

## EMedNY Changes Affecting Prior Approvals/Prior Authorizations

With the implementation eMedNY Phase II on March 24, 2005, changes will be introduced that impact the submission of prior approval/prior authorization requests and the responses to those requests:

- **Electronic** prior approval/prior authorization requests and responses will be allowed only on the HIPAA 278 transaction. The Companion Guides for the HIPAA 278 are available on the [www.nyhipaadesk.com](http://www.nyhipaadesk.com) website. Click on “News & Resources”, go under “Announcements” and click on “eMedNY Phase II HIPAA Transactions”.
- Prior approval/prior authorization requests can be entered on ePACES. A reference number will be returned to your ePACES screen, which can be later used to check the approval status on ePACES. You can sign up for ePACES now to be ready for this new feature following implementation. Visit [www.emedny.org](http://www.emedny.org) for more details.
- Paper prior approval/prior authorization request forms have been modified to comply with eMedNY requirements. Samples of the new forms are available at the eMedNY website: [www.emedny.org](http://www.emedny.org). Just click on “eMedNY Phase II – Paper Forms”.

An initial supply of forms will be sent to providers before the eMedNY Phase II implementation. The new PA request form is a single part form, replacing the current 3-part form.

- Today, you are accustomed to receiving a copy of the three-part prior approval form showing the final determination of your request. eMedNY Phase II is implementing a single part request form, which will not be returned to you. You will be notified of the final determination of your request one of three ways: 1) ePACES, 2) eMedNY eXchange, or 3) a mailed paper roster of your requests.

1) Providers who submit Prior Approval requests on ePACES will access their final determinations over ePACES.

2) You may sign up to receive your PA determinations by eMedNY eXchange for those requests not entered on ePACES. If you do, a roster of prior approval determinations will be sent to you over eXchange in the form of a pdf document (print image of a paper roster). To sign up for eXchange visit [www.emedny.org](http://www.emedny.org). Then complete and submit ([this form](#)).

3) You will receive your prior approval determinations (for requests that were not entered on ePACES) on a paper roster through the mail if you do not sign up for eXchange.

- A sample of the PA Determination roster can be seen [here](#). Please note that this report will vary based on the specific type of prior approvals, and may also contain special notes from the reviewers.
- The prior approval/prior authorization number format will change from **8** digits to **11** digits. After the eMedNY Phase II implementation, providers will be allowed to continue using Legacy prior approvals/prior authorizations (8-digit numbers) until they expire or the units

are exhausted. However, providers must be prepared to handle 11-digit authorization numbers when they are assigned by eMedNY following the Phase II implementation.

**Special note for NCPDP 5.1 providers only:** *When entering 8-digit authorization numbers, you must follow the number with three trailing zeros to create an 11-digit number!*

- Prior Authorizations for non-emergency transportation for New York City recipients will continue to be issued over the CSC Prior Authorization line for providers who choose that request method.

## IMPORTANT CONVERSION DATES

Beginning on Monday, **March 14** the following Prior Approval types must begin to use the **new** Phase II Prior Approval forms for submission of requests:

01-Physician  
03-Dental  
04-Nursing Home/Bed Reservation  
06-Durable Medical Equipment (DME)  
07-Eye Care  
08-Hearing Aid, and  
10-Private Duty Nursing

**Beginning on Monday, March 14**, please use the **new** Prior Approval forms for submission of requests, which should be sent to:

Computer Sciences Corporation  
PO Box 4600  
Rensselaer, NY 12144-4600

### NOTE:

- Requests mailed before March 14 must be sent on the old forms to the former addresses.
- New forms must be used for requests sent to the new central address.
- **Submitted requests that do not comply with these instructions will be returned unprocessed.**

### For 05-Transportation PA Requests:

- The new forms should be utilized beginning March 14.
- Requests submitted on the old forms will be accepted up through March 18 only.
- Beginning March 21, only the new forms will be accepted.

### For MOAS:

- Threshold Override Applications will be received on the old forms up through March 18 only.
- Beginning March 21, only the new forms will be accepted.

**For 11-Out of State Hospital prior approval requests:**

- There is no standard Prior Approval form for out of state requests. Requests should be made in written letter format and sent to the State Department of Health office based on the client's county of fiscal responsibility as follows:

NYSDOH Western Regional Office  
584 Delaware Avenue  
Buffalo, NY 14202-1203

**Counties:** Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

Bureau of Medical Review and Payment  
150 Broadway, Suite 6E  
Albany, NY 12204-2736

**Counties:** All others not listed for Western Regional Office

For questions regarding this article, please call Computer Sciences Corporation at (800) 522-5518 or (518) 447-9860.