	Reimbursement Policy	
Subject: Locum Tenens Physicians/Fee-for-Time Compensation		
Effective Date: **08/14/17**	Committee Approval Obtained: **08/14/17**	Section: **Administration**

*****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://mediproviders.anthem.com/nv**.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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, Anthem may:

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

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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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

Anthem 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	Anthem allows reimbursement of locum tenens physicians unless provider, state or federal contracts and/or requirements indicate otherwise. Anthem 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. Reimbursement to the regular physician or medical group is based on

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	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 continuous days. Services included in a global fee payment are not eligible for separate reimbursement when provided by a locum tenens physician. 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.
History	• Effective **02/01/18**: Policy template updated • Biennial review approved and effective **08/14/17**: Policy language updated • Biennial review approved and effective **04/27/15**: Policy language added; Policy template updated • Review approved **04/28/14**: Policy template updated • Biennial review approved and effective **05/20/13**: Policy template updated • Review approved and effective **11/05/12**: Policy template updated • Review approved **11/21/11**: Background section/policy template updated • Biennial review approved **02/14/11**: Background section/policy template updated • Initial committee approval and effective date: **02/01/09**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • State contracts
Definitions	• **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 • **General Reimbursement Policy Definitions**
Related Policies	• Claims Submission — Required Information for Professional Providers

	• Modifier Usage • Reimbursement of Sanctioned and Opt-Out Providers • Scope of Practice
Related Materials	• None