

## Electronic Transaction Attachment Scanning Instructions

These instructions are to be used with the Electronic Transaction Attachment Scanning Sheet.

The Electronic Transaction Attachment Scanning Sheet is to be used solely for supplying an attachment for 278/electronic PA requests. Use of this form for any other purpose may result in denial of that request.

### Sample

#### Form:

You must complete and attach this sheet to each document to be scanned.

Enter the requested information below to have the scanned document properly filed in the eMedNY Image Repository.

1		2		
01	2	PA NUMBER 12345678901	ATTACHMENT NUMBER NOMORETHAN12	T
PROVIDER NUMBER 9876543210		CLIENT ID WT28604C		4
3		Date of Request: 04/20/2004		5
		PA Review Office Code: A1		6

### What you will need to fill out the form:

Option 1:  
Provider Number +  
Client ID + PA Number  
*Or*

Option 2:  
Provider Number +  
Client ID + Attachment  
Number

### How to fill out the form:

There are four boxes that you, as the Provider, need to fill out. They are numbered 1, 2, 3, and 4 and referenced in the illustration above. Please fill the information inside the respective box and make sure that the letters/numbers do not touch each other. Failure to do so may result in processing delay or denial. Enter both the PA Number and Attachment Number if available.

- 1 If you are using Option 1 from above, enter the PA Number in this box. The PA Number is assigned to you by the eMedNY system. If you cannot locate the PA Number, please contact the number in the 278 Transaction Response.
- 2 If you are using Option 2 from above, enter the Attachment Number in this box. This number is assigned by you, the Provider. You may also enter the PA Number in Box 1 if available.
- 3 Enter the Provider Number in this box
- 4 Enter the Client ID in this box
- 5 Enter the Date of Request
- 6 Enter the PA Review Office Code in this box. Please refer to Page 2 for the list of PA Review Codes.



## Electronic Transaction Attachment Sheet Review Office Codes

These instructions are to be used with the Electronic Transaction Attachment Scanning Sheet.

Please use these codes to fill in the "PA Review Office Code" box **6**.

PA Type	PA Review Office Code	Client Demographic Area based on county of fiscal responsibility	Telephone Number
PHYSICIAN	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
HEARING AID	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
EYE CARE	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
DME (PA Overrides of DVS/DiRad)	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
PHARMACY (Rx Drugs/OTC)	A2 (Albany)	Statewide	518-486-3209
DENTAL	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
Orthodontia	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
PRIVATE DUTY NURSING	55 (Westchester)	For Westchester county clients	914-813-5440
	A1 (Albany)	For clients from all other counties not listed above.	800-342-3005, 518-474-3575
OUT OF STATE INPATIENT HOSPITAL SERVICES	A1 (Albany)	Statewide	800-342-3005, 518-474-3575



## Electronic Transaction Form and Attachment Address Information

Please forward the form and the attached document to Data Management at:

eMedNY  
P.O. Box 4600  
Rensselaer, NY 12144

**Priority / Expedited Shipping:**

eMedNY  
327 Columbia Turnpike  
ATTN: Box 4600  
Rensselaer, NY 12144

or Fax to: 1-800-210-7442