

Change to the Dispensing Validation System (DVS) Authorization Time Frame

Equipment providers are currently obtaining authorizations significantly before the dispense date to ensure approval. This practice does not allow enough time to dispense the equipment/supplies within the 180-day authorization period.

To avoid unnecessary delays and allow equipment providers to re-obtain DVS authorizations without having to submit a change request for a date extension, the following system changes have been implemented effective: 7/23/2020.

- DVS authorization will continue to provide a 180-day authorization period.
- If there has been no claim activity on the DVS authorization after 90 days, the DVS authorization will be inactivated, and a roster notification will be sent to the equipment provider.
- Equipment Providers should check their authorization status prior to dispensing and if the original authorization was inactivated, a new DVS authorization must be obtained prior to dispensing.
- If a member has a primary insurance/third party payor, the system will not inactivate authorizations after 90 days. These authorizations will remain active for 180 days.
- If there has been claim activity on the authorization, the authorization will remain active for 180 days.

***This system change will not affect the 5-day authorizations for supplies. This change is strictly for the 180-day authorizations.

***As a reminder, DVS authorization should be obtained close to the date of dispense.

For questions related to policy and coverage guidelines, contact the Bureau of Medical Review by telephone at 1-800-342-3005 or by email at OHIPMedPA@health.state.ny.us

For questions related to billing call GDIT at 1-800-343-9000.