

# LFP Payment Model – Locums

## Quick Reference Guide

This guide will help you understand how to bill under the new Longitudinal Family Physician (LFP) Payment Model as a locum physician.

### Challenge

### DoctorCare Best Practices and Recommendations

What is the basis of this payment model?

The LFP Payment Model has been created to compensate family physicians for their time, physician-patient interactions, and patient panel.

Locums can bill under the LFP payment model when providing LFP locum services at the same time as a host physician or while a LFP Host Physician is away from their practice. Locum physicians have their own specific time and interaction codes.

What are the initial eligibility requirements?

#### Initial Eligibility Requirements

1. Provide all required locum services (LFP practice services, non-panel services, maternity services).
2. Submit both the 98000 Registration Code and the 98005 Locum Registration code to HIBC via Teleplan and submit a LFP Locum registration form.
3. Be in good standing with the Medical Services Commission.

**Note:** If the locum physician is providing long term coverage (ex. parental leave), it is recommended that the locum and host physicians discuss adjusting compensation to recognize the longer-term commitment to the patient panel.

How do you enrol into this payment model?

A locum physician must first submit the 98000 Registration Code and then the 98005 Locum Registration Code to Health Insurance BC via Teleplan. They must then submit a LFP Locum registration form.

Along with the registration codes, physicians will need to submit their MSP Practitioner Number and the following patient information:

98000 Registration Code	98005 Locum Registration Code
<ul style="list-style-type: none"> <li>• PHN: 9694105066</li> <li>• Patient Surname: Portal</li> <li>• First name: LFP</li> <li>• Date of Birth: January 1, 2023</li> <li>• ICD-9 code: L23</li> </ul>	<ul style="list-style-type: none"> <li>• PHN: 9753035697</li> <li>• Patient Surname: Portal</li> <li>• First name: GPSC</li> <li>• Date of Birth: January 1, 2023</li> <li>• ICD-9 code: L23</li> </ul>

**Note:** Teleplan suggests physicians to wait one business day before submitting claims under the LFP payment model.

## Challenge

## DoctorCare Best Practices and Recommendations

What are the payments involved in this payment model?

**Locum Time Codes:** Locum physicians will be paid for their time spent on direct patient care, indirect patient care, and clinical administrative work. Billed in 15-minute increments and totaled throughout the day, time codes are submitted using the health number and demographic information of the first patient that was provided direct or indirect patient care for that day.

Code	Description	Value
98040	Locum Direct Patient Care Time – per 15 minutes	\$32.50
98041	Locum Indirect Patient Care Time – per 15 minutes	\$32.50
98042	Locum Clinical Administration Time – per 15 minutes	\$32.50

**Note:** Times can not overlap. Start and end times must be included on each claim as well as the number of units of time (15 minutes) billed. For all locum time code billings, locums must include “Referred by (The MSP Practitioner number of the LFP Host Physician).”

*Maximum amount of time payable in a single calendar day: 14 hours*

*Maximum amount of time payable in a 14-day period: 120 hours*

*Maximum amount of time payable as clinical administrative time: 10% of total time payments*

**Locum Interaction Codes:** Physicians will be paid for physician-patient interactions for services. To bill patient interaction codes, physician and patient identification information are to be submitted to Health Insurance BC via Teleplan.

Code	Description	Value
98061	Locum In-person Interaction in a Clinic	\$25
98062	Locum Virtual Interaction by Phone or Video	\$25
98052	Locum Minor Procedure/Diagnostic Test Provided with In-person Interaction (Add-on)	\$10
98051	Locum In-person Interaction with a Standard Procedure	\$60
98050	Locum In-Person Interaction with an Advanced Procedure	\$110
98063	Locum In-person Interaction in the Patient’s Home	\$100
98060	Locum Consultation	\$60
98064	Locum In-person or Video Group Interaction	\$25/pt

*Maximum number of patient interactions paid daily: 50*

## Challenge

## DoctorCare Best Practices and Recommendations

How do you maintain eligibility?

### Maintaining Eligibility Requirements

1. Continue meeting the initial eligibility criteria.
2. Submit the Registration Code (98000) and the Locum Registration Code (98005) to Health Insurance BC through Teleplan between January 1<sup>st</sup> and March 31<sup>st</sup> annually.

Example

Today, Dr. Smith began work at 9am. He saw 10 patients from 9AM to 12PM. At 12PM he took a 30-minute lunch break, then he completed 30 minutes of administrative work. At 1PM he did indirect patient care by completing patient documentations, charting, and reviewing patient results, for an hour. Then, from 2PM to 4PM he saw 7 patients before finishing work for the day.

Dr. Smith's time payments breakdown for the day can be such as the following:

Time	Units	Values	Total Value	Time	Codes Billed
9AM – 12PM	12 x	\$32.50 =	\$390	Direct Patient Care	12 x (98040)
	10 x	Variable =	\$250	Visit Payments	8 x (98061), 2 x (98062)
12:30PM – 1PM	2 x	\$32.50 =	\$65	Clinical Administrative	2 x (98042)
1PM – 2PM	4 x	\$32.50 =	\$130	Indirect Patient Care	4 x (98041)
2PM – 4PM	8 x	\$32.50 =	\$260	Direct Patient Care	8 x (98040)
	7 x	variable =	\$245	Visit Payments	5 x (98061), 98060, 98051
<b>Total</b>			<b>\$1340</b>		

**QUESTIONS?**

Call our special Billing Hotline at 1-844-224-6244 or email [support@doctorcare.ca](mailto:support@doctorcare.ca)