

New York State Medicaid Program Physician Manual – Policy Guidelines

Locum Tenens

Revision Date: April 15, 2008

Section III - Basis Of Payment For Services Provided

Locum Tenens Arrangements, [p. 19](#)

that you should bill Medicaid for certain diagnosis codes **without** first pursuing any available third party insurance.

In order to trigger “pay and seek,” physicians should leave the Other Insurance Paid field blank on the claim. If approved, Medicaid will then pay the claim and pursue any available third party coverage directly.

Locum Tenens Arrangements

Federal law requires that payment for services be made to the provider of service. An exception to this requirement may be made when one physician arranges for another physician to provide services to his/her patients under a locum tenens arrangement.

The law allows such locum tenens arrangements:

- On an informal, reciprocal basis for periods not to exceed 14 days; or,
- For periods of up to 90 days with a more formal agreement.

Record of either arrangement must be maintained **in writing** to substantiate locum tenens payment.

Physicians who are enrolled in the PPAC or the MOMS Program **must** make locum tenens arrangements with physicians who are also enrolled in the PPAC or MOMS program in order to receive the enhanced fees associated with these programs. *If locum tenens arrangements are made with physicians who are not enrolled in the respective programs, the locum tenens payment will be made at the regular Medicaid fee.*

Locum tenens arrangements should not be made with any physicians who have been disqualified by the NYS Medicaid Program.

The service authorization, which is requested through MEVS, must be in the name of the billing physician, not in the name of the service provider, in a locum tenens arrangement.

Critical Care

The Medicaid Program allows for physicians to bill two distinct procedure codes when critical care is rendered to an eligible Medicaid enrollee:

99291 *Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour;*