



Updated Pharmacy Guidance for Long Term Care (LTC) Providers and Prior Authorization Requirements

Effective June 25, 2020, system changes have been made to allow for providers to initiate a bypass from prior authorization (PA) when:

- ✓ a member is a resident of an LTC facility which are either a Private Skilled Nursing Facility, Public Skilled Nursing Facility, Private Health Related Facility, or Public Health Related Facility (identified as “NH” on an eligibility response),

and
- ✓ first obtains Medicaid eligibility *after* 90 days from the prescription date of service/fill date for claims not included in the rate. Please see the [June 2019 Medicaid Update](#) (beginning on pg. 5) for the full guidance for LTC facilities.

If the billing provider has determined that the member is a resident of a LTC facility as described above and that the member has first obtained eligibility *after* 90 days from the prescription date of service/fill date, the provider can enter a “2” – (Override) in the Eligibility Clarification Code field (309-C9) to bypass the Prior Authorization (PA) requirement.

Billing providers are required to actively check for eligibility every two weeks after first service date and to submit claims in a timely manner.

Claims in which this override has been used are subject to audit and recovery.

Any questions on billing please contact the eMedNY call center at 800-343-9000.

Any questions on this policy please call 518-486-3209 or email our mailbox at ppno@health.ny.gov.