



ePACES - DVS Request & Response for DME, Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies

A Dispensing Validation System (DVS) authorization request is submitted by the billing provider. DVS requests process in real-time, providing a response within a few moments. Durable Medical Equipment (DME), Prosthetics, Orthotics, Orthopedic Footwear and Medical Supplies that require a DVS are identified in the [DME Procedure Codes & Coverage Guidelines](#) and the [Medical Supply Procedure Codes & Coverage Guidelines](#) manuals with a pound sign (#) preceding their description. In the [DMEPOS Fee Schedule](#), a value of '6' in the PA column indicates a DVS is required.

Note: Pharmacy (COS 0441) do not use ePACES to obtain a DVS. If a procedure requiring a DVS is billable by a pharmacy, the authorization will be created automatically during the pharmacy claim submission.

Submitting a DVS Request

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

PA/DVS - Initial Request

▼ **General Information**

- **Client Information**
* Indicates required field(s)

* Enter a Client ID: Go

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.



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General Information | **Prior Approval Items**

* Indicates required field(s)

Client Information

* Enter a Client ID:

Patient Account #:

Name: Client's name

Gender: Client's gender

DOB: Client's date of birth

Transaction Type: Select Non Dental – DVS using the drop down arrow.

Transaction Type:

Provider Service Address: These fields should be left blank.

Contact Information: These fields should be left blank.

Provider Service Address

Address Line 1:

Address Line 2:

City: **LEAVE BLANK**

State:

Zip:

Contact Information

Name:

Telephone: Ext: **LEAVE BLANK**

E-Mail:

Fax #:



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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 (see [ePACES - MEVS Eligibility Request](#) and [ePACES - MEVS Eligibility Response](#)).

- **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: 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.

- **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

- **Ordering Provider**

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

Change Provider



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Event Information

Facility Type: Select the Professional/Dental radio button.

Service Type: Select 12 - DME Purchase or 18 - DME Rental using the drop down arrow.

The screenshot shows the 'Event Information' section of the form. The 'Facility Type' is set to 'Professional/Dental'. The 'Service Type' dropdown menu is open, showing a list of options: 3 - Consultation, 4 - Diagnostic X-Ray, 5 - Diagnostic Lab, 6 - Radiation Therapy, 7 - Anesthesia, 8 - Surgical Assistance, 11 - Used Durable Medical Equipment, 12 - Durable Medical Equipment Purchase, 14 - Renal Supplies in the Home, 15 - Alternate Method Dialysis, 16 - Chronic Renal Disease (CRD) Equipment, 17 - Pre-Admission Testing, 18 - Durable Medical Equipment Rental, 20 - Second Surgical Opinion, and 21 - Third Surgical Opinion. The 'Related Causes Information' section is partially visible below.

Release of Information: Select a response using the drop down arrow.

The screenshot shows the 'Event Information' section of the form. The 'Facility Type' is set to 'Professional/Dental'. The 'Release of Information' dropdown menu is open, showing two options: 'M - The Provider has Limited or Restricted Ability to Release Data' and 'Y - Yes, Provider has a Signed Statement Permitting Release of Medication'. The 'Service Type' dropdown is also visible, set to '12 - Durable Medical Equipment Purchase'.

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.

The screenshot shows four sections of the form, each with a dropdown menu set to 'LEAVE BLANK': 'Pattern of Delivery', 'Home Oxygen Therapy', 'Home Health Care', and 'Attachments'.



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Comments: Leave blank

• **Comments**

LEAVE BLANK

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

Next

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" value="MM/DD/YYYY"/> To: <input type="text"/>	<input type="text" value="X1111"/>	<input type="text"/> UN-Unit v	\$ <input type="text"/>		

Previous

Submit
Enter Another DVS For This Client
Clear

Service Dates: 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. **Note:** Leave the 'To' field 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. **Note:** DVS requests for rentals must include modifier 'RR'.

Unit Count Basis Meas.: Enter the quantity being requested.

Line Amount: Enter the total submitted charge.

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.**



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IMPORTANT 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

For single requests use the **'Submit'** button. This will transmit the DVS request to the NY Medicaid system and clears the entire request form in preparation for submitting a new DVS request for a different client. At the top left of the screen, you will see the message: **Request Submitted.**



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 same client. Requests may continue being submitted for the same client for each use of the button.



ENDING REPEATED REQUESTS

Repeated requests are ended by using the **'Submit'** button instead of the **'Enter Another DVS For This Client'** button. Clicking **'Submit'** will transmit the DVS request to the NY Medicaid system and clears the entire request form in preparation for submitting a new DVS request for a different client. At the top left of the screen, you will see the message: **Request Submitted.**



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Viewing a DVS Response

Clicking **Responses** 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 12 - DME Purchase or 18 - DME Rental using the drop down arrow.

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.



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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.

Prior Approval Activity Worklist

Search Criteria

Requested within the last <input type="text" value="3"/> days	Review Identification #: <input type="text"/>
Client Last Name: <input type="text"/>	Date Sent: (mm/dd/yyyy) <input type="text"/>
Client ID: <input type="text"/>	Action: <input type="text" value="v"/>
Service Type: <input type="text"/>	

Show all transactions for this provider just my transactions

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 were 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.
- '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.



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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	12 or 18	DVS#		A1	Certified in total	
BB11111B	Someone's Name	11/20/2024 8:05:26 AM	12 or 18	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: Non Dental - DVS

Response

Action Code: A1-Certified in total

Issue Date: 11/25/2024 Review ID Number: 1111111111

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 #



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Additional Resource

Providers can reference the training video titled “ePACES DVS Request/Response for DME” located on the ‘Provider Outreach and Training’ tab of eMedNY.org.

Phone Contact

eMedNY Call Center: (800) 343-9000

Hours of Operation:

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

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