



Department  
of Health

# New York State Medicaid Enteral Prior Authorization Portal Instructions

Department of Medical and Dental Directors,  
Office of Health Insurance Programs

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# Creating a Portal Account

# Creating a Portal Account – Access Portal

- Access portal via

eMedNY.org –



or

[Enteral Authorization Portal](#)

(medicaidenteralportal.health.ny.gov/portal/)

- Click on 'Register' to set up a new account

A screenshot of a web page titled 'Welcome to the Enteral Authorization portal.' It features two input fields: 'Email Address' and 'Password', each with a corresponding text input box. Below these fields are three buttons: a blue 'Login' button, a grey 'Register' button, and a grey 'Reset Password' button.

# Creating a Portal Account - User

- Select Type of User
- Enter your National Provider Identifier (NPI)
- Enter your First name
- Enter your Last name
- Click Continue

Select Type of User

Prescriber	Dispenser
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NPI

First Name

Last Name

**Continue**

**Return to Login**

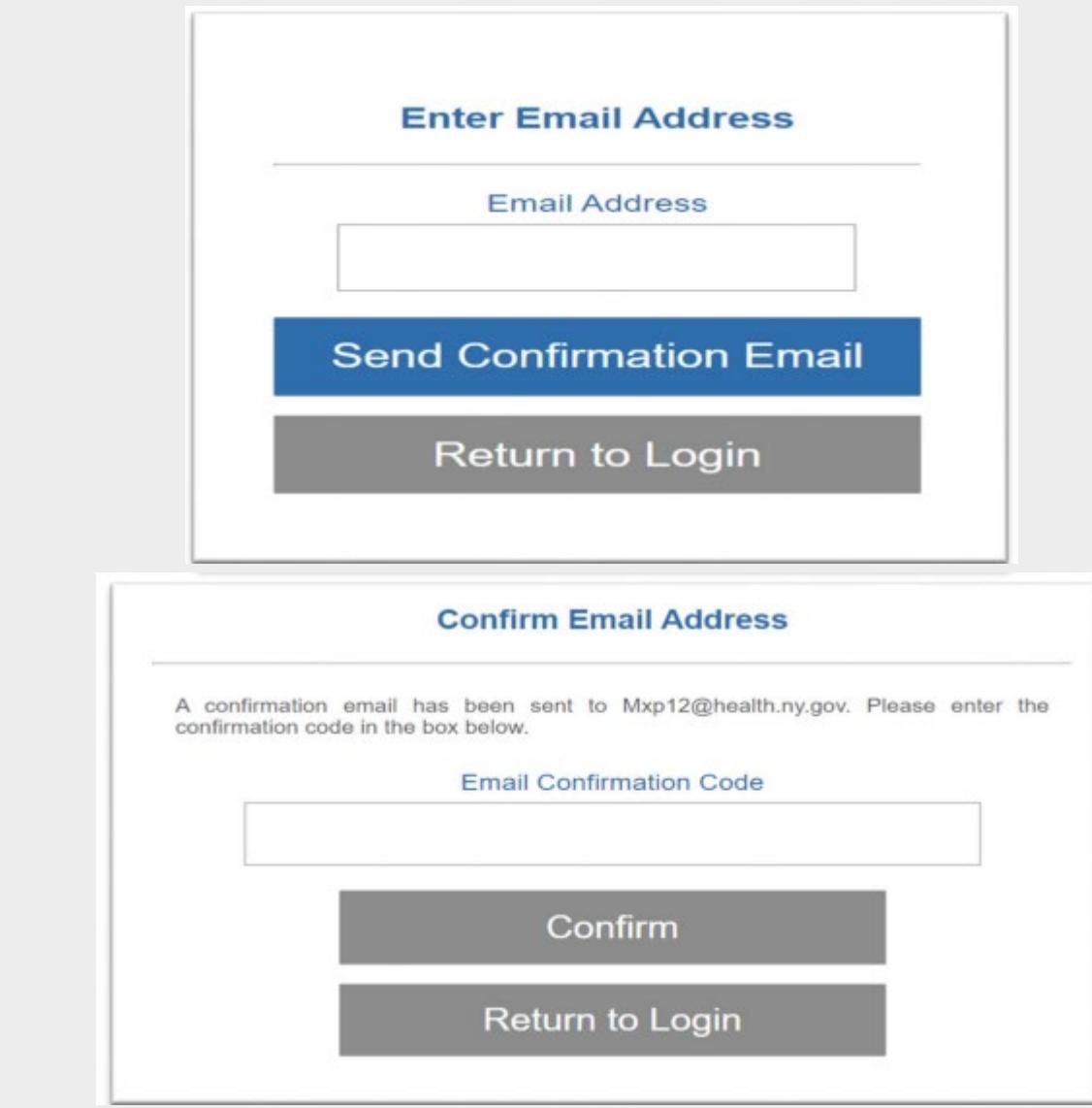


Department  
of Health

# Creating a Portal Account – Email Confirmation

- Enter valid email address to receive a single use confirmation code
- Click Send Confirmation Email
- Check your email for 6-digit confirmation code
- Enter the confirmation code
- Click Confirm

Note: Facility email addresses may block confirmation emails. If confirmation email is not received, check the Junk/Spam folder or use a non-facility email for the portal account



Enter Email Address

Email Address

Send Confirmation Email

Return to Login

Confirm Email Address

A confirmation email has been sent to Mxp12@health.ny.gov. Please enter the confirmation code in the box below.

Email Confirmation Code

Confirm

Return to Login

# Creating a Portal Account – Phone Number Confirmation

- Enter a valid mobile number to receive a single use confirmation code
- Click Send Confirmation Text
- Check your texts for the 6-digit confirmation code
- Enter the confirmation code
- Click Confirm

Enter Mobile Phone Number

Phone Number

Send Confirmation Text

Return to Login

Confirm Phone Number

A confirmation text message has been sent to the phone number ending in 0705. Please enter the confirmation code in the box below.

Phone Number Confirmation Code

Confirm

# Creating a Portal Account – Create a Password

- Create a Password
  - Password must contain at least 14 characters, one letter, one number, and one special character
- Click on Complete Registration

**Create a Password**

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Password

**Complete Registration**

**Return to Login**

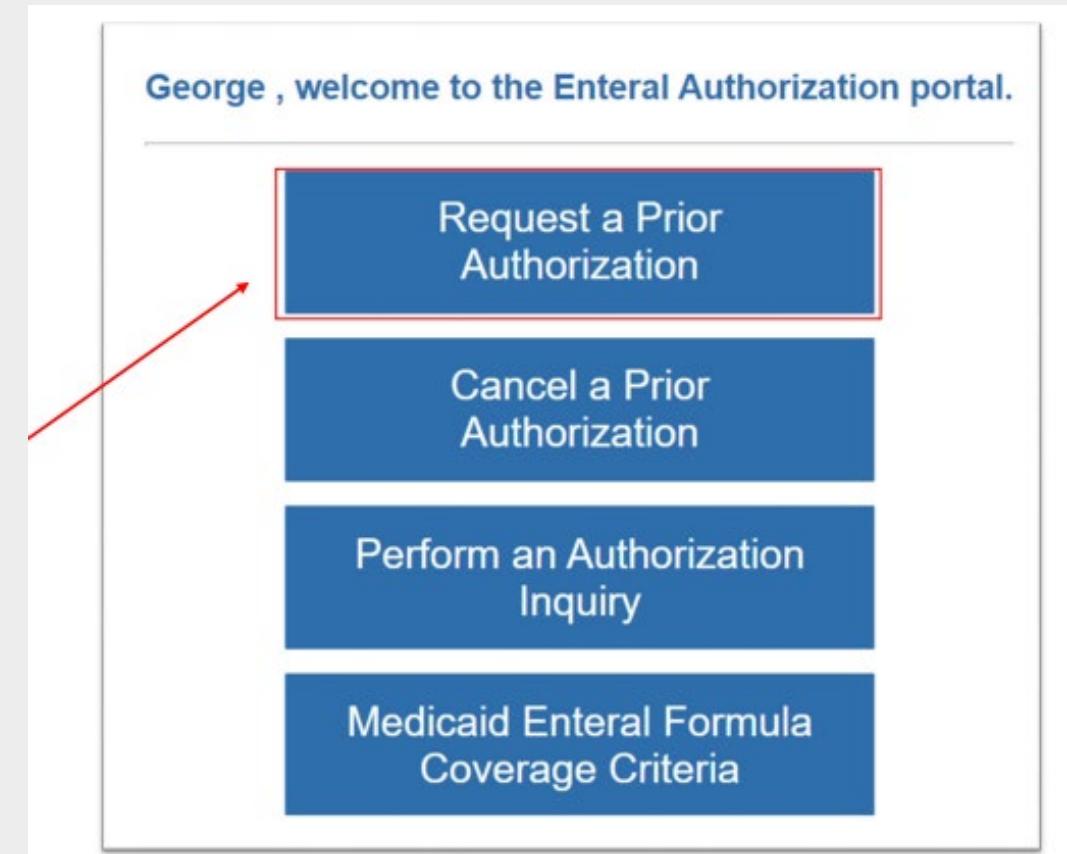
# Creating a Portal Account - Tips

- Only one account can be set up per NPI number
- Prescriber's NPI refers to the Ordering Provider
- Dispenser's NPI refers to the Pharmacy or DME vendor
- Only one email and one phone number can be associated with an NPI number for multi-factor authentication login.
- After initial account set up, logging in will require an email and password.
- A confirmation code may be received via email or text.
- Dispensing providers will be asked for their Category of Service when registering.

# Requesting a Prior Authorization

# Requesting a Prior Authorization - Prescriber

- Click on 'Request a Prior Authorization'



# Requesting a Prior Authorization - Prescriber

- Enter the Medicaid member's client identification number (CIN)
- Enter the Medicaid member's date of birth (MM/DD/YYYY)
- Click Continue

**Enter Client Info**

Enter the member's client identification number.

Enter the member's date of birth.

**Continue**

**Start Over**

# Requesting a Prior Authorization - Prescriber

- Choose the Mode Of Administration (Tube/Oral)
- Does the member have an Inborn-Metabolic disease? (Y/N)
- Click Continue

Note: If 'Yes" to Inborn-Metabolic disease, a valid diagnosis code is required (see slide 14 for details); If 'No', proceed to slide 15

**Enter Info**

Mode of Administration

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

Yes	No
-----	----

**Continue**

**Start Over**

# Requesting a Prior Authorization - Prescriber

- If you answered 'Yes' to Inborn-Metabolic disease, a valid diagnosis code is required
- Enter the member's diagnosis (without decimal point)
- Click Continue

Note: If member does not have an Inborn-Metabolic disease, you will not be asked to enter a diagnosis

*see next slide for further instructions*

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

**Continue**

**Start Over**

# Requesting a Prior Authorization - Prescriber

- Are you prescribing more than one formula (Y/N)
- Click Continue

**Enteral Info**

Are you prescribing more than one Enteral formula?

Yes	No
-----	----

**Continue**

**Start Over**

# Requesting a Prior Authorization - Prescriber

- Enter total number of calories prescribed per day
- Click Continue

- Enter the total number of refills
- Click Continue

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

**Continue**

**Start Over**

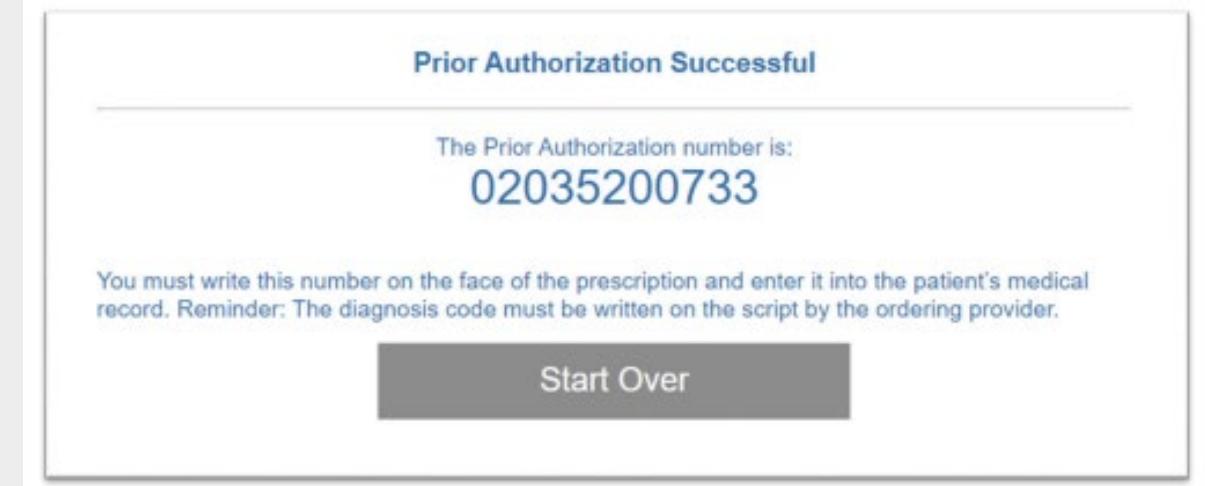
Enter the total number of refills being prescribed:

**Continue**

**Start Over**

# Requesting a Prior Authorization - Prescriber

- Successful submissions will display a prior authorization (PA) number



Note: If member is oral fed and does not have an Inborn-Metabolic disease, additional questions are required prior to receiving 'Prior Authorization Successful' screen

*see next slide for further instructions*

# Requesting a Prior Authorization - Prescriber

Additional questions:

- Enter member's current height and weight
- Click Continue
- Answer questions related to the member's medical condition
- Click Continue

Enter the patient's height in inches:

Enter the patient's current weight in pounds.

**Continue**

**Start Over**

Does the patient have a medical condition that prevents him or her from consuming normal table foods or softened, mashed, pureed or blenderized foods?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If mode of administration will be oral, have alternatives, such as dietary changes, instant breakfast drinks, rice cereal, etc., been tried but were unsuccessful?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has the adult patient had a significant unintentional weight loss greater than 5% over the past two months, or has the pediatric patient had no weight or height gain in the past six months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Continue**

**Start Over**

# Requesting a Prior Authorization - Prescriber

- Is there medical evidence in the medical record to support the request (Y/N)
- 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**

# Requesting a Prior Authorization - Prescriber

- If authorization is successful, a prior authorization (PA) number will be provided

Prior Authorization Successful

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The Prior Authorization number is:  
**02035200733**

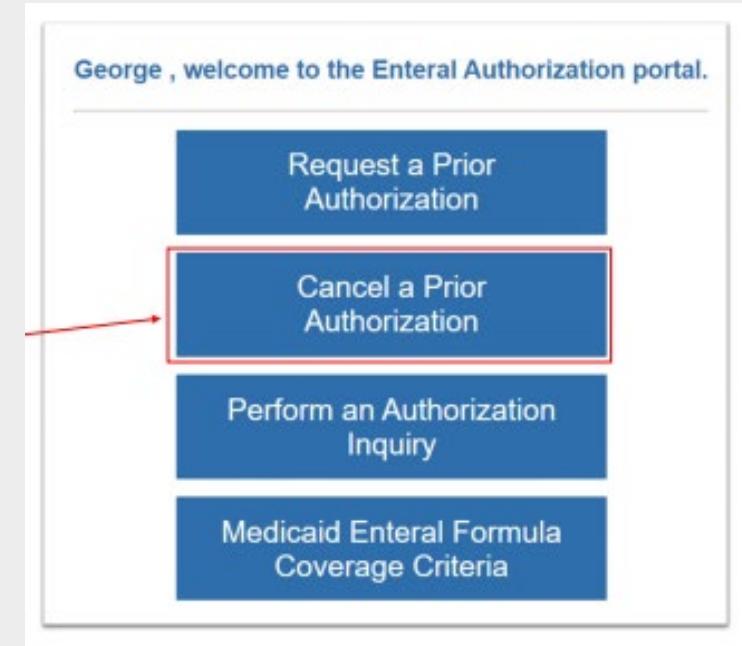
You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

[Start Over](#)

# Cancelling a Prior Authorization

# Cancelling a Prior Authorization

- Click on 'Cancel a Prior Authorization'



Note: Once a prior authorization (PA) has been activated by the dispensing provider, it can no longer be cancelled using the web portal or IVR systems

*See slide 25 for instructions on cancelling activated PAs*

# Cancelling a Prior Authorization

- Enter the Medicaid member's client identification number (CIN)
- Enter the Medicaid member's date of birth (MM/DD/YYYY)
- Click Continue

**Enter Client Info**

Enter the member's client identification number.

Enter the member's date of birth.

**Continue**

**Start Over**

# Cancelling a Prior Authorization

- Enter the Prior Authorization number to be cancelled
- Click Continue
- Confirmation message received if the Prior Authorization was cancelled successfully

Cancel a Prior Authorization

Enter the Prior Authorization number you wish to cancel:

Continue

Start Over

PA Cancelled Successfully

Prior Authorization number 01184771090 has been cancelled.

Start Over

# Cancelling a Prior Authorization – Activated

- To request cancellation of a prior authorization that has been activated by the dispensing provider, complete the [Cancellation Request Form](#) and fax to 518-474-4413

Note: PAs that have been rendered or billed on cannot be cancelled and will require submission of a manual PA for changes

# Prior Authorization Inquiry

# Prior Authorization Inquiry

- Click on 'Perform an Authorization Inquiry'

George , welcome to the Enteral Authorization portal.

Request a Prior Authorization

Cancel a Prior Authorization

Perform an Authorization Inquiry

Medicaid Enteral Formula Coverage Criteria

# Prior Authorization Inquiry - Prescriber

- Enter the Medicaid member's client identification number (CIN)
- Click Continue

- Message received indicating total number of calories authorized
- Click Continue

**Enter Client Info**

Enter the member's client identification number.

**Continue**

**Start Over**

We have reviewed all current authorizations for this patient requested by you and any other prescribers.

The total number of calories per day currently authorized for this patient is: 250.

**Continue**

**Start Over**

# Prior Authorization Inquiry - Prescriber

- Message provides Prior Authorizations requested by your NPI
- Status of those prior authorizations
- Earliest time the formula can be reauthorized

You have requested the following authorizations for this member:  
PA Number 12035200808 for 1 refills for 250 calories per day and was requested by you on 2/6/2023.  
This prior authorization has not yet been completed by a pharmacy or DME provider.  
The earliest that this formula can be reauthorized is: 3/28/2023.

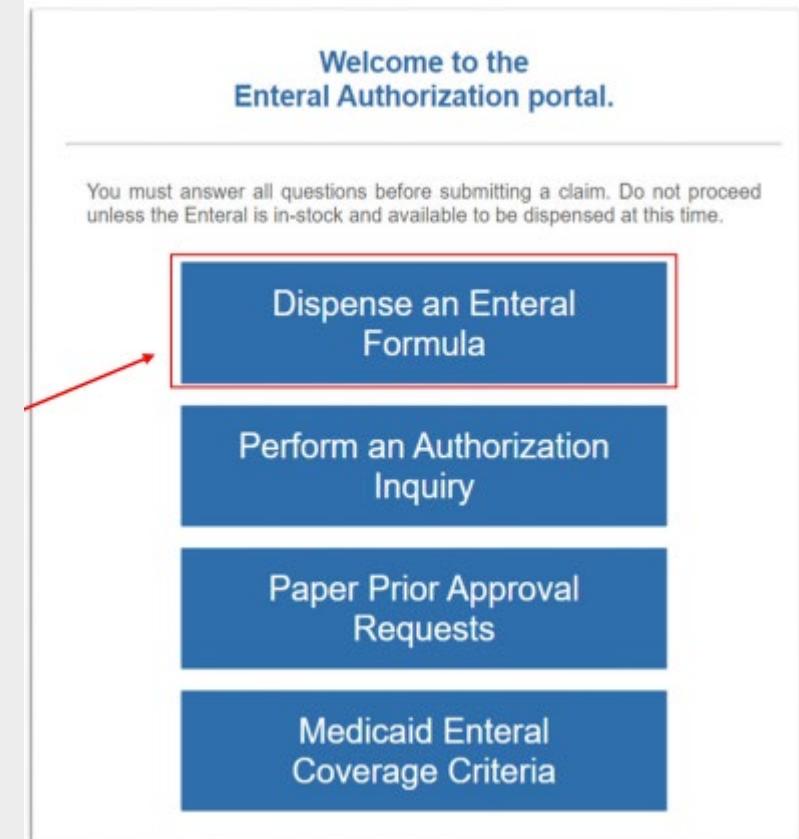
Perform an inquiry on a  
different member

Start Over

# Dispensing an Enteral Formula

# Dispensing an Enteral Formula - Dispenser

- Click on 'Dispense an Enteral Formula'



# Dispensing an Enteral Formula - Dispenser

- Enter the Prior Authorization number
- Click Continue

- Enter the Medicaid member's client identification number (CIN)
- Click Continue

The image shows a two-step dispensing interface. The first step is a 'Prior Authorization' screen with a text input field and 'Continue' and 'Start Over' buttons. The second step is a 'Client Info' screen with a text input field and 'Continue' and 'Start Over' buttons.

Enter the Prior Authorization number written on the prescription:

Continue

Start Over

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Enter Client Info

Enter the member's client identification number.

Continue

Start Over

# Dispensing an Enteral Formula - Dispenser

- Enter the four-digit enteral code excluding the letter B
- Click Continue

- Regulation message received
- Click Continue

Enter the four-digit Enteral Code for the Enteral being dispensed(numerals only):

Continue

Start Over

Per regulation, providers are required to dispense the least costly generically equivalent formula to meet the medical need. When claiming, be prepared to supply such documentation.

Continue

Start Over

# Dispensing an Enteral Formula - Dispenser

- Summary of amount authorized is displayed for review
- Is the amount sufficient per written order? (Y/N)
- Click Continue

The member has been authorized for 30 caloric units per month, under Enteral Code B4157 with 3 refills, expiring on 3/18/2023.

Is this amount sufficient per written order?

Yes	No
-----	----

Caloric Unit(s) is equal to the number of calories per can divided by 100.

[Continue](#)

[Start Over](#)

# Dispensing an Enteral Formula - Dispenser

- Once the authorization has successfully been activated a confirmation message is received
- Click start over if you have another authorization to dispense

This information has been entered into our records, and you have prior authorization to dispense this request. Prior authorization does not guarantee payment. Payment is subject to patient eligibility and other Medicaid guidelines.

The dispensing provider must make sure the diagnosis code is written on the ordering provider's prescription. If not, please contact the ordering provider to obtain the information. It is the responsibility of the dispensing provider to maintain this information as part of their records.

[Start Over](#)

# Resources

- Additional enteral nutrition materials are available at:  
<https://www.emedny.org/ProviderManuals/DME/>
- Contact Us:  
  
Email: [OHIPMEDPA@health.ny.gov](mailto:OHIPMEDPA@health.ny.gov)  
  
Phone: 1-800-342-3005 (Option 1)  
  
Live Support available Monday – Friday 8:30am to 4:45pm

