Locum LFP Payment Model Billing Made Easy

Locum Interaction Codes:

You can bill only 1 locum interaction code per patient except for 98052.

Max of 50 per day can be billed except for 98052.

98050 - $110.00 - In-person Interaction with an Advanced procedure (Biopsy, nail removal, laceration etc...)

98051 - $60.00 - In-person Interaction with a Standard procedure (PAP, IUD removal, Trigger point Injections etc...)

98052 - $10.00, max 2 - Minor Procedure or Diagnosis Test provided with an In Person Interaction (Injection, Cryotherapy, urine test, pregnancy test etc...) Only can bill max one of each type.

98052 can be billed with 98050, 98051, 98060, 98061, 98063, and cannot be billed on its own and is not payable with 98062 or 98064.

98060 - $60.00 - Consultation - Need referring practitioner's written request

98061 - $25.00 - In person Interaction in a Clinic

98062 - $25.00 - Virtual Interaction by Phone or Video

98063 - $100.00 - In-person Interaction in the Patient's home

98064 - $25.00 - In person or Video Group Interaction

Procedures such as dressing changes, suture removal and ear syringing are billed as 98061 code.

Please note this is simplified, for further in depth information see the LFP Payment Schedule.

Locum Time Codes:

Payable at max 14 hours day. For a 14 day period there is a maximum of 120 hours that can be billed.

Billable one at a time, requires start and end times, along with number of units (15 min). All time code billing must have referred by (MSP # of LFP Host physician) entered in claim when locum is billing as LFP locum physician.

98040 - $32.50 - Direct Patient Care Time (per 15 minutes) Billed for time spent providing direct patient care: clinic-based services with a patient in attendance .

98041 - $32.50 - Indirect Patient Care Time (per 15 minutes) Billed for time spent on indirect patient care: patient- specific services provided when the patient is not present.

98042 - $32.50 - Clinical Administration Time (per 15 minutes) This time code includes services such as panel management, EMR management, medical director responsibilities, privacy officer responsibilities etc... duties that require the professional expertise of a physician. Max time payable as clinical administration is 10% of total hours paid as 98040, 98041, and 98042 per calendar year.

Non-LFP payment model services

Physicians cannot claim for time spent on these exlcuded services.

WS, ICBC, out of province (except Quebec – private), Drivers Medical, Services at a facility - bill as fee for service. Best practice as per MSP is to include start and end times for these claims. *Do not bill LFP locum time codes under these patients.*

You can bill a locum interaction code along with WS and/or ICBC claims (different dx code needed) if the patient was seen for a different reason.