

Clinic Care Provided Outside of New York State

Policies and procedures for providing out of state services have been updated to reflect December 2009 revisions to Title 10 NYCRR 86-1.33 regarding payment to out of state providers. (<http://nyhealth.gov/nysdoh/phforum/nycrr10.htm>)

Medicaid beneficiaries should obtain medical care and services from qualified providers located in New York State. Medical care and services provided out of state are subject to the New York State Medicaid rules, regulations, policies, procedures and rates applicable to in-state providers.

For beneficiaries obtaining services through the NYS Office of Mental Health, the NYS Office of Mental Retardation and Developmental Disabilities, the NYS Office of Alcohol and Substance Abuse Services, the NYS Office of Long Term Care and/or the NYS Office of Children and Family Services, concurrence from those agencies may be required for provider enrollment, care, services and placement out of state.

Payment: The clinic payment methodology is available at http://www.nyhealth.gov/health_care/medicaid/rates/apg/.

Prior approval is not required when an out of state provider accepts the applicable New York State payment. In the event the Department determines that an out-of-state provider is providing clinic services which are not available within New York State, the Department may negotiate payment rates and conditions with that individual provider. Prior approval by the Department is required with regard to services provided by that provider. Prior approval requests are to be submitted in written letter format from the beneficiary's in-state referring physician and should include a detailed explanation of why in-state care could not be arranged. Upon approval, the out-of-state clinic provider will receive a prior approval number, to report on any subsequent claim submissions associated with the services provided.

Please direct prior approval requests as follows:

Medical Prior Approval
Office of Health Insurance Programs
150 Broadway
Albany, New York 12204-2736

Telephone: (800) 342-3005

Medicare: Providers must follow Medicare rules for care and services provided to Medicare primary beneficiaries. Medicare approved care and services provided to Medicare primary beneficiaries do not require prior approval from New York State Medicaid.

Enrollment: Out-of-State providers must enroll in the New York State Medicaid Program in order to be reimbursed by the Program. Out-of-state facilities must meet the certification requirements of the appropriate agency of the state in which the facility is located. Only providers in the United States, Canada, Puerto Rico, Guam, the United States Virgin Islands and American Samoa are eligible for enrollment in the New York State Medicaid Program. Enrollment contact information is available in the **Information for All Providers - Inquiry Manual** at: <http://www.emedny.org/ProviderManuals/AllProviders/index.html>.