

These instructions are to be used with the **Prior Approval Change Request Form**.

- The **Prior Approval Change Request Form** is to be used solely for requesting changes to existing, finalized Prior Approval requests, including Rejected requests.
- Use of this form for any other purpose will result in denial of that request.

Note: Changes can NOT be made to requests that have been Denied, Inactivated, or Purged.

Sample Form:

- Please complete and attach this form for each Prior Approval you want changed.
- You must enter the information, requested below, to have this change request properly recorded in the eMedNY system.

01	2	PA NUMBER 1 12345678901	Leave Blank	T
PROVIDER NUMBER		CLIENT ID		
9876543210 2		WT28604C 3		
Date of This Request: <input style="width: 150px; height: 20px;" type="text"/> 4			PA Review Office Code: <input style="width: 50px; height: 20px;" type="text"/> 5	

How to fill out the form:

There are five boxes that you, as the Provider, need to fill out. They are numbered 1, 2, 3, 4, and 5, 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. You must enter the PA Number.

- 1 Enter the PA Number in this box. The PA Number is assigned to you by the eMedNY system. You can locate the PA Number on your Prior Approval Roster, or in the 278 Transaction Response, or on the pre-eMedNY returned prior approval form.
- 2 Enter the Provider Number in this box.
- 3 Enter the Client ID in this box.
- 4 Enter the Date of This Request.
- 5 Enter the PA Review Office Code in this box. Please refer to Page 2 for the list of PA Review Codes.

**** DO NOT SEND IN A NEW, ORIGINAL PRIOR APPROVAL (PA) FORM ****



Prior Approval Change Request Form Instructions

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

PA Type	PA Review Office Code	Client Demographic Area based on county of fiscal responsibility	Telephone Number
PHYSICIAN	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
HEARING AID	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
EYE CARE	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
DME (Non-DVS/DiRad).	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
DME (PA Overrides of DVS/DiRad)	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
PHARMACY (Rx Drugs/OTC)	A2 (Albany)	Statewide	518-486-3209
DENTAL	A1 (Albany)	Statewide	800-342-3005, 518-474-3575
PRIVATE DUTY NURSING	55 (Westchester)	For Westchester county clients	914-813-5440
	A1 (Albany)	For clients from all other counties not listed above.	800-342-3005, 518-474-3575
OUT OF STATE INPATIENT HOSPITAL SERVICES	A1 (Albany)	Statewide	800-342-3005, 518-474-3575



Prior Approval Change Request Form Instructions

Please send the form and the attached documents to:

eMedNY
P.O. Box 4600
Rensselaer, NY 12144

Expedited / Priority Shipping:

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

or Fax to: 1-800-210-7442