Using the New York State Medicaid Enteral Prior Authorization Portal

Requesting a Prior Authorization

Requesting a Prior Authorization - Prescriber

- Click on Request a Prior Authorization

George , welcome to the Enteral Authorization portal.

Request a Prior Authorization

Cancel a Prior Authorization

Perform an Authorization Inquiry

Medicaid Enteral Formula Coverage Criteria

Requesting a Prior Authorization - Prescriber

- Enter the Medicaid member's client identification number

- Enter the Medicaid member's date of birth

- Click Continue

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Requesting a Prior Authorization - Prescriber

- Choose the Mode of Administration

- Does the member have an Inborn-Metabolic disease?

- Click Continue

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- If the member has an Inborn-Metabolic disease a diagnosis will be requested

- Enter the member's diagnosis

- Click Continue

Enter the diagnosis related to the Inborn Metabolic Disease. No decimal point entry is allowed.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Are you prescribing more than one formula?

- Click Continue

- Enter total number of calories per day

- Click Continue

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Requesting a Prior Authorization - Prescriber

Enter the total number of refills being prescribed:

Continue

Start Over

- Enter the total number of refills

- Click Continue

- If authorization is successful a prior authorization number will be provided

Prior Authorization Successful

The Prior Authorization number is:
01184771090

You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

Start Over

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Requesting a Prior Authorization - Prescriber

- When Oral is chosen as the Mode of Administration
- And No is chosen for Inborn-Metabolic disease
- Click Continue

Enteral Info

Mode of Administration

Feeding Tube	Oral

Is the Enteral formula being prescribed for an Inborn-Metabolic disease?

Yes	No

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Are you prescribing more than one formula

- Click Continue

- Enter total number of calories per day

- Click Continue

Enteral Info

Are you prescribing more than one Enteral formula?

| Yes | No |

Continue

Start Over

Enter the total number of calories being prescribed per day for this Enteral formula.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Enter the total number of refills

- Click Continue

- Enter the member's height in inches and weight in pounds

- Click Continue

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- Answer questions related to the member's medical condition

- Click Continue

Requesting a Prior Authorization - Prescriber

- Is there medical evidence in the medical record to support the request

- Click Continue

- Reminder to write diagnosis code on script

- Click Continue

Is there objective medical evidence in the medical record to support the need for enteral nutrition? For example: Malnutrition documented by serum protein levels, albumin levels or hemoglobin, changes in skin or bones, or physiological disorders resulting from surgery.

Yes	No

Continue

Start Over

Please note: The diagnosis code must be written on the script by the ordering provider.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- If authorization is successful a prior authorization number will be provided

Prior Authorization Successful

The Prior Authorization number is:
02035200733

You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

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RECORDING AND MATERIALS

A recording of the webinar and related materials

are available at:

eMedny.org/ProviderManuals/DME/index.aspx

Contact Us: OHIPMEDPA@health.ny.gov

or 800-342-3005 (Option 1)

Live Support is available Monday – Friday 8:30am to 4:45pm

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