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Is Locum Tenens a 60-Day Fix for Your Practice?

Does your practice need to use a substitute physician to provide care when a physician anesthesiologist is absent due to illness, pregnancy, vacation or continuing education? If so, locum tenens could be a solution to some of the issues you may be facing. However, you must be sure that you understand the rules and regulations for billing Medicare under locum tenens arrangements.

The Centers for Medicare and Medicaid Services (CMS) have specific guidelines to bill for the services of locum tenens physicians. CMS criteria that must be met in order to use locum tenens billing include:

The regular physician is unavailable to provide the visit/services;

The Medicare beneficiary has arranged or seeks to receive the visit/service from the regular physician;

The regular physician pays the locum tenens for his/her services on a per diem or similar fee-for-time basis;

*The substitute physician does not provide the visit/service to Medicare patient over a continuous period of longer than 60 days subject to the exception noted below**; and*

The regular physician identifies the services as substitute physician services meeting the requirements of this section by entering HCPCS code modifier Q6 (services furnished by a locum tenens physician) after the procedure code.

***The exception to the 60-day rule applied to services provided from January 1, 2008 through June 30, 2008 if the regular physician was on active military duty.*

Source: CMS Claims Processing Manual

Medicare considers the physician normally scheduled to see a patient as the “regular” physician. A “regular” physician may also be one who leaves a group when the group uses a locum tenens physician as a temporary replacement.

There are scenarios when locum tenens cannot be used. For example:

- Locum tenens is applicable to physicians; it does not apply to non-physician practitioners
- Locum tenens should not be used to bill services performed by a physician who is new to the group and has not yet been added to the practice’s enrollment file within the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

This article is intended as guidance and does not constitute legal advice.

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

- Locum tenens cannot be used if the regular physician passes away. When the physician passes away, his/her billing number, NPI, and enrollment are deactivated and cannot be used after the date of death.

Many state Medicaid programs and private payers follow Medicare guidelines for locum tenens, but it is a good idea to verify each program independently.

When filing a claim for covered services a locum tenens physician provides to a Medicare beneficiary, the claim should be submitted with the name and billing number of the regular or absent doctor. In addition to any other required modifiers, the claim must also include modifier Q6 (*Service furnished by a locum tenens physician*). Locum tenens is not exempt from any medical necessity or other coverage policies that apply to the services provided.

For complete information about locum tenens, please see the CMS Medicare Claims Processing Manual, Publication 100-04, Chapter 1, Section 30.2.11 available on the CMS website at www.cms.gov.