| Transmittal Office of Administrative Hearings (OAH) | Number: 97-18 +-----| | Date: June 11, 1997 Procedures Transmittal | Page: Page 1 of 2 |Distribution: | ALB OAH Staff [X] UPS ALJs/ [X] Upstate LDSS [X] | Subject: Coding SUP ALJs [X] Revision for Prior Approval/Prior |NYC OAH Staff [X] NYC ALJs/ [X] NYC Agencies [X]| Authorization Issues | SUP ALJs [X] (OMM/NMAP only) | +-----(MA Only)-----+

Effective immediately, coding has been simplified for prior approval issues which are under the jurisdiction of the Department of Health. Due to restructuring within that agency, the Office of Medicaid Management (OMM) will have responsibility for preparing waiver requests and summaries or otherwise appearing at hearings, pertaining to prior approval issues. This office, previously known as the Office of Health Systems Management (OHSM), has agreed to distribute Notices of Request (DSS 1891s), Notices of Scheduling (DSS 457s), Adjournments, Redirects, and Decisions after Hearing to their regional offices in New York City, New Rochelle, Rochester, Syracuse and Buffalo, previously identified by secondary agency codes, HSM2, HSM3, HSM4, HSM5, and HSM6, respectively.

Therefore, for all prior approval issues other than dental, whether Upstate or NYC, coding will be as follows:

Agency: LDSS/HSM2 (Upstate)

NMAP/HSM2 (NYC)

MA Category: Subcategory: OHSM

Action: DISC/RED/INAD/DEN Issue Code: 241, 242, 244, 247

This will generate notification to the:

NYS Department of Health

Office of Medicaid Management

Bureau of Medicaid Review and Evaluation, Suite 800

Attention: Vincent Martiniano PH (518) 474-8161 FAX (518) 473-6708

99 Washington Avenue

Albany, New York 12210-2808

For all prior approval issues pertaining to dental benefits, whether Upstate or NYC, coding will be as follows:

Agency: LDSS/HSM1 (Upstate)

NMAP/HSM1 (NYC)

Category: MA Subcategory:

OHSM DISC/RED/INAD/DEN Action:

Issue Code: 243 This will generate notification to the:

NYS Department of Health

Bureau of Medicaid Review and Evaluation, Suite 800

Atten: Lori Siemian PH (518) 486-5051/800-336-8268 FAX (518) 473-6708

99 Washington Avenue

Albany, New York 12210-2808

Please note that MA Prior Authorization issues, which previously fell under the jurisdiction of the NYSDSS Division of Health and Long Term Care are now the responsibility of the NYS Department of Health, Office of Medicaid Management (OMM), Bureau of Medicaid Review and Evaluation, as advised in OAH Transmittal 97-15. Coding for these cases has now been revised as follows:

Previous Coding

New Coding

Agency: LDSS/NYS2 (Upstate) Agency: LDSS/HSM2 (Upstate)

NMAP/NYS2 (NYS) NMAP/HSM2 (NYC)

Category: MA Category: MA Subcategory: OHSM Subcategory: OHSM

Action: DISC/RED/INAD/DEN Action: DISC/RED/INAD/DEN

Issue: 269 Issue: 269

These issues include orthopedic footwear, vaporizers, sneakers, surgical stockings, etc.

The contact person has also been amended:

Previous Contact Person

New Contact Person

Bureau of Medicaid Management Bureau of Medicaid Review and

Attention: Joe Guy Evaluation, Suite 800

121 State Street, 4th Floor Attention: Vincent Martiniano Albany, New York 12207 99 Washington Avenue

Telephone: (518) 474-8161 Albany, New York 12210-2808

Fax: (518) 474-6708 Telephone: (518) 474-8161

Fax: (518) 473-6708

Any questions can be directed to your supervisor or to Sue Fiehl at (518) 473-4779 or via email 90j029.

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Mark Lacivita, Director of Administration

Office of Administrative Hearings