



Reimbursement Policy

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

Effective Date: 08/14/17	Committee Approval Obtained: 08/14/17	Section: Administration
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*****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 > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

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 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 both participating and nonparticipating providers and facilities.

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

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

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 strives to minimize these variations.

Amerigroup 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	<p>Amerigroup allows reimbursement of locum tenens physicians unless provider, state or federal contracts and/or requirements indicate otherwise.</p> <p>Amerigroup will reimburse the member’s regular physician or medical</p>
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	<p>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 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>Exemptions</p>	<ul style="list-style-type: none"> • Amerigroup Kansas, Inc. allows locum tenens reimbursement for a period of one year in accordance with Kansas Medical Assistance Program (KMAP). • The following markets allow reimbursement for Fee-for-Time Compensation for substitute physical therapists performing outpatient physical therapy services in a health professional shortage area (HPSA); medically underserved area (MUA); or rural area. They will also allow Fee-for-Time Compensation reimbursement for a continuous period of longer than 60 days for substitute physicians and physical therapists when the regular physician or physical therapist is called or ordered to active duty as a member of a reserve component of the Armed Forces: <ul style="list-style-type: none"> ○ Medicare Advantage ○ Amerigroup Community Care in Tennessee • Amerigroup Texas, Inc. and Amerigroup Insurance Company, in accordance with the Texas Medicaid Provider Procedures Manual (TMPPM): <ul style="list-style-type: none"> ○ Allows locum tenens reimbursement for a period no longer than 90 days. ○ May extend the locum tenens agreement for a continuous period of longer than 90 days when the absence is due to the physician being called or ordered to active duty as a member of a reserve component of the Armed Forces. ○ Requires that the locum tenens agreement be in writing. • Amerigroup Washington, Inc. allows locum tenens reimbursement for a period of 90 continuous days with at least 30 days elapsing between 90-day periods in accordance with Washington State

	Health Care Authority (HCA) Physician Related Services manual.
History	<ul style="list-style-type: none"> • Biennial review approved and effective 08/14/17: Policy language updated; Medicare Advantage and Tennessee exemptions added • Effective 12/31/15: Exited Florida Medicare • Biennial review approved and effective 04/27/15: Policy language added; New York exemption added; Texas exemption updated; Washington exemption updated; Background section updated; References and Research Materials section updated; Definitions section updated; Related Policies section updated • Effective 12/31/14: Exited Maryland Medicare • Review approved 04/28/14: Policy template updated • Effective 12/31/13: Exited New Mexico Medicaid • Effective 07/01/13: Exited Ohio • Biennial review approved and effective 05/20/13: Policy template updated • Review approved and effective 11/05/12: Kansas and Washington exemption added; Policy template updated • Review approved 11/21/11: Background section/policy template updated • Biennial review approved 02/14/11: Exemption removed; Background section/policy template updated • Review approved 12/24/08: Background section/policy template updated • Initial committee approval and effective date: 08/23/06
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts
Definitions	<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 • 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