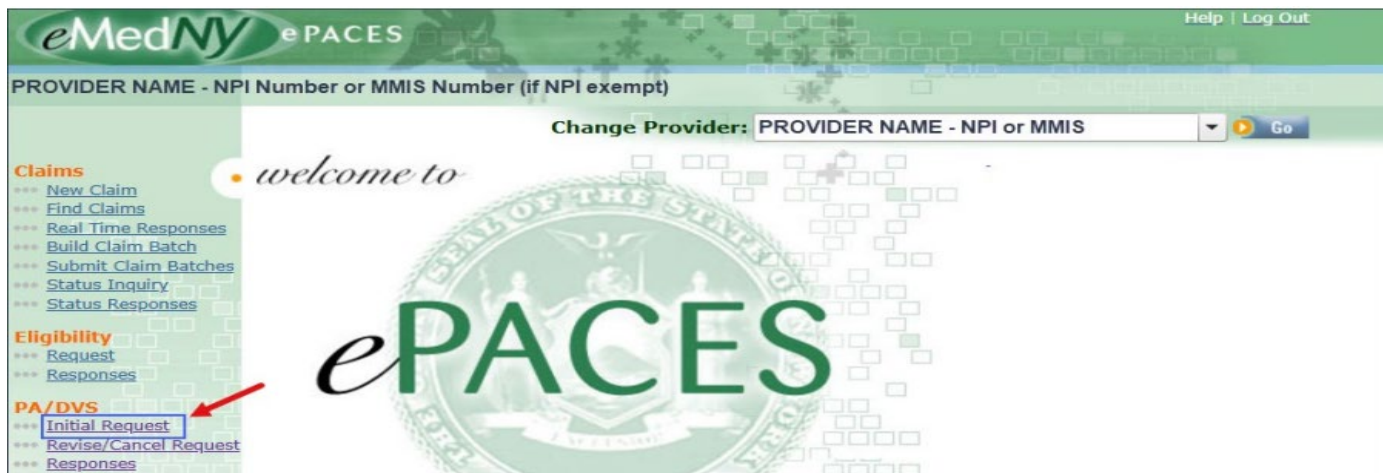# ePACES – DVS Request & Response for Dental

A Dispensing Validation System (DVS) authorization (DVS) Request may be submitted by either an individual Provider or a Provider Group. If submitted for a Group, the ID must be entered on the claim, which applies to the request. DVS requests process in real-time, providing a response within a few moments. Dental procedure codes will indicate (DVS REQUIRED) after the procedure code description in the Dental_Policy_and_Procedure_Manual.pdf or by the letters DVS in the PA/DVS column of the Dental Fee Schedule.

Submitting a DVS Request

Clicking on Initial Request located under the 'PA/DVS' section in the left-hand menu, will allow you to submit a DVS request.

Enter a Client ID: The client ID entered must be in the format of two letters, five numbers and one letter (e.g. AA11111A). **Click** 'Go' and the client's name, gender and date of birth will automatically populate.

eMedNY

ePACES – DVS Request & Response for Dental

* Indicates required field(s)

Client Information

*Enter a Client ID: LL12345X   ▶ Go

Patient Account #:

Name: FRED FLINSTONE

Gender: M

DOB: 01/01/0001

Transaction Type: Select the appropriate transaction type from the drop down: Dental – DVS.

Transaction Type: Dental - DVS   ▾

Provider Service Address- this can be left blank

Contact information – this can be left blank

Provider Service Address

Address Line 1:

Address Line 2:

City:

State:

Zip:

Contact Information

Name:

Telephone: Ext:

E-Mail:

Fax #:

ePACES – DVS Request & Response for Dental

Referring Provider:

A referring provider is only required if the client is a restricted recipient. A member's restricted provider(s), if any, will be returned in your eligibility response.

Ordering Provider:

An ordering provider is always required when obtaining a DVS. Select a name from the previously added providers using the drop down arrow. Alternatively, enter a provider's last name or provider number (NPI or Medicaid ID). After a name has been selected or last name/provider number has been entered, you must click 'Go'. The provider's name, type, NPI and contact information will automatically populate.

![eMedNY logo] **ePACES – DVS Request & Response for Dental**

Event Information:

Facility Type: Select appropriate Facility Type radio button of Professional/Dental
Service Type: Select 35 - Dental Care

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.

Pattern of Delivery: These fields should be left blank.
Home Oxygen Therapy: These fields should be left blank.
Home Health Care: These fields should be left blank.
Attachments: These fields should be left blank
Comments: This field should be left blank

eMedNY   **ePACES – DVS Request & Response for Dental**

Click 'Next' at the bottom right of the page. The Prior Approval Items tab will then display.

Service Date From: The 'From' is always the current date/today's date for a DVS. You cannot enter a previous or future date. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date from the calendar. Once a date is chosen, it will populate in the 'From' field automatically.

Service Date To: This should be left blank.

NDC/Proc & Modifiers: Enter the procedure code in the format of one letter and four numbers (e.g. X1111). Enter the 2-character code modifier(s), if applicable.

Unit Count: Enter the quantity being requested

Oral Cav Area: Enter the Oral Cavity Area if applicable. You may click the blue box for the full list to choose from.

Tooth Number: Enter the Tooth Number if applicable. You may click the blue box for the full list to choose from.

Line Amount: Enter the total submitted charge for the procedure code

Clicking 'Submit' will transmit the DVS request to the NY Medicaid system. At the top left of the screen, you will see the message: Request Submitted. This will be considered a Single Request.

REPEATED REQUESTS

For repeated requests use the **'Enter Another DVS For This Client'** button. This will transmit the DVS request, but clears only the service information leaving the client information intact in preparation for submitting another request for the

![eMedNY logo] **ePACES – DVS Request & Response for Dental**

same client. Requests may continue being submitted for the same client for each use of the button. Repeated requests are ended by using the 'Submit' button instead of the 'Enter Another DVS For This Client' button.

Viewing a DVS Response

Clicking 'Response' located under the 'PA/DVS' section in the left-hand menu, will bring up two 'Prior Approval Activity Worklist' sections to assist you in viewing your DVS response(s). The top section is for 'Search Criteria', while the bottom portion is for the 'Requests/Responses'.
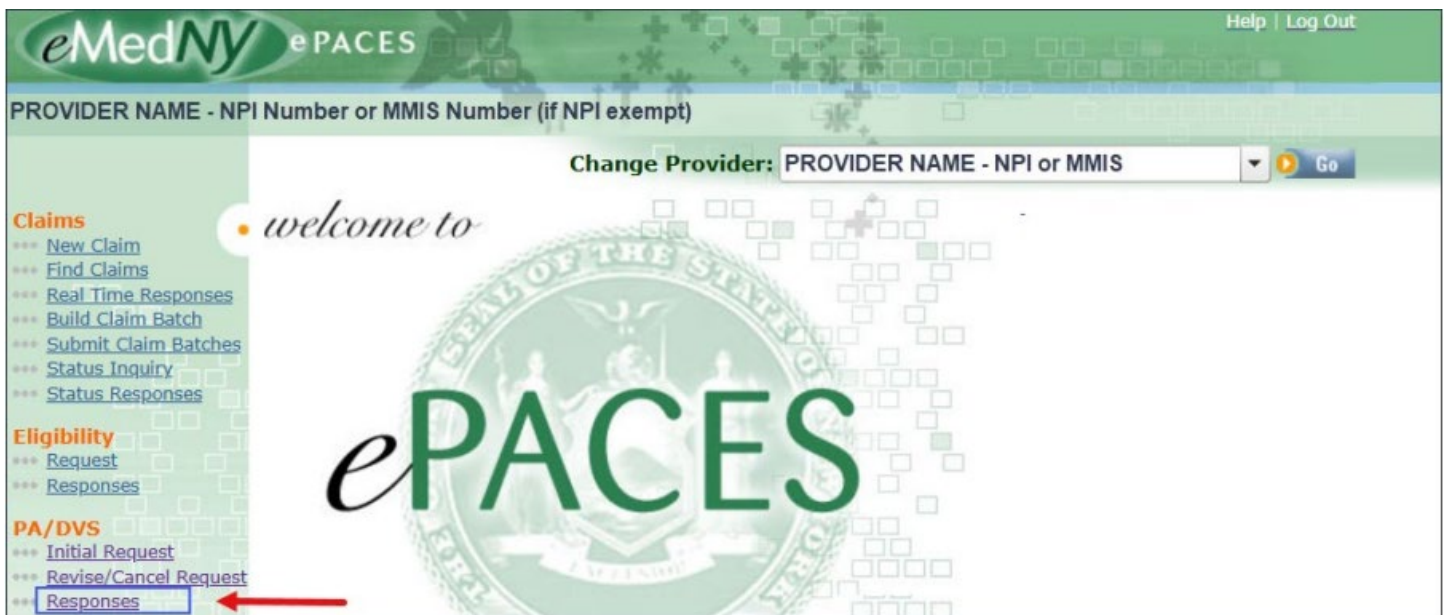
Search Criteria

This section of the page contains multiple fields that you may use to filter the pool of submitted DVS requests. Inquiries made within the past 3 days is the default in order to display the most recent inquiries made. Changing any of the values in the fields and clicking Search will refresh the page with the new list of requests displayed in the lower section.

Requested within the last _____ days: Entering a value (must be greater than 0, but no more than 120) in this field will limit the returned requests to only requests made within the specified number of 24-hour periods. For example: If you are viewing this page at 9:00 AM Friday and enter 2 in this field and then click 'Search', the results will display requests made in the past 48 hours made after 9:00 AM on Wednesday. Note: This field cannot be used in combination with the 'From Date' field.

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

Client ID: Entering the member's client ID will limit the returned requests to only those made for that exact member. The client ID entered must be in the format of two letters, five numbers and one letter (e.g. AA11111A).

Service Type: Select 35-Dental Care

![eMedNY logo]   **ePACES – DVS Request & Response for Dental**

 Review Identification #: Entering the DVS number will limit the returned request to that exact authorization. Note: This field cannot be combined with any other search criteria.

Date Sent: To retrieve requests made on a specific date, enter the date here. The accepted format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date. Once a date is chosen, it will populate in the 'Date Sent' field automatically. Note: This field cannot be used in combination with the 'Requested within the last _____ days' field.

Action: Enter or select (using the drop down arrow) a desired code by which to filter the DVS requests to be displayed. The provided list will include all valid action codes.

All Transactions for this Provider / Just my Transactions:

• Selecting 'All Transactions for this provider' will return all DVS requests submitted by the selected provider shown in the top left corner of the screen.

• Selecting 'Just my Transactions' will return only the DVS requests submitted by you.

Note: When changing any of the Search Criteria, you must **click** on the 'Search' button.

Requests/Responses

This section of the page contains the listing of the DVS requests that match the 'Search Criteria' you entered. If minimal search criteria was entered, the list displayed could be quite lengthy. Note: DVS requests are displayed in order of most recent submission.

Client ID: Displays the client ID entered on the DVS request. Note: The client ID will be a hyperlink and clicking the hyperlink will open the details of the DVS response.

Name: Displays the client's name in the following format: Last Name, First Name Middle Initial.

Date Sent: Displays the date (MM/DD/YYYY) that the DVS request was submitted.

Service Type: The service type selected will display here.

Review ID Number: The DVS authorization number, if available, will display here.

Action: Displays the action code received in the DVS response.

> • 'A1' will display a Response Descriptive Text of 'Certified in Total' and means the DVS has been approved.
> • 'A3' will display a Response Descriptive Text of 'Not Certified' and means the DVS has not been approved.
> • 'C' will display a Response Descriptive Text of 'Cancelled' and means the DVS has been cancelled.

eMedNY   **ePACES – DVS Request & Response for Dental**

• 'CT' will display a Response Descriptive Text of 'Contact Payer' and means you should call 800-343-9000.
• 'NA' will display a Response Descriptive Text of 'No Action Required' and means a DVS is not required.

Response Descriptive Text: Displays the description associated with the action code indicated in the adjacent column. Please see Action: above.

Note: When action code 'A3' is displayed, the Response Descriptive Text will return 'Not Certified' and the reject reason code. Some, but not all, of the rejects that could be returned are:

• 0Q - Duplicate Request
• 0X - Service Inconsistent with Provider Type
• 0Y - Service inconsistent with Patient's Age
• 12 - Patient is restricted to specific provider
• 25 - Services were not considered due to other errors in the request

Image Upload: Will be blank for DVS requests.

Client ID ▼	Name ▼	Date Sent ▼	Service Type ▼	Review ID Number ▼	Cert. Type	Action ▼	Response Descriptive Text	Image Upload
XX11111X	Someone's Name	11/25/2024 3:31:31 PM	35	DVS#		A1	Certified in total	
BB11111B	Someone's Name	11/20/2024 8:05:26 AM	35	DVS#		A1	Certified in total	

To view the details of a DVS response, **click** on the hyperlinked 'Client ID'. The details returned will be divided into sections (Client Information, Transaction Type, Response, Referring and/or Ordering Provider and Event Information).
Note: A claim's date of service cannot be prior to the effective date or after the expiration date of the Review ID.

Client Information

Client ID: XX11111X
Patient Account #:
Name: Client's Name
Gender: Client's Gender
DOB: Client's date of birth

Transaction Type: Dental - DVS

Response

Action Code: A1-Certified in total
Issue Date: 11/25/2024   Review ID Number: 11111111111
Effective Date: 11/25/2024   Expiration Date: 11/29/2024

Ordering Provider

Last Name: Provider's Last Name   Provider Type: Provider Type
First Name: Provider's First Name
Middle Initial: Contact Information:
NPI #:   NPI Number   Provider's Address
State License #:   Phone: Provider's Telephone #

ePACES – DVS Request & Response for Dental

Phone Contact

eMedNY Call Center: (800) 343-9000

Hours of Operation:

> **For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment:** Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)

> **For provider inquiries pertaining to eligibility, and pharmacy claims:** Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays) Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time