The Utilization Threshold Program

In order to contain costs while continuing to provide medically necessary care and services, the Utilization Threshold (UT) program places limits on the number of services a Medicaid member may receive in a benefit year. A benefit year is a 12-month period which begins the month the member became Medicaid eligible.

Medicaid members are assigned specific limits for the following services:

- Physician/Clinic Visits
- Laboratory Procedures
- Pharmacy
- Mental Health Clinic Visits
- Dental Clinic Visits

These service limits are established based on each member's clinical information. This information includes diagnoses, procedures, prescription drugs, age and gender. As a result, most Medicaid members have clinically appropriate service limit levels and will not need additional services authorized through the Threshold Override Application (TOA) process.

Additionally, in order to help avoid a disruption in a member's medical care, a "nearing limits" letter will be sent to the member. A nearing limits letter advises authorized services are being used at a rate that may exhaust the member's available services before completion of the current benefit year.

Determining Utilization Threshold Status

With the implementation of HIPAA 5010 and D.0 transactions, the NYS Department of Health (DOH) has eliminated the Service Authorization (SA - 278) process. This process required providers to obtain UT service authorizations via the Medicaid Eligibility Verification System (MEVS) prior to the payment of claims.

Since service authorization transactions are no longer being supported, the eligibility transaction process will provide information when the member is at limit.

Determining a Medicaid member's UT status is critical for accurate billing and payment purposes. The provider risks ***non payment*** if eligibility is not verified.

Eligibility Response

If a member has reached the Utilization Threshold limit for any service category, the eligibility response will return an indication of **"Limitations"** for the applicable Service Type(s).

If a “Limitations” message is returned, one of two options are available.

1. A Threshold Override Application (TOA) may be submitted to request an increase in the member’s allowed services.
2. Services provided are exempt from the UT Program. See the **Services Exempt from the UT Program** section later in this document.

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Technical Note: A “Limitations” Message is indicated by EB01 = ‘F’ for the Service Type identified in EB03.	
Service Type Description	**Service Type Code**
Physician/Clinic	98
Laboratory	5
Pharmacy	88
Mental Health Clinic	MH
Dental Clinic	35

Utilization Threshold and Claims Processing

The member’s service counts for each service category will be tracked based upon adjudication of the claim rather than service authorization reservations.

If during claim adjudication the member is at limits, the claim will pay if the UT units were available for the date of service when the eligibility request was processed.

If the provider did not perform an eligibility request for the date of service on the claim AND the member is at limits, the claim will be denied.

The NPI used when performing an eligibility request must match the NPI on the claim.

The exception to this is for providers who submit claims as a group. If either the group or rendering NPI was used to obtain the eligibility information and at least one of them match the claim, the UT edit will be bypassed.

NOTE: UT service limitations apply when billing Medicaid secondary claims (Medicare or other insurance primary).

SERVICES EXEMPT FROM THE UT PROGRAM

The following service types and specialties are exempt from the UT Program.

PHYSICIAN SERVICES:

- Anesthesiology
- Pediatric
- Psychiatric
- Preferred Physicians and Children Program (PPAC)
- Therapeutic Radiology
- Managed Care
- HIV Enhanced Fee for Physicians (HIV-EFP)
- Child Teen Health Program (CTHP)
- Methadone Maintenance Treatment Program (MMTP)
- Medicaid Obstetrical and Maternal Services (MOMS)
- Critical Care
- Dialysis
- Certain services related to pregnancy (Ex. Pre and Post Natal Care)

CLINIC SERVICES:

- Pediatric General Medicine and Specialties
- Mental Health Continuing Day Treatment Programs
- Mental Health Continuing Treatment
- Alcohol Treatment Programs
- Child Teen Health Program (CTHP)
- School Supportive Health Services Program
- Hemodialysis
- Methadone Maintenance Treatment Program (MMTP)
- Oncology
- OMR/DD Clinic Treatment and Specialty Programs
- TB/DOT
- Prenatal Care

OTHER:

- Abortion
- Family Planning Services
- Services requiring Prior Approval/Prior Authorization
- Services provided while member is:

An inpatient in an acute care hospital
A member in a residential health facility
A member at a military treatment Facility
When MEVS displays an Exception Code of:
23, 35, 38, 44, 45, 46, 47, 48, 49, 50, 51, 60, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 81, 84, 85, & 86.

LABORATORY SERVICES:

- Drug Screen
- Pap Smear

Specialty Codes Exempt from the UT Program

020, 130, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 161, 169, 186, 191, 192, 193, 196, 205, 247, 249, 270, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 312, 313, 314, 317, 318, 319, 320, 323, 325, 750, 798, 900, 904, 906, 907, 908, 912, 913, 918, 922, 934, 936, 937, 938, 939, 940, 941, 942, 943, 944, 949, 959, 960, 961, 962, 967, 968, 969, 972, 973, 975, 976, 977, 978, 979, 980, 981, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998

Services Subject To The UT Program

All COS/Specialties on the list below are considered subject to the Utilization Threshold Program. If you have questions regarding whether a service is exempt, you may call eMedNY at 800-343-9000.

DESCRIPTION	Category of Service (COS)	SPECIALTY CODES
PHYSICIAN	0460	010, 030, 040, 041, 050, 060, 062 THRU 070, 080, 089, 092, 093, 100, 110, 120, 131, 135 THRU 139, 141 THRU 143, 146, 148, 160, 170, 181 THRU 185, 194, 200 THRU 202, 210, 220, 230, 241, 242, 250, 402 THRU 404
MENTAL HEALTH CLINIC	0160, 0287	310, 311, 315, 316, 322, 945 THRU 948, 963, 964, 971, 974
CLINIC	0160, 0287	321, 901, 902, 903, 905, 909, 914 THRU 917, 919 THRU 921, 923 THRU 933, 935, 950 THRU 958, 965, 966, 999
PHARMACY	0160, 0288, 0441	N/A
DENTAL CLINIC	0160, 0287	910 AND 911
LABORATORY	0162, 0281, 1000	400 THRU 599

Providers who have questions about what specialty codes they have on file may contact the eMedNY Call Center at 1-800-343-9000. The Call Center Representative may be able to give that information over the phone. In cases where the provider has too many specialty codes to be given over the telephone, the provider will be directed to request the specialty code list in writing.

SERVICE AUTHORIZATION EXCEPTION CODES

There are circumstances where services that are subject to UT are considered exempt. These exceptions are detailed in the table below. When services are provided to a member who has exhausted their benefits and the circumstance exists, the applicable Service Authorization Exception Code must be provided on the claim.

HIPAA Code	HIPAA Description
1	Immediate/urgent
2	Services Rendered in Retroactive Period
3	Emergency Care
4	Member Has Temporary Medicaid
5	Request from County for 2nd Opinion to Determine if Member Can Work
6	Request for Override Pending
7	Special handling

Although providers no longer report their specialty code on claim transactions, specialty codes continue to be used internally to process claims. NYS Medicaid has implemented the use of Code 7 - Special handling to indicate the services were performed under a UT exempt Specialty Code.

When an eligibility response indicates limitations and one of the above exceptions apply or if a provider's specialty code indicates that the service is exempt from the UT service authorization program, providers should designate the appropriate exception code in the correct field as noted below:

Claim Type	Field / Location
HCFA 150003	Field 25D
837 I & P	Loop 2300 Ref 02
Pharmacy	Field 420-DK

Threshold Override Application (TOA)

The Utilization Threshold (**UT**) program limits the number of times Medicaid members can receive certain medical services in a benefit year. Increases in a member's UT service limits can only be granted upon submission of a **TOA**. Members are informed a TOA may be necessary via a "nearing limits" letter.

NOTE: Increases in service limits may only be requested for the member's current benefit year.

To request TOA forms contact the eMedNY Call Center at (800) 343-9000. Completed TOA forms are mailed to: eMedNY, PO Box 4602, Rensselaer, NY 12144-4602

Expedited / Priority Shipping:
eMedNY, 327 Columbia Turnpike, ATTN: Box 4602, Rensselaer, NY 12144

INSTRUCTIONS FOR COMPLETING THE EMEDNY 000104 THRESHOLD OVERRIDE APPLICATION FORM

NOTE: Only original Threshold Override Application forms will be accepted

SECTION 1 – MEMBER INFORMATION

1. **Member ID Number** – Enter the 8-character Member ID number.

2. **Beginning Month of Benefit Year** – Enter the beginning month of the Member's benefit year. This information is returned to the Provider as the Anniversary Month in the eligibility response and is also given in Warning and At Limit letters sent to the Member.

3. **Last Name/First Name/Middle Initial** – Enter the Member's last name, first name and middle initial (in that order).

4. **Street Address** – Enter the Member's street address. This is the address the system uses to generate a response letter.

5. **City** – Enter the Member's city.

6. **State** – Enter the Member's state.

7. **Zip Code** – Enter the Member's ZIP code.

8. **Sex** – Place an X over M for male or over F for female to indicate the Member's sex.

9. **Birth Date** – Enter the Member's date of birth in MM/DD/YYYY format.

SECTION 2 – PROVIDER INFORMATION

1. **NPI** – Enter the 10-digit NPI if enrolled in the Medicaid Program. If the Provider is not enrolled, leave this field blank.

2. **License Number** – Providers not enrolled in the Medicaid Program can enter their License Number in this field. (You must complete the Profession Code when entering a License number in this field). If a NY State License Number is used, it must be preceded by 2 zeros (or 0F for Nurse Practitioner/Midwife). If an out of state License Number is used, it must be preceded by a valid 2-character alpha state code

3. **Profession Code** – If a License number is entered because the Provider is not enrolled in NY Medicaid, the 3-digit profession code must be entered. The profession code identifies the profession assigned to the license number. Profession codes are 3 digits – do not enter "MD" in this field or the TOA form will be rejected. Profession Codes may be found at **www.eMedNY.org**

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.

TOA WILL NOT BE ACCEPTED WITHOUT A MEDICAL ASSESSMENT - A written medical assessment must be provided when additional services are requested. The Provider is required to supply medical documentation to justify the increase. Without a medical assessment the request will be returned to the originating provider for the appropriate documentation.

SECTION 3 – MEDICAL DATA

1. **Did member receive letter?** - Place an X over Y for Yes or over N for No to indicate if the Member received an At Limits letter. If unknown, leave blank.

2. **Diagnosis Codes** – This field is used to indicate diagnosis codes that describe the Member's condition. You must enter at least one ICD diagnosis code, and can enter up to 6 codes if necessary.

For **Dental Clinic services**: In lieu of diagnosis codes, the Dental codes (listed below) must be used for all TOAs submitted to request an increase. 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 member in the appropriate category. Provide the required written medical assessment.

Only 2-digit entries are accepted. To request an exemption in a particular category, enter 99.

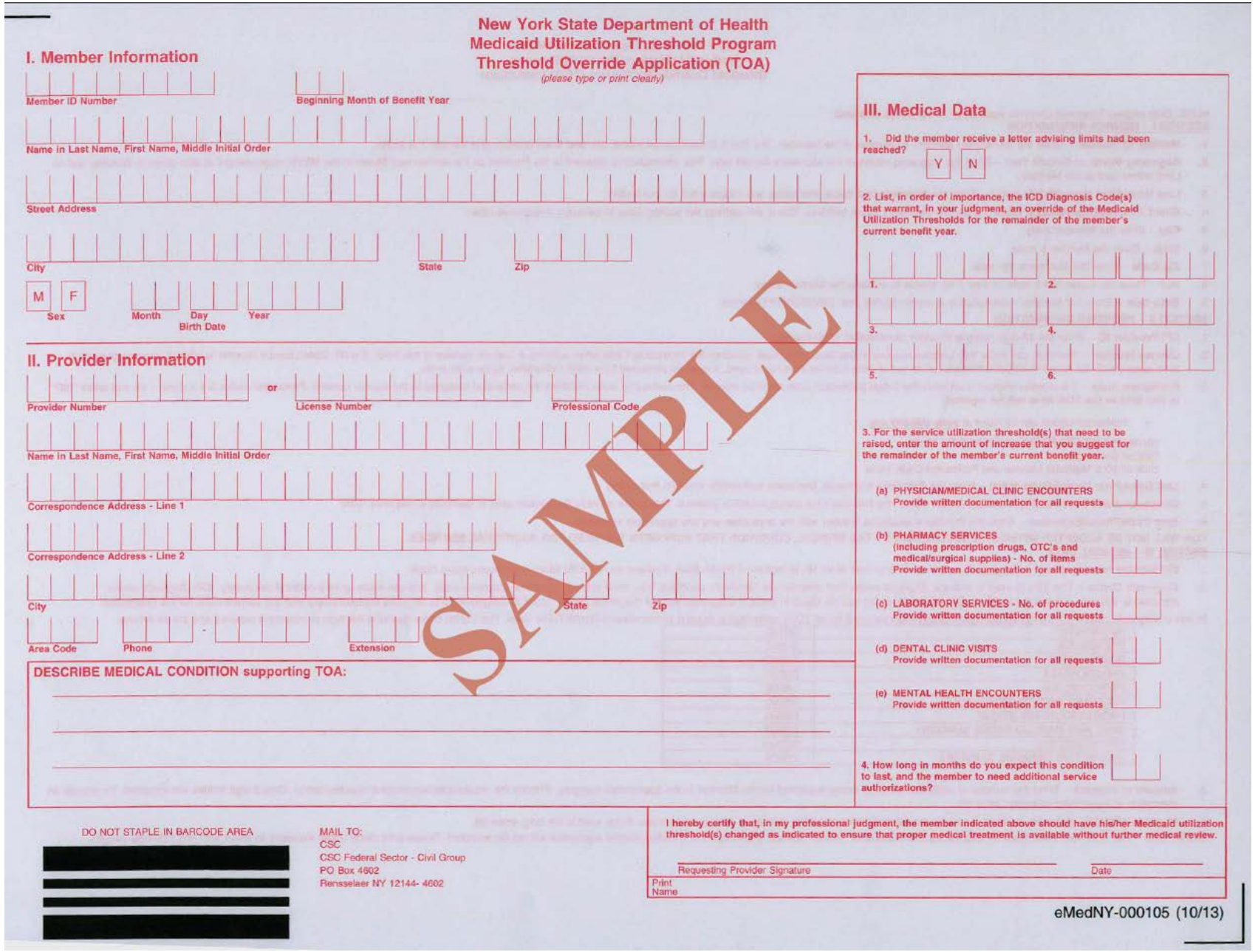
4. **Duration of Need** – Enter the number of months the Member will require the increased number of services. If the need is life long, enter 99.

SIGNATURE - The TOA form must have an original **requesting provider** signature and date. Rubber stamps, photocopies and carbon-copied signatures will **not** be accepted. **Please print name under signature to assist with any follow-up contact.**

PROVIDER INFORMATION: Area Code/Phone/Extension – Enter the Provider's phone number with the area code and any applicable extension. This information is essential to any follow-up contact that may be necessary.

The TOA form is pictured on the next page.

EMEDNY 000104 THRESHOLD OVERRIDE APPLICATION FORM



New York State Department of Health
Medicaid Utilization Threshold Program
Threshold Override Application (TOA)
(please type or print clearly)

I. Member Information

Member ID Number
Beginning Month of Benefit Year
Name in Last Name, First Name, Middle Initial Order
Street Address
City
State
Zip
M F
Sex
Month Day Year
Birth Date

II. Provider Information

Provider Number or License Number Professional Code
Name in Last Name, First Name, Middle Initial Order
Correspondence Address - Line 1
Correspondence Address - Line 2
City
State
Zip
Area Code Phone - Extension

DESCRIBE MEDICAL CONDITION supporting TOA:

III. Medical Data

1. Did the member receive a letter advising limits had been reached? Y N

2. List, in order of importance, the ICD Diagnosis Code(s) that warrant, in your judgment, an override of the Medicaid Utilization Thresholds for the remainder of the member's current benefit year.

1. 2.
3. 4.
5. 6.

3. For the service utilization threshold(s) that need to be raised, enter the amount of increase that you suggest for the remainder of the member's current benefit year.

(a) PHYSICIAN/MEDICAL CLINIC ENCOUNTERS
Provide written documentation for all requests

(b) PHARMACY SERVICES
(including prescription drugs, OTC's and medical/surgical supplies) - No. of items
Provide written documentation for all requests

(c) LABORATORY SERVICES - No. of procedures
Provide written documentation for all requests

(d) DENTAL CLINIC VISITS
Provide written documentation for all requests

(e) MENTAL HEALTH ENCOUNTERS
Provide written documentation for all requests

4. How long in months do you expect this condition to last, and the member to need additional service authorizations?

DO NOT STAPLE IN BARCODE AREA

MAIL TO:
CSC
CSC Federal Sector - Civil Group
PO Box 4602
Rensselaer NY 12144- 4602

I hereby certify that, in my professional judgment, the member indicated above should have his/her Medicaid utilization threshold(s) changed as indicated to ensure that proper medical treatment is available without further medical review.

Requesting Provider Signature Date
Print Name

eMedNY-000105 (10/13)

SAMPLE

EMEDNY 000104 THRESHOLD OVERRIDE APPLICATION FORM

New York State Department of Health
Medicaid Utilization Threshold Program
Threshold Override Application (TOA) Instructions

NOTE: Only original Threshold Override Application forms will be accepted

SECTION I – MEMBER INFORMATION

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

SECTION II – PROVIDER INFORMATION

1. **NPI Provider ID** – Enter the 10-digit National Provider Identification (NPI) number.
2. **License Number** – Providers can enter their License Number in this field. (You must complete the Profession Code when entering a License number in this field). If a NY State License Number is used, it must be preceded by 2 zeros (or 0F for Nurse Practitioner/Midwife). If an out of state License Number is used, it must be preceded by a valid 2-character alpha state code.
3. **Profession Code** – If a License number is entered, the 3-digit profession code must be entered. The profession code identifies the profession assigned to the license number. Profession codes are 3 digits – **do not enter "MD" in this field or the TOA form will be rejected.**
   - Profession Codes can be found at **www.eMedNY.org**

   choose the **NYHIPAADESK** option from the menu
   click on Crosswalks
   click on NYS Medicaid License and Profession Code Table
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.

TOA WILL NOT BE ACCEPTED WITHOUT A DESCRIPTION OF THE MEDICAL CONDITION THAT SUPPORTS THE NEED FOR ADDITIONAL SERVICES.

SECTION III – MEDICAL DATA

1. **Did Member receive letter?** – Place an X over Y for Yes or over N for No to indicate if the Member received an At Limits letter. If unknown, leave blank.
2. **Diagnosis Codes** – This field is used to indicate diagnosis codes that describe the Member's condition. You must enter at least one diagnosis code, and can enter up to 6 codes if necessary. ICD Diagnosis codes are used to describe a medical condition. ICD Diagnosis codes can be found in the ICD Diagnosis book of diagnosis codes. The ICD Diagnosis code set used should comply with the current CMS HIPAA Guidelines.

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
PREVENTIVE	D1000
RESTORATIVE	D2000
ENDODONTICS	D3000
PERIODONTICS	D4000
PROSTHODONTICS (REMOVABLE)	D5000
PROSTHODONTICS (FIXED)	D6000
ORAL AND MAXILLO-FACIAL SURGERY	D7000
ORTHODONTICS	D8000
ADJUNCTIVE GENERAL SERVICES	D9000

3. **Amount of Increase** – Enter the number of additional services being requested for the Member in the appropriate category. Provide the required written medical documentation. 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 Member 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. Please print name under signature to assist with any follow-up contact.