Electronic Transaction Attachment Scanning Instructions

These instructions are to be used with the Electronic Transaction Attachment Scanning Sheet.

The Electronic Transaction Attachment Scanning Sheet is to be used solely for supplying an attachment for 278/electronic PA requests. Use of this form for any other purpose may result in denial of that request.

Sample Form:
You must complete and attach this sheet to each document to be scanned. Enter the requested information below to have the scanned document properly filed in the eMedNY Image Repository.

01 12345678901 NOMORETHAN12
PA NUMBER ATTACHMENT NUMBER
9876543210 WT28604C
Provider Number

Date of Request: 04/20/2004
PA Review Office Code: A1

What you will need to fill out the form:
Option 1: Provider Number + Client ID + PA Number
Or
Option 2: Provider Number + Client ID + Attachment Number

How to fill out the form:
There are four boxes that you, as the Provider, need to fill out. They are numbered 1, 2, 3, and 4 and referenced in the illustration above. Please fill the information inside the respective box and make sure that the letters/numbers do not touch each other. Failure to do so may result in processing delay or denial.

Enter both the PA Number and Attachment Number if available.

1. If you are using Option 1 from above, enter the PA Number in this box. The PA Number is assigned to you by the eMedNY system. If you cannot locate the PA Number, please contact the number in the 278 Transaction Response.

2. If you are using Option 2 from above, enter the Attachment Number in this box. This number is assigned by you, the Provider. You may also enter the PA Number in Box 1 if available.

3. Enter the Provider Number in this box.

4. Enter the Client ID in this box.

5. Enter the Date of Request

6. Enter the PA Review Office Code in this box. Please refer to Page 2 for the list of PA Review Codes.
These instructions are to be used with the Electronic Transaction Attachment Scanning Sheet.

Please use these codes to fill in the “PA Review Office Code” box.

<table>
<thead>
<tr>
<th>PA Type</th>
<th>PA Review Office Code</th>
<th>Client Demographic Area based on county of fiscal responsibility</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN</td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518 474-3575</td>
</tr>
<tr>
<td>HEARING AID</td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518-474-3575</td>
</tr>
<tr>
<td>EYE CARE</td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518-474-3575</td>
</tr>
<tr>
<td>DME (PA Overrides of DVS/DiRad)</td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518-474-3575</td>
</tr>
<tr>
<td>PHARMACY (Rx Drugs/OTC)</td>
<td>A2 (Albany)</td>
<td>Statewide</td>
<td>518-486-3209</td>
</tr>
<tr>
<td>DENTAL Orthodontia</td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518 474-3575</td>
</tr>
<tr>
<td></td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518 474-3575</td>
</tr>
<tr>
<td>PRIVATE DUTY NURSING</td>
<td>55 (Westchester)</td>
<td>For Westchester county clients</td>
<td>914-813-5440</td>
</tr>
<tr>
<td></td>
<td>A1 (Albany)</td>
<td>For clients from all other counties not listed above.</td>
<td>800-342-3005, 518 474-3575</td>
</tr>
<tr>
<td>OUT OF STATE INPATIENT HOSPITAL SERVICES</td>
<td>A1 (Albany)</td>
<td>Statewide</td>
<td>800-342-3005, 518 474-3575</td>
</tr>
</tbody>
</table>
Please forward the form and the attached document to Data Management at:

eMedNY
P.O. Box 4600
Rensselaer, NY 12144

or Fax to: 1-800-210-7442

Priority / Expedited Shipping:

eMedNY
327 Columbia Turnpike
ATTN: Box 4600
Rensselaer, NY 12144