

Medical Coverage Policy



Locum Tenens

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	7/17/2012	Policy Last Updated:	3/19/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy documents BCBSRI administrative guidelines for locum tenens providers. One way a physician/provider can be paid for a substitute physician/provider's services is through the locum tenens billing arrangement. The regular physician/provider (the provider that is normally scheduled to see the patient) is responsible for payment to the substitute physician/provider for the services of that physician. These substitute physicians/providers are called "locum tenens" physician/providers.

A regular physician/provider may bill for the services of a locum tenens physician/providers if:

- The regular physician/provider is unavailable to provide the visit services;
- The regular physician/provider pays the locum tenens for his/her services and guarantees that members are not charged for services, except as would have been allowed by the regular physician/provider (e.g. allowed member cost sharing);
- The regular physician/provider has notified BCBSRI in writing of the intent to use a locum tenens physician/provider;
- The regular physician/provider identifies the regular physician/provider and submits proof that the physician/provider is licensed in the state of practice, carries liability insurance consistent with BCBSRI requirements, possesses training/board certification in the same field as the regular physician/provider;
- The regular physician/provider documents agreement that the locum tenens may not charge members for services or report services to BCBSRI in any other manner than as outlined in these policies;
- The substitute physician/provider does not provide the visit services over a continuous period of longer than 60 days; and
- The regular physician/provider identifies the services as substitute physician/provider services meeting the requirements of this section by entering HCPCS code modifier Q6 (service furnished by a locum tenens physician/provider) after the procedure code.

If the only substitution services a physician/provider performs in connection with an operation are postoperative services furnished during the global period, these services need not be

identified on the claim as substitution services. Services that are inclusive of the global payment are not separately reported.

Medical Criteria:

None

Policy:

The member's physician/provider may bill BCBSRI and receive payment for the substitute physician/provider's services as though the member's physician/provider performed them when these procedures are followed. In all cases the participating physician/providers are responsible for compliance under their contract. BCBSRI does not permit subcontracting and physician/provider agreements state:

Blue Cross may terminate this Agreement for causes if the physician subcontracts with another provider to render services on behalf of the physician/provider under this Agreement.

- Locum tenens providers may file for reimbursement when the provider filing locum tenens is a participating provider with BCBSRI.
- The use of a locum tenens provider by a participating provider is limited to 60 days per 12-month period. Locum tenens physician/providers providing services for more than 60 days must be contracted and credentialed by BCBSRI.
- The contracted physician/provider is responsible for the locum tenens' physician/provider adhering to all contractual and other requirements and is subject to sanction for failure to do so.
- All arrangements for locum tenens use shall be approved by BCBSRI before implementation.
- Failure to follow these procedures when using a substitute physician/provider or other provider constitutes subcontracting and is a contractual violation and cause for termination.

Coverage:

NA

Coding and Reimbursement:

Claims for services rendered by a locum tenens are submitted under the regular contracted physician/provider's name and Tax Identification (ID) number. Modifier Q6 must be appended to each procedure code, signifying that the service was rendered by a locum tenens provider.

Modifier:

Q6 service rendered by a locum tenens physician

Related topics:

None

Publications:

Provider Update, June 2013
Provider Update, September 2012

References:

Internet-Only Manual (IOM) available on the CMS website: [IOM 100-04 Chapter 1, 30.2.10](#) (Payment Under Reciprocal Billing Arrangements - Claims Submitted to Carriers) and [IOM 100-04 Chapter 1, 30.2.11](#) (Physician Payment Under Locum Tenens Arrangements - Claims Submitted to Carriers).

BCBSRI Physician/Provider Agreements

Review History:

03/19/2013: Annual review without changes.

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.