



Blue Cross
Blue Shield
of Michigan

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Blue Cross Blue Shield of Michigan Reimbursement Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	January 1, 2015
Next Review Date	3rd Quarter 2019

Locum Tenens

Background:

The use of a substitute or so called locum tenens physician to provide medical care in the office of a physician who is unavailable due to illness, pregnancy, vacation or participation in continuing medical education is a longstanding and accepted practices.

Generally, the locum tenens physician is paid a per diem or fixed fee amount. This arrangement minimizes the disruption of the regular physician's practice and maintains access for the practice's patients.

Many plans including the Center for Medicare and Medicaid Services (CMS) allow absent physicians to bill the services delivered by their locum tenens physicians under the regular physician's personal identification number (PIN) for a specified period of time. After this time frame, the locum tenens physician is required to either seek an extension or obtain their own PIN.

Historically, Blue Cross Blue Shield of Michigan has not allowed substitute locum tenens physicians to bill under the PIN of the regular physician. Rather, BCBSM has required these substitute physicians to apply for separate credentialing with the plan. The time and procedures required to obtain such credentialed status has made it difficult for physicians to coordinate professional coverage of their practices when away.

Medical Policy Statement:

- BCBSM will allow services provided by locum tenens physicians to be billed under the PIN of the regular physician for up to sixty continuous (60) days.
- If a locum tenens physician is treating BCBSM PPO members for longer than sixty (60) continuous days he or she must register with BCBSM and bill under his

or her own PIN. If the locum tenens physician is treating PPO patients for longer than sixty (60) continuous days, he or she must be credentialed in the TRUST network or out of network sanctions will be applied to claims. Physicians who anticipate providing locum tenens services on a regular basis involving multiple practices (>2) within a twelve month period should be credentialed in the TRUST network.

- Each covered clinical service (procedure code) delivered by the locum tenens physician under the regular physician's PIN must be appended with either modifier's Q5 or Q6.
- Locum tenens physicians must be licensed in the state in which the service are delivered and must only provide services within their scope of practice.
- The regular physician will pay the locum tenens physician a per diem or agreed amount and the locum tenens physician will not bill BCBSM for the services independently.
- When a physician leaves a group, the locum tenens physician's services may be billed using either the replaced physician's PIN or the Group PIN for up to 60 days.
- This policy applies to the following provider classes only: M.D., D.O., D.C., D.P.M., and Physical Therapist.

Modifiers

Q5 - Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or in a rural area

Q6 - Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or in a rural area

ADDITIONAL COMMENTS:

- This policy applies when the regular physician is **not** available. The locum tenens physician is not a physician extender and therefore should see patients **in place of**, not along with, the regular physician.
- Documentation addressing contractual arrangements, licensure and malpractice insurance should be maintained and available if requested.
- A record of all clinical services provided by the locum tenens physician must be maintained and available if requested.

Scope:

This policy applies to all underwritten contracts; and, self-funded contracts.