



Reimbursement Policy

Subject: Locum Tenens Physicians/Fee-for-Time Compensation

Effective Date:

04/01/13

Committee Approval Obtained:

04/21/20

Section:

Administration

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicare. *****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Medicare Advantage benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup Medicare Advantage strives to minimize these variations.

Amerigroup Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup Medicare Advantage allows reimbursement of Locum Tenens physicians unless provider, state or federal contracts and/or requirements indicate otherwise.

	<p>Amerigroup Medicare Advantage will reimburse the member’s regular physician or medical group for all covered services provided by a Locum Tenens physician during the absence of the regular physician in cases where the regular physician pays the Locum Tenens physician on a per diem or similar fee-for-time basis.</p> <p>Reimbursement to the regular physician or medical group is based on the applicable fee schedule or contracted/negotiated rate. The Locum Tenens physician may not provide services to a member for longer than a period of sixty (60) continuous days. Services included in a global fee payment are not eligible for separate reimbursement when provided by a Locum Tenens physician.</p> <p>A member’s regular physician or medical group should bill the appropriate procedure code(s) identifying the service(s) provided by the Locum Tenens physician with a Modifier Q6 appended to each procedure code.</p>
<p>History</p>	<ul style="list-style-type: none"> • Biennial review approved 04/21/20: minor administrative updates • Biennial review approved and effective 08/14/17: Policy language updated • Biennial review approved and effective 04/27/15: Policy language added • Audit review approved 04/28/14: Policy template updated • Biennial review approved and effective 05/20/13: Policy template updated • Initial policy approved 08/23/06 and effective 04/01/13
<p>References and Research Materials</p>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contracts
<p>Definitions</p>	<ul style="list-style-type: none"> • Locum Tenens/Fee-for-Time Compensation: Substitute physicians that take over a regular physician’s professional practice when the regular physician is absent for reasons such as illness, pregnancy, vacation or continuing medical education, and for the regular physician to bill and receive payment for the substitute physician’s services as though the regular physician performed them; the substitute physician generally has no practice of their own and moves from area to area as needed; the regular physician generally pays the substitute physician a fixed amount per diem, with the substitute physician having the status of an independent contractor rather than of an employee; a regular physician is the physician that is normally scheduled to see a patient • Modifier Q6: Services furnished by a locum tenens physician

	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Submission – Required Information for Professional Providers • Modifier Usage • Reimbursement of Sanctioned and Opt-Out Providers • Scope of Practice
Related Materials	<ul style="list-style-type: none"> • None