




- ANSWERING SERVICES
-  MEDICAL ALARMS (PERS)
- TRANSPORTATION MANAGEMENT

PHONE 315.701.7551/800.850.5340 • P.O. BOX 11998 SYRACUSE, NEW YORK 13218 • FAX 315.475.8123

To: All Transportation Providers
From: Wayne Freeman
Subject: Request for Prior Authorization After the Trip Information From NYSDOH
Date: September 18, 2012

Requests for Prior Authorization Submitted After the Trip

The Medicaid Program requires all Medicaid providers to submit a claim within 90 days of the date of service unless submission of the claim is outside the control of the provider. Since the prior authorization process is an inherent step in the claiming process, it is also governed by the 90 day claiming regulation at [18 NYCRR §540.6](#).

Many requests submitted greater than 90 days after the date of service are done so because transportation providers cannot confirm an enrollee's Medicaid eligibility because the eligibility determination is pending action by the local department of social services. In these instances, the Medicaid Program considers the request and claim submission to be outside the provider's control. **Consequently, the Medicaid Program expects transportation providers to diligently monitor the eligibility verification system to determine when Medicaid eligibility is retroactively approved, and the date for which eligibility is effective.**

- If the enrollee does not become Medicaid eligible for transportation services on the date of service, the request for prior authorization will be denied.
- For enrollees with effective retroactive eligibility, up to 120 days from the date eligibility is established on the eligibility verification system will be allowed for requests for prior authorization to be submitted.
 - Requests submitted beyond this 120-day period will be denied.

For requests involving changes to existing prior authorizations, the following applies:

- If the request is submitted within 90 days of the date of service, county staff (or their designee) may approve the request to change the existing prior authorization.
- If the request is more than 90 days from the date of service but less than 30 days from the date the prior authorization was issued, county staff (or their designee) may approve the request to change the existing prior authorization.
- If the request was more than 90 days from the date of service, and more than 30 days have passed since the date that the prior authorization was originally issued, county staff (or their designee) may deny the request for a change in the authorization.

For requests involving third party insurance denials (which pertain primarily to ambulance providers):

- If the request is submitted within 90 days of the date of service, county staff (or their designee) may approve the request to issue a prior authorization.
- If the request is more than 90 days from the date of service but less than 30 days from the date of the remittance statement from the third party insurance company denying payment, county staff (or their designee) may approve the request to change the existing prior authorization.
- If the request was more than 90 days from the date of service, and more than 30 days have passed since the date of the remittance statement from the third party insurance company denying payment, county staff (or their designee) may deny the request for a change in the authorization.

Requests dated more than 90 days beyond the service date should be sent to the Department of Health via any one of the following methods:

Fax: (518) 486-2495

Email: MedTrans@health.state.ny.us

Postal Mail: Director, Medicaid Transportation Policy Unit
New York State Department of Health



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Office of Health Insurance Programs
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Source: Transportation Provider Policy Manual
<http://www.emedny.org/ProviderManuals/Transportation/index.html>.