

		Reimbursement Policy
Subject: Locum Tenens Physicians/Fee-for-Time Compensation		
Effective Date: 01/01/20	Committee Approval Obtained: 04/21/20	Section: Administration
<p>***** The most current version of our 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.healthybluel.com.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's 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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Healthy Blue Dual 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage strives to minimize these variations.</p> <p>Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.</p>		
Policy	<p>Healthy Blue Dual Advantage allows reimbursement of Fee-for-Time Compensation for substitute physicians in accordance with CMS guidelines unless provider, state or federal contracts and/or requirements indicate otherwise. Healthy Blue Dual Advantage also allows reimbursement for Fee-for-Time Compensation for substitute physical therapists performing outpatient physical therapy services in a health professional shortage area, medically underserved area or rural area.</p> <p>Healthy Blue Dual Advantage will reimburse the member's regular physician or medical group, or physical therapist for all covered services</p>	

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BLACRRP-0086-20 August 2020

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	<p>provided under Fee-for-Time Compensation during the absence of the regular provider in cases where the regular provider pays Fee-for-Time Compensation on a per diem or similar fee-for-time basis.</p> <p>Reimbursement to the regular physician or medical group or physical therapist is based on the applicable fee schedule or contracted/negotiated rate. Fee-for-Time Compensation services may not be provided to a member for longer than a period of 60 continuous days. Healthy Blue Dual Advantage will 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. Services included in a global fee payment are not eligible for separate reimbursement when provided by a locum tenens provider.</p> <p>A member’s regular physician or medical group or physical therapist should bill the appropriate procedure code(s) identifying the service(s) provided by the substitute provider with a Modifier Q6 appended to each procedure code.</p>
History	<ul style="list-style-type: none"> • Biennial review approved 04/21/20: minor administrative update • Initial policy approved and effective 01/01/20
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract
Definitions	<ul style="list-style-type: none"> • Fee-for-Time Compensation: substitute physician or physical therapist that takes over a regular physician or physical therapist’s professional practice when the regular provider is absent for reasons such as illness, pregnancy, vacation or continuing medical education, and the regular provider bills and receives payment for the substitute provider’s services as though they performed them; the substitute provider generally has no practice of their own and moves from area to area as needed; the regular provider generally pays the substitute provider a fixed amount per diem, with the substitute provider having the status of an independent contractor rather than of an employee; a regular physician or physical therapist is the provider that is normally scheduled to see a member • Modifier Q6: services furnished by a substitute physician or physical therapist • 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