVS response transaction, it is accompanied by a Health Care Services Decision Reason Code in the Response Descriptive Text Field

The codes most used by NYSDOH are listed below

| | |
|---|---|
| 01 | Price Authorization Expired |
| 04 | Authorized Quantity Exceeded |
| 0C | Authorization/Access Restrictions |
| 0D | Requires PCP authorization |
| 0H | Certification Not Required for this Service |
| 0L | Exceeds Plan Maximums |
| 0N | No Prior Approval |
| 0Q | Duplicate Request |
| 0X | Service Inconsistent with Provider Type |

| | |
|---|---|
| 0Y | Service inconsistent with Patient's Age |
| 0Z | Service inconsistent with Patient's Gender |
| 10 | Product/service/procedure delivery pattern (e. g. , units, days, visits, weeks, hours, months) |
| 12 | Patient is restricted to specific provider |
| 14 | Plan/contractual guidelines not followed |
| 21 | Transport Request Denied |
| 25 | Services were not considered due to other errors in the request. |
| 26 | Missing Provider Role |

## Search Criteria

Requested within the last 3 days

Review Identification #:

Client Last Name:

Date Sent: (mm/dd/yyyy)

Client ID:

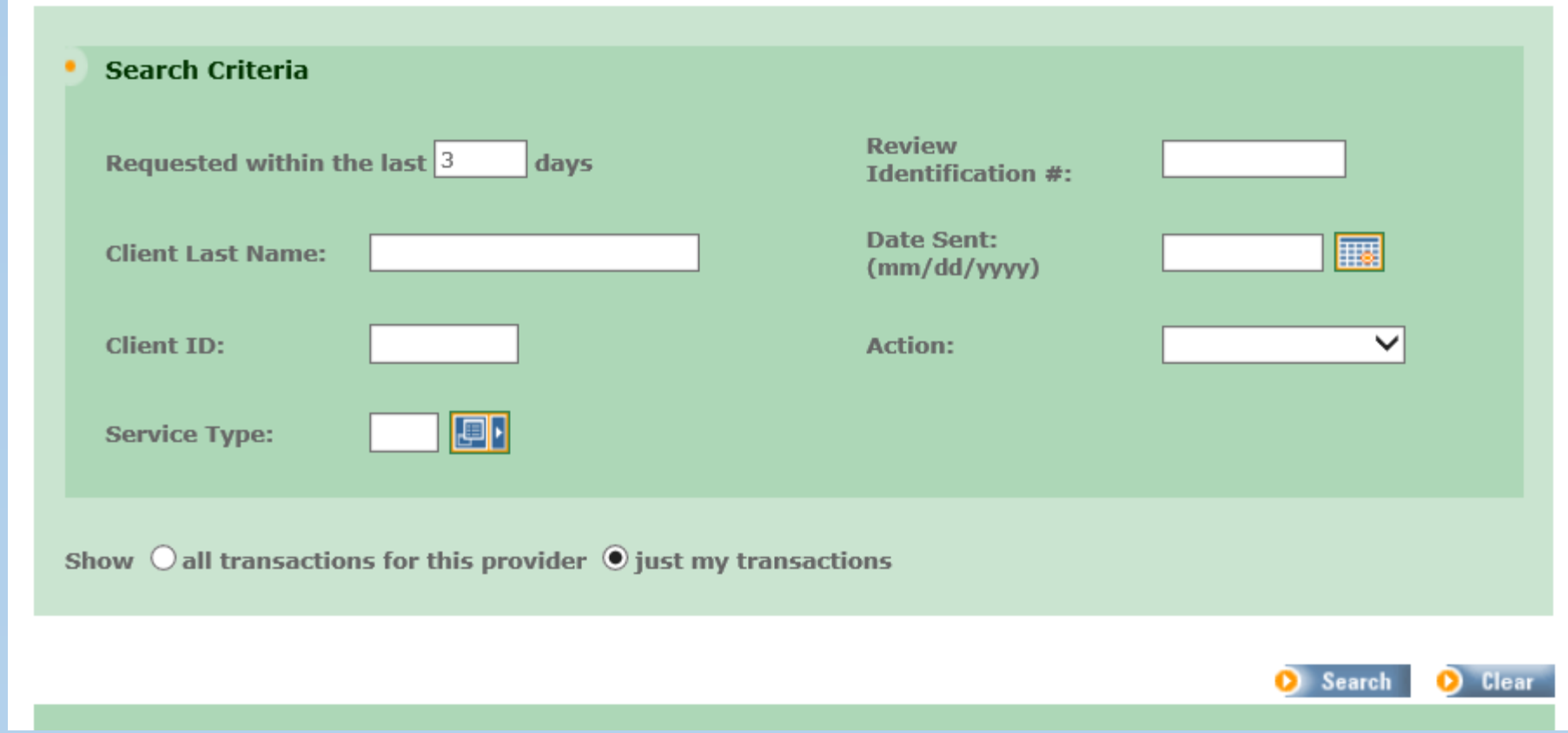
Action:

Service Type:

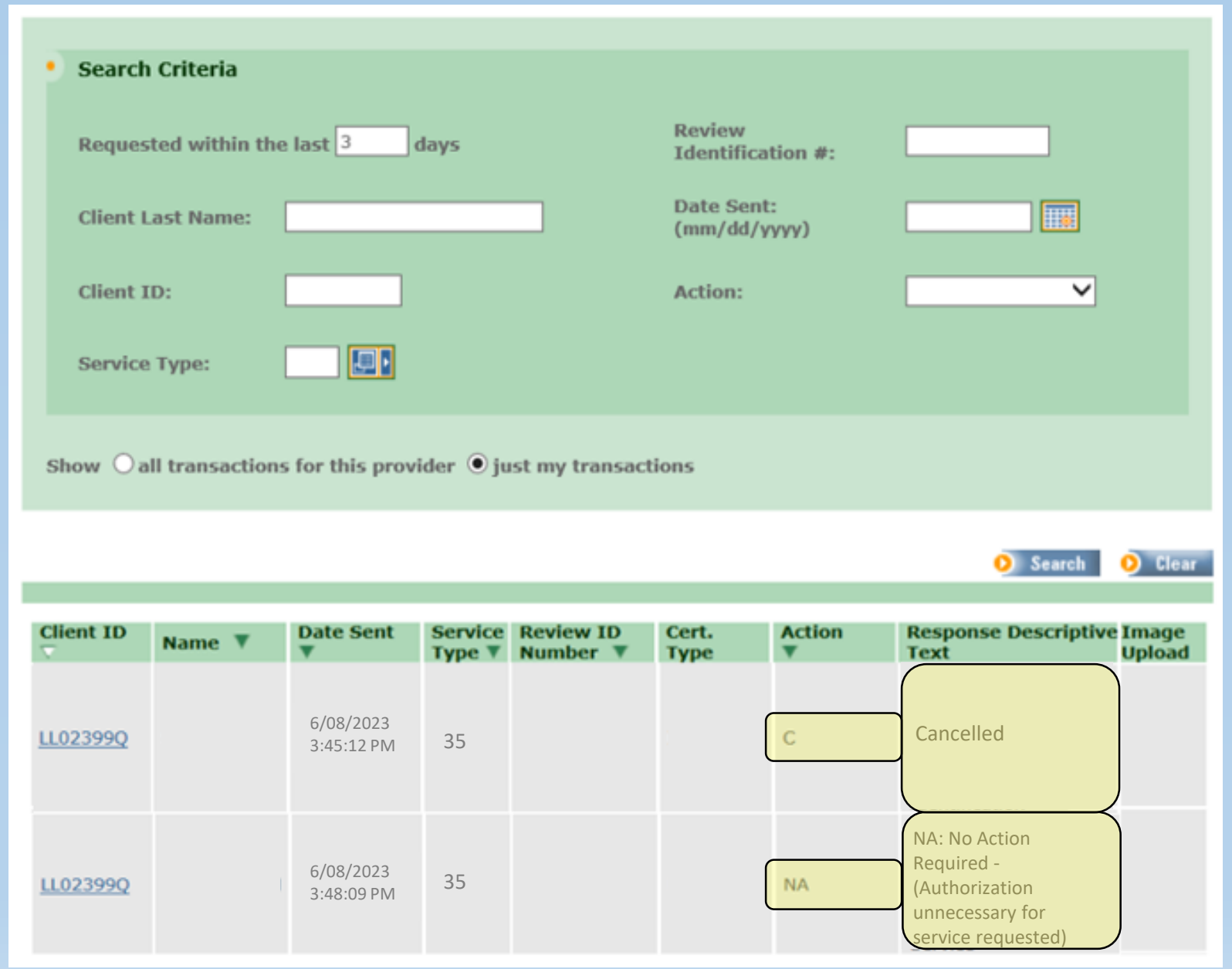
Show ○ all transactions for this provider ◉ just my transactions

Search Clear

| Client ID | Name | Date Sent | Service Type | Review ID Number | Cert. Type | Action | Response Descriptive Text | Image Upload |
|---|---|---|---|---|---|---|---|---|
| LL02399Q | | 6/08/2023 3:17:54 PM | 35 | | | A3 | Not Certified, 25-Services were not considered due to other errors in the request. | |
| LL02399Q | | 6/08/2023 3:23:25 PM | 35 | 12345678900 | | A1 | Certified in total | |




| Client ID | Name | Date Sent | Service Type | Review ID Number | Cert. Type | Action | Response Descriptive Text | Image Upload |
|---|---|---|---|---|---|---|---|---|
| LL02399Q | | 6/08/2023 3:17:54 PM | 35 | | | A3 | Not Certified, 25-Services were not considered due to other errors in the request. | |
| LL02399Q | | 6/08/2023 3:23:25 PM | 35 | 12345678900 | | A1 | Certified in total | |




Additional Action Code Examples

## Search Criteria

Requested within the last 3 days

Review Identification #:

Client Last Name:

Date Sent: (mm/dd/yyyy)

Client ID:

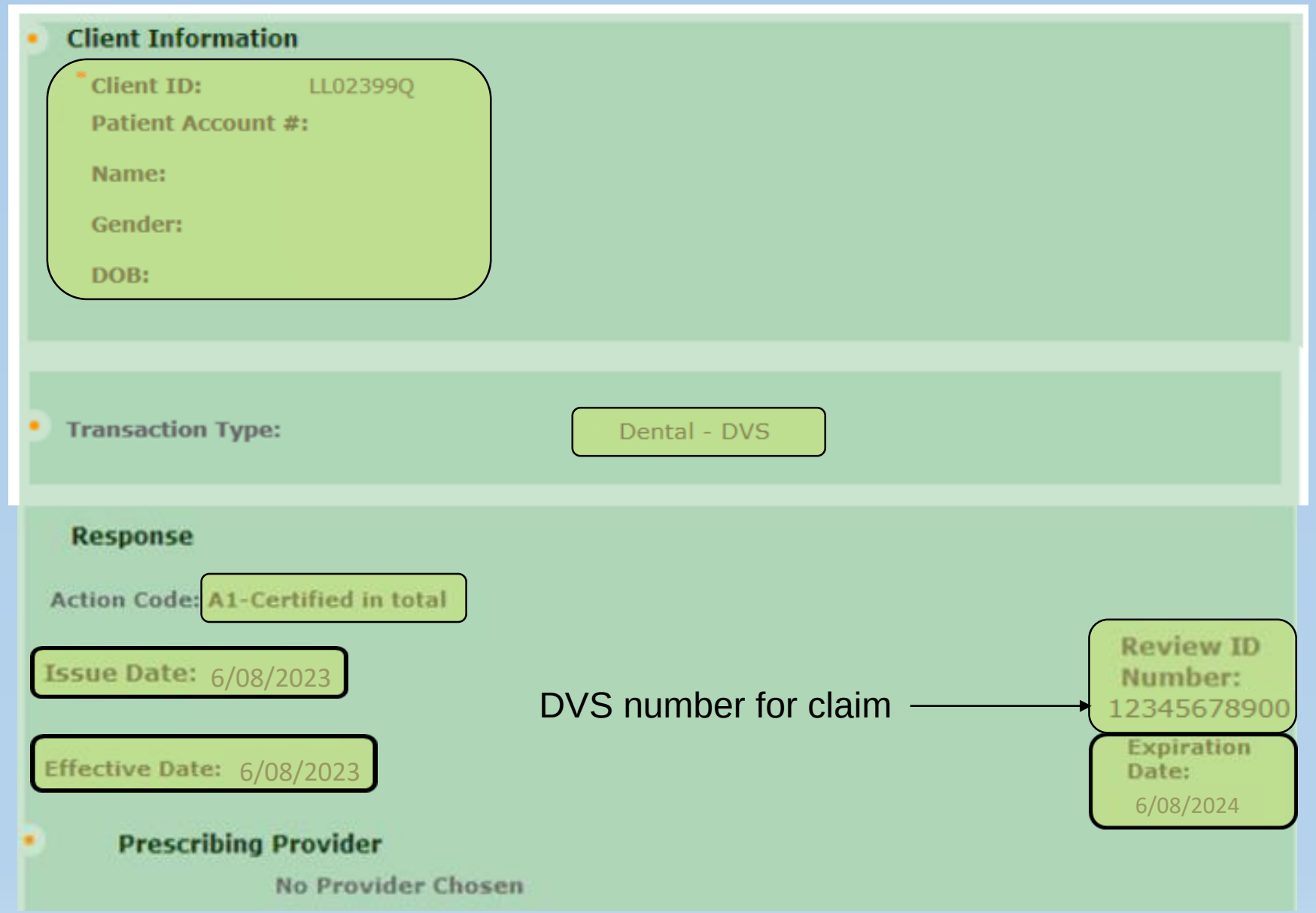
Action:

Service Type:

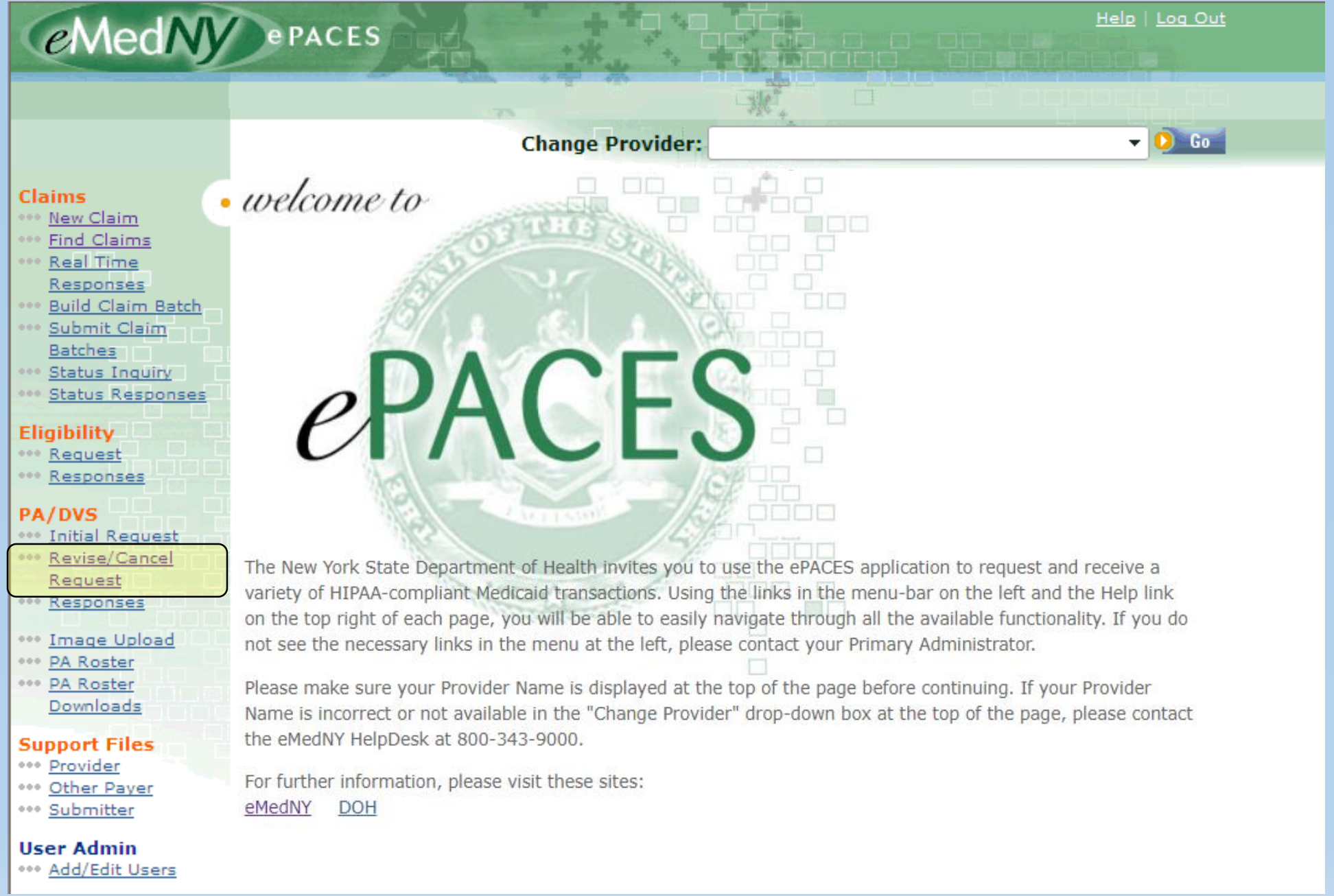
Show ○ all transactions for this provider ◉ just my transactions

Search Clear

| Client ID | Name | Date Sent | Service Type | Review ID Number | Cert. Type | Action | Response Descriptive Text | Image Upload |
|---|---|---|---|---|---|---|---|---|
| LL02399Q | | 6/08/2023 3:17:54 PM | 35 | | | A3 | Not Certified, 25-Services were not considered due to other errors in the request. | |
| LL02399Q | | 6/08/2023 3:23:25 PM | 35 | 12345678900 | | A1 | Certified in total | |




**NOTE**: Service/Delivery must occur between the Issue Date and the Expiration Date


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

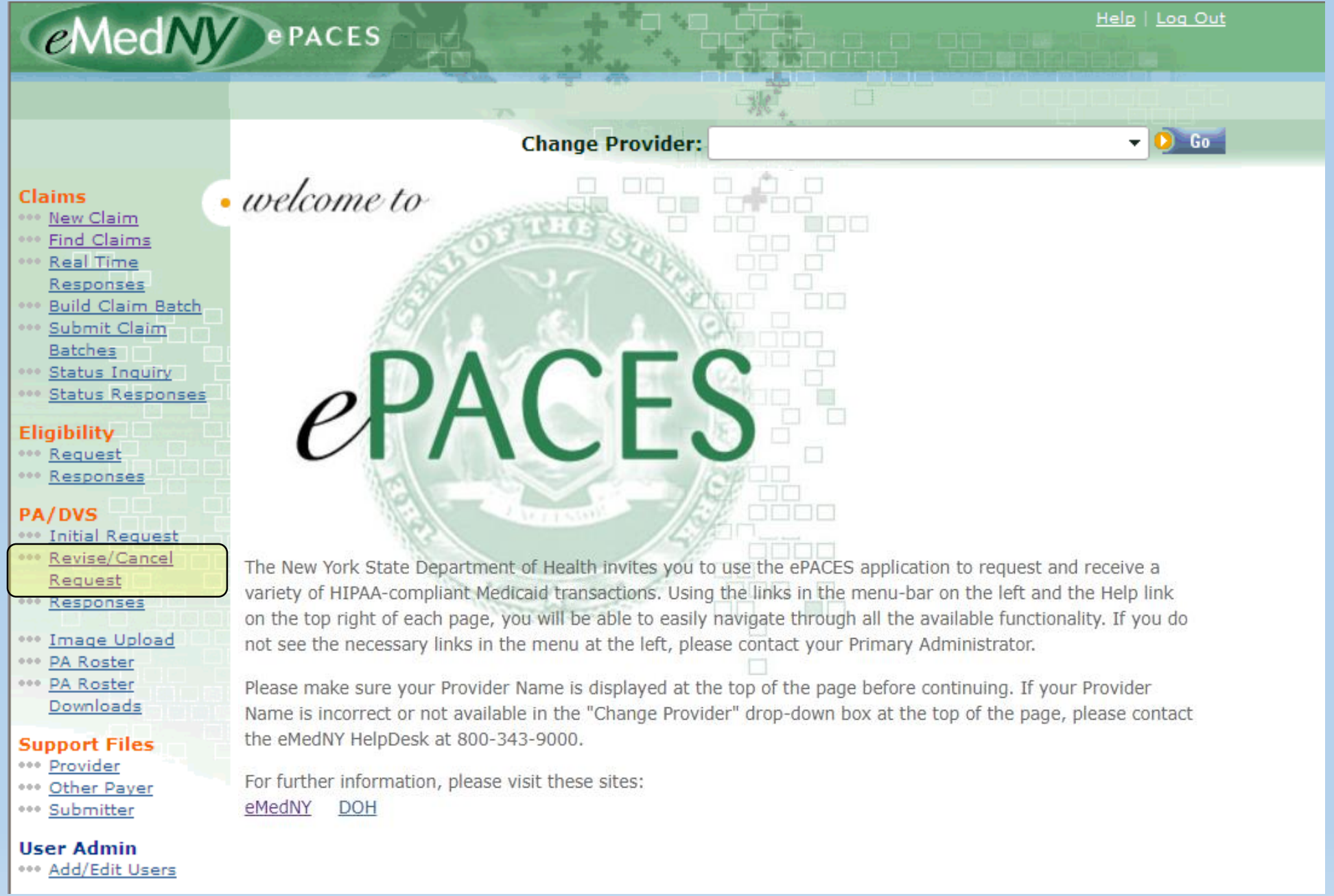
# Cancel DVS Request Information

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 the paid claim contains multiple claim lines, replace the paid claim 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, the provider will be able to cancel the DVS
- If the claim was not paid, check when the DVS was obtained. It could be out of the 90 day timeframe for cancellation


eMedNY ePACES
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Initial Request
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PA Roster Downloads
Support Files
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Other Payer
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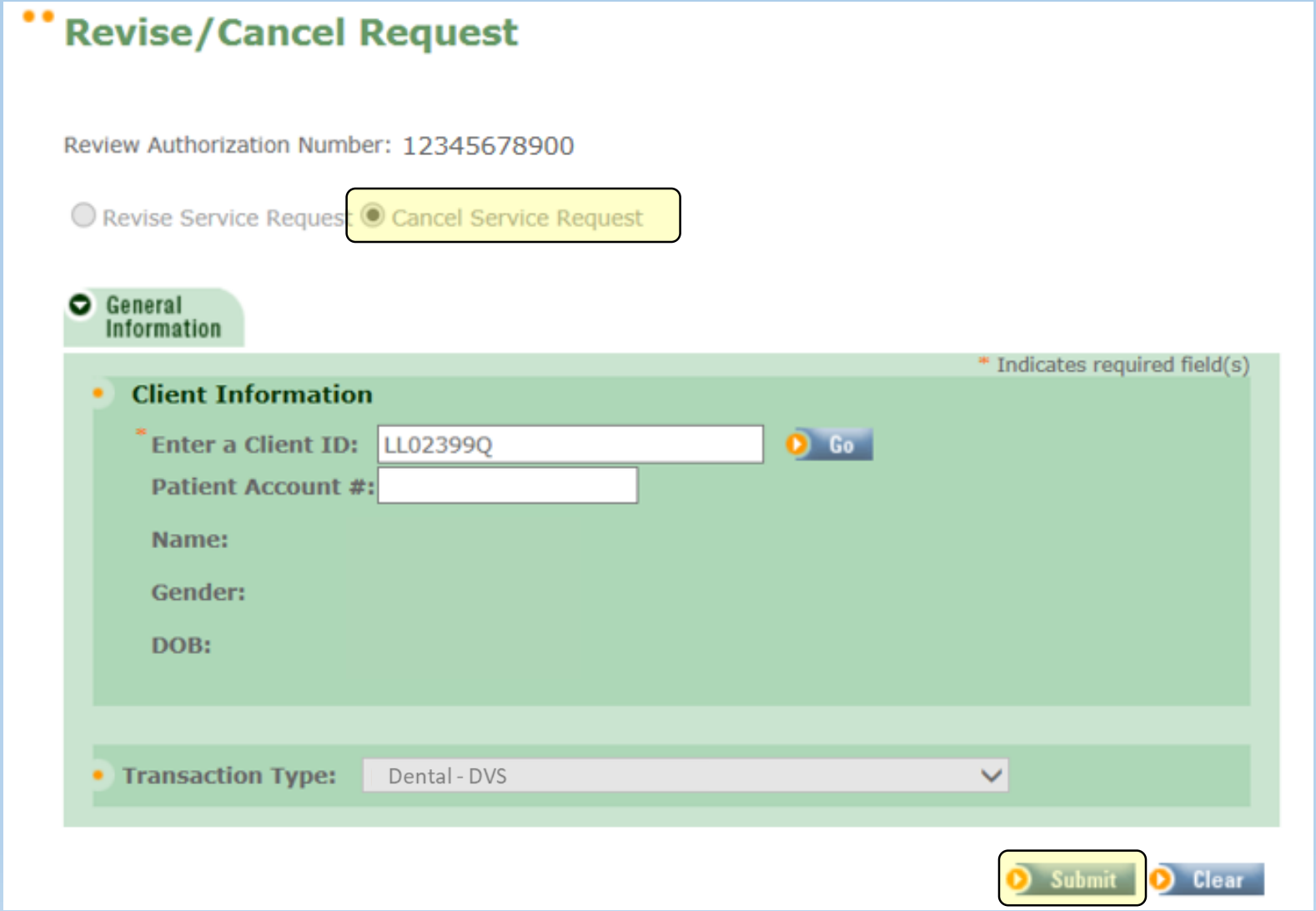
For further information, please visit these sites:
eMedNY DOH

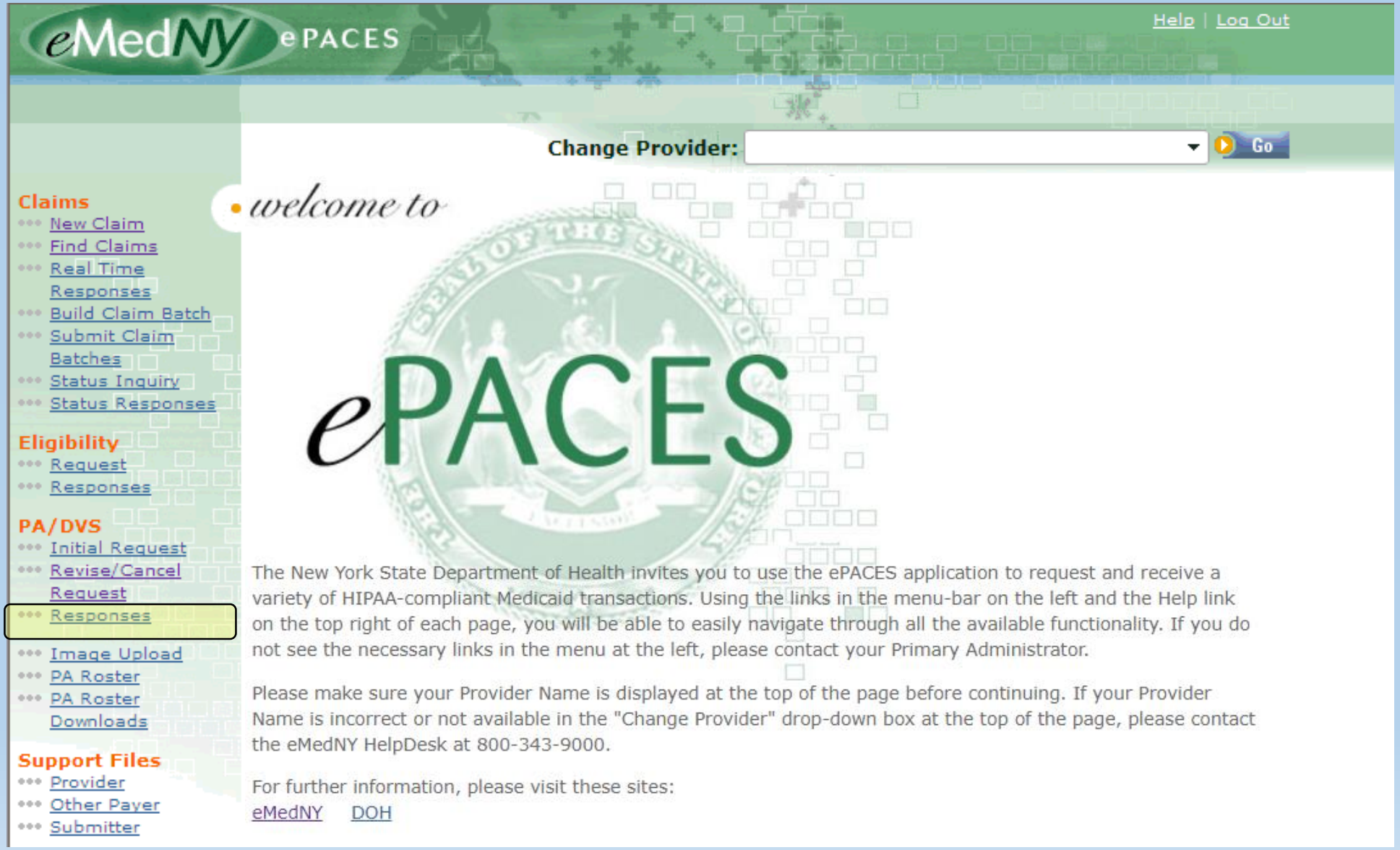
# Cancel DVS Request – OPTION 1

Enter the Review ID (DVS) Number to Cancel Request




**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 | | 6/08/2023 3:17:54 PM | 35 | | | A3 | Not Certified, 25-Services were not considered due to other errors in the request. | |
| LL02399Q | | 6/08/2023 3:23:25 PM | 35 | 12345678900 | | A1 | Certified in total | |

View Original Request Information

Revise/Cancel Request

**Client Information**

**Client ID:** LL02399Q

**Patient Account #:**

**Name:**

**Gender:**

**DOB:**

**Transaction Type:** Dental - DVS

**Response**

**Action Code: A1-Certified in total**

**Issue Date:** 6/08/2023

**Review ID Number:** 12345678900

**Effective Date** 6/08/2023

**Expiration Date:** 6/08/2024

**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:

Gender:

DOB:

**Transaction Type:** Dental - DVS

Submit  Clear

# Important Reminders

A Dental DVS authorization is REQUIRED when …

- A procedure code's description shows (DVS REQUIRED)
- A PA/DVS Code of DVS is indicated in the fee schedule

DVS requests require the current date and not a past or future date

DVS requests require an Ordering Provider

A DVS response of A1: Certified in Total indicates requested service(s)/units have been authorized

# Important Reminders

A DVS response of A3: Not Certified indicates requested service(s)/units have NOT been authorized

Service/Delivery must occur between the DVS Issue Date and Expiration Date

A DVS may only be cancelled

Only a DVS response of A1: Certified in Total may be cancelled

DVS authorization does not guarantee payment

# Reference and Contact Information

eMedNY Website
- www.emedny.org

Dental Provider Manual
- www.emedny.org/ProviderManuals/Dental/index.aspx

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

eMedNY Call Center
- 800-343-9000

# Conclusion

## ePACES DVS for Dental

eMedNY

www.emedny.org