

Locum Tenens Provider Policy

Blue Cross and Blue Shield of Montana
Health Care Services Administrative Policy
Version: 03

Original Effective Date: 09/01/2005
Version Effective Date: 1/1/2016

Scope

This policy applies to all lines of Blue Cross and Blue Shield of Montana (BCBSMT) business except Medicaid and Medicare.

Purpose

This policy documents BCBSMT administrative guidelines for a [Locum Tenens](#).

Policy

BCBSMT Locum Tenens policy allows for the use of Locum Tenens in the following situations:

1. Absent Provider

BCSMT allows a licensed provider to act in a Locum Tenens capacity (“Locum Tenens provider”) if another licensed and credentialed provider is on a leave of absence for a limited period of time (for example – vacation or short term disability). The Locum Tenens provider will not be credentialed and will not be listed in the provider directory. Locum Tenens provider must have all required licenses as required under Montana law.

The Locum Tenens provider must submit claims under the absent provider’s rendering NPI number(s). More information on billing may be found in the Locum Tenens Claim Submission Requirements section found below.

BCBSMT limits reimbursement of the Locum Tenens provider services billed under the absent licensed provider’s rendering NPI number(s) to a continuous period of 180 calendar days. The Locum Tenens provider must become credentialed by the 181 calendar day in order to become an in-network provider. Please note that the credentialing application process takes time to complete and should be started at least 3 months prior to the requested effective date. In addition, BCBSMT requires at least 45 days for credentialing after a provider receives his/her Montana license so please plan accordingly.

BCBSMT requires the Locum Tenens provider to be of the same provider type or specialty as the absent provider. BCBSMT is not responsible for the compensation arrangement between the absent provider and the Locum Tenens provider.

2. Vacant Provider

BCBSMT also allows an entity to use a Locum Tenens provider to temporarily submit claims to cover a vacancy for a licensed provider that has permanently left the entity. The Locum Tenens provider will not be credentialed and will not be listed in the provider directory. The Locum Tenens provider must have all required licenses as required under Montana law.

The provider entity must notify BCBSMT of the Locum Tenens provider arrangement at least 30 days in advance of the vacancy. The entity must also inform BCBSMT of the provider that is leaving the practice.

The Locum Tenens provider must submit claims under the vacant provider's NPI number as set out in the Locum Tenens Claim Submission Requirements section found below.

BCBSMT limits reimbursement of the Locum Tenens provider services billed under the vacant licensed provider's ID number(s) to a continuous period of 180 calendar days. BCBSMT will terminate the vacant provider at the end of the 180 day period. The Locum Tenens provider must become credentialed by the 181 calendar day in order to become an in-network provider. Please note that the credentialing application process takes time to complete and should be started at least 3 months prior to the requested effective date. In addition, BCBSMT requires at least 45 days for credentialing after a provider receives his/her Montana license so please plan accordingly.

BCBSMT requires the Locum Tenens provider to be of the same provider type or specialty as the vacant provider. BCBSMT is not responsible for the compensation arrangement between the entity and the Locum Tenens provider.

3. New Growth, Seasonal Coverage, Other Reasons

BCBSMT does not allow Locum Tenens providers for new growth, seasonal coverage, or any other reason not listed above.

Locum Tenens Claims Submission Requirements

A Locum Tenens provider that is filling a Vacancy must bill under the absent/vacant provider's NPI number. A Locum Tenens provider is required to:

- Record his or her own NPI number in the appropriate box;
- Apply the HCPCS modifier Q6 to each claim line item on the HCFA 1500 claim form; and
- Keep a record of each service provided.

**Rationale/
Source**

This policy documents BCBSMT business operations.

**Formal
Review or
Revision Date
History**

This policy was reviewed or revised, and approved as documented below:

Version and Approval Date		Version and Approval Date		Version and Approval Date	
V-03	January 1, 2016				
