

INSTRUCTIONS FOR COMPLETING THE EMEDNY 000101 THRESHOLD OVERRIDE APPLICATION

SECTION 1 – CLIENT INFORMATION

1. **Client ID Number** – Enter the 8-character Client ID number of the Client. The first 2 characters are alpha, the next 5 are numeric and the last character is alpha.
2. **Beginning Month of Benefit Year** – Enter the beginning month of the Client's benefit year. This information is returned to the Provider as the Anniversary Month in the Medicaid Eligibility Verification System (MEVS) response and is also given in Warning and At Limit letters sent to the Client.
3. **Last Name/First Name/Middle Initial** – Enter the Client's last name, first name and middle initial (in that order).
4. **Street Address/City/State/Zip Code** – Enter the Client's street address. This is the address the system uses to generate a response letter.
5. **City** – Enter the Client's city.
6. **State** – Enter the Client's state.
7. **Zip Code** – Enter the Client's zip code.
8. **Sex** – Place an X over M for male or over F for female to indicate the Client's sex.
9. **Birth Date** – Enter the Client's date of birth in month/day/full year (MM/DD/YYYY) format.

SECTION 2 – PROVIDER INFORMATION

1. Enter the 10-digit National Provider ID (NPI), of the requesting provider.
2. **License Number** – Leave blank.
3. **Profession Code** – Leave blank.
4. **Last Name/First Name/Middle Initial** – Enter the Provider's last name, first name and middle initial (in that order).
5. **Correspondence Address/City/State/Zip Code** – Enter the Provider's full correspondence address. This is the address the system uses to generate a response letter.
6. **Area Code/Phone/Extension** – Enter the Provider's telephone number with the area code and any applicable extension.

MEDICAL ASSESSMENT The written medical assessment must be provided if the number of additional services requested is in excess of service category thresholds as noted in Section III of the TOA form. The Provider should supply medical documentation to justify the increase.

SECTION 3 – MEDICAL DATA

1. **Did patient receive letter?** - Place an X over Y for Yes or over N for No to indicate if the Client received an At Limits letter.

2. **Diagnosis Codes** – This field is used to indicate diagnosis codes that describe the Client’s condition. You must enter at least one valid diagnosis code, and can enter up to 6 codes if necessary. ICD-9-CM codes are used to describe a medical condition. ICD-9-CM codes can be found in the ICD-9-CM book of diagnosis codes.

For Dental services: In lieu of diagnosis codes, the Dental codes (listed below) must be used for all TOAs submitted to request an increase in Dental Clinic visits. The Dental codes describe the type of treatment required and are as follows:

Diagnostic	D0100
Preventative	D1000
Restorative	D2000
Endodontics	D3000
Prosthodontics	D4000
Prosthodontics, removable	D5000
Maxillofacial	D5900
Prosthodontics	D6000
Prosthodontics, fixed	D7000
Oral Surgery	D8000
Orthodontics	D9000

3. **Amount of Increase** – Enter the number of additional services being requested for the Client in the appropriate category. Each category indicates at which point a written medical assessment is required. Only 2-digit entries are accepted. To request an exemption in a particular category, enter 99.

4. **Duration of Need** – Enter the number of months the Client will require the increased number of services. If the need is life long, enter 99.

SIGNATURE The TOA form must have an original signature and date. Rubber stamps, photocopies and carbon-copied signatures will not be accepted.

Providers should call CSC at (800) 343-9000 to request TOAs. Completed paper TOA forms (EMEDNY 000101) should be sent to CSC for processing:

Computer Sciences Corporation
 PO Box 4602
 Rensselaer, N. Y. 12144-4602

NOTE: Only original Threshold Override Application forms will be accepted.

United States Standard Postal Abbreviations

State	Abbrev.	State	Abbrev.
Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
District of Columbia	DC	Ohio	OH
Florida	FL	Oklahoma	OK
Georgia	GA	Oregon	OR
Hawaii	HI	Pennsylvania	PA
Idaho	ID	Rhode Island	RI
Illinois	IL	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY

American Territories

American Samoa
 Canal Zone
 Guam
 Puerto Rico
 Trust Territories
 Virgin Islands

Abbrev.

AS
 CZ
 GU
 PR
 TT
 VI

Note: Required only when reporting out-of-state license numbers.

