



DME

PRIOR AUTHORIZATIONS FOR MEDICAL SUPPLIES

EFFECTIVE JULY 6, 2023 PRIOR AUTHORIZATIONS FOR MEDICAL SUPPLIES

When the pharmacy benefit transition from Medicaid Managed Care to NYRx occurred on April 1, 2023, prior approval/authorization (PA) requirements for certain medical supplies were temporarily relaxed (i.e., claims were not denied) to ensure a smooth transition for members. During this period, NYSDOH monitored claims and performed outreach to assist providers in obtaining PAs for future claims.

Beginning July 6, 2023, medical supply claims without appropriate prior approval/authorization will be denied.

The full list of products requiring PAs are in sections 4.1 through 4.3 of the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Procedure Codes Manual](#)

Procedure codes underlined in the manual require PA. Example: A4421 for ostomy supply.

HOW TO REQUEST PA FOR MEDICAL SUPPLIES

- Providers can request and review PAs online via [ePACES](#).
- Supporting documentation must be submitted through ePACES (uploaded or faxed) with the PA request.
- Determination for a PA is made within 21 days of NYSDOH's receipt of the request.

For ePACES instructions: <https://www.emedny.org/selfhelp/ePACES/ePACESRefSheets.aspx>

For pharmacy billing and ePACES technical support: Call eMedNY 1-800-343-9000.
Call Center Hours: Mon - Fri 7 AM – 10 PM. Sat – Sun 8:30 AM – 5:30 PM.

Note: PA may also be requested via paper form EMEDNY-361502. Instructions are in the [DME PA Guidelines](#)

DISPENSING VALIDATION SYSTEM (DVS) AUTHORIZATIONS

NCPDP transactions using HCPCS codes will automatically check DVS for authorization and issue a number - no additional steps are necessary. The items will be approved if the claim meets dispensing criteria.

CONTINUOUS GLUCOSE MONITORING (CGM) SUPPLIES

For CGM products under the Preferred Diabetic Supply Program (PDSP), pharmacies must use claim type R (NCPDP) and NDC codes for reimbursement. HCPCS codes may only be used for products not listed in the PDSP (e.g., Medtronic's CGM).

ENTERAL PRODUCTS

When submitting claims for enteral products, providers must include a PA that was processed through the automated DiRAD system.

HOW TO REQUEST PA FOR ENTERAL PRODUCTS

- Option 1: Enteral Web Portal <https://medicaidentalportal.health.ny.gov/portal/>
- Option 2: Interactive Voice Response (IVR) system 1-866-211-1736

In section 4.2 of the [DMEPOS manual](#), products marked with an asterisk (*) require prior authorization via the Enteral Web Portal or IVR.

The fiscal order, including the authorization number, is sent to the dispensing provider who uses the portal or IVR to verify the information and submit the correct billing code.

- Enteral formula is billed using the HCPCS B series codes on either a Pharmacy (NCPDP) or a DMEPOS supply (Professional) claim.
- Formula is reimbursed by caloric units. One caloric unit equals 100 calories.
- Worksheets are in the DMEPOS manual to assist providers in using the automated approval systems.
 - [Prescriber Worksheet](#)
 - [Dispenser Worksheet](#)
- Trainings for the portal and IVR are available at <https://www.emedny.org/training>
 - [Enteral Web Portal](#)
 - [IVR](#)

NEED HELP?

Resource	For questions and guidance about:
Bureau of Medical Review 1-800-342-3005, option 1 OHIPMEDPA@health.ny.gov	DMEPOS supplies policy, prior authorizations, or DIRAD assistance
NYRx, Medicaid Pharmacy Program (518) 486-3209 NYRx@health.ny.gov	Preferred Drug Program (PDP) and Preferred Diabetic Supply Program (PDSP)
Office of Health Insurance Programs (OHIP) Policy Unit (518) 473-2160 pffs@health.ny.gov	CGM coverage guidelines

eMedNY 1-800-343-9000 www.emedny.org

ePACES, claims billing, provider enrollment, and provider training materials

Medicaid Update NYRx Special Edition Part 3 (March 2023)

https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no4_mar23_speced_pr.pdf

Billing and PA for medical supplies and enteral products



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