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Locum Tenens and Reciprocal Billing Arrangements Under COVID Waivers

The Centers for Medicare & Medicaid Services (CMS) has been issuing waivers to facilitate the delivery of healthcare services since the start of the COVID-19 public health emergency (PHE). This means that in many instances, the rules that you knew *prior* to the PHE may be very different *during* the PHE. It will be difficult to predict what will be the case *after* the PHE. The many iterations of policies and instructions we have seen for providing and reporting telehealth services is an excellent example of just how often and how rapidly the updates can happen. Another example – and the subject of this Timely Topic – is Fee for Time Compensation Arrangements which used to be referred to as Locum Tenens. The change in terminology took place prior to and outside of the PHE - before COVID.

It is not uncommon for a practice to use a substitute physician to provide care in the place of another physician who is absent from the group due to illness, injury, vacation, military deployment, or other such reasons. While that “regular” physician is unavailable, the group can use a substitute physician and bill for the care the substitute renders under the regular physician’s National Provider Identifier (NPI).

There are several rules associated with this type of reporting, including:

- The substitute does not have his/her own practice
- The substitute is considered a contractor and not an employee of the regular physician
- The concept is applicable to physicians. It will apply to physical therapists when the PT is in a health professional shortage area (HPSA) a medically underserved area or a rural area. It is not applicable to other non-physician practitioners (eg, CRNA’s or CAAs)

Pre-COVID, the locum or substitute physician could provide care for up to 60 continuous days with exceptions for when the regular provider is called to active or reserve duty in the Armed Forces. **The waivers are modifying that 60-day time frame. A practice may use the same substitute physician for the entire time the regular physician is unavailable to provide care and for an additional period of up to 60 days after the end of the PHE.**

This modification is applicable to both fee-for time compensation (locum tenens) and reciprocal billing arrangements.

For more information on this and other CMS flexibilities for physicians and practitioners currently in effect, please see <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

For more background on locums and reciprocal billing, please see the [Medicare Claims Processing Manual, Chapter 1: General Billing Requirements](#)

Section 30.2.10 - Payment Under Reciprocal Billing Arrangements - Claims Submitted to A/B MACs Part B

Section 30.2.11 - Payment Under Fee-For-Time Compensation Arrangements (formerly referred to as Locum Tenens Arrangements) - Claims Submitted to A/B MACs Part B