BILLING FOR LOCUM TENENS PHYSICIANS:
TIPS & GUIDELINES

HOW DOES LOCUM TENENS BILLING WORK?

Any time a physician is absent, a patient isn't being seen, and revenue isn't being produced. Most hospitals and practices use locum tenens physicians to ensure patients have access to top-quality care and revenue isn't being lost due to a vacancy. At LocumTenens.com, we are often asked about working with payers to bill for services provided by locum tenens physicians. There are a few rules of which to be aware, and we've attempted to simplify them for you through the advice of billing expert Cindy Moran, CPC, the Chief Operating Officer for our primary billing consultant, ARMCO Partners. There are two main options for billing locum tenens services: assignments lasting 60 days or less and assignments lasting 60 days or longer.

ASSIGNMENT GUIDELINES FOR 60 DAYS OR LESS

The Center of Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual provides guidance on the usage of locum tenens practitioners during the absence of a permanent physician in order to receive Claim B payments. The following CMS' guidance on when a locum tenens physician can bill under the regular physicians billing number. A patient's regular physician may submit the claim and receive Medicare Part B payment for covered visit services (including emergency visits and related services) of a locum tenens physician who is not an employee of the regular physician, and whose services for patients of the regular physician are not restricted to the regular physician's offices.

This is allowed if:

- The regular physician is unavailable to provide the visit services
- The Medicare beneficiary has arranged or seeks to receive the visit services from the regular physician
- The locum tenens physician is compensated for his/her services on a per diem or similar fee-for-time-basis
- The substitute physician does not provide the visit services to Medicare patients over a continuous period of longer than 60 days (unless the regular physician has been called to active duty in the armed forces)
- 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. When Form CMS-1500 is next revised, provisions will be made to identify the substitute physician by entering his/her unique physician identification number (UPN) or national provider identifier (NPI) when required to the carrier.
    - If the only substitution services a physician performs in connection with an operation are post-operative services furnished during the period covered by the global fee, these services need not be identified on the claim as substitution services.

The requirements for the submission of claims under reciprocal billing arrangements are the same for assigned and unassigned claims and should use the Q5 modifier (services furnished by a substitute physician under a reciprocal billing arrangement)

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BILLING REQUIREMENTS

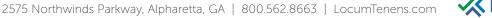To operate within this guidance, ARMCO Partners recommends the following:

- Medicare will complete credentialing within 60 to 90 days. This time period varies by state where as commercial payers credentialing time-frames vary depending on each specific contract and state rules. Locum tenens physicians do not need to enroll with the Medicare program to see patients; however, he/she should have a NPI and unrestricted license in the state he/she working.

- The practice must maintain record of each service rendered by the locum tenens physician, which his or her NPI or UPIN. If you are using an EHR system, there is no need to print claims information.

- If the absent physician returns to the practice for a short period of time, this resets the 60-day clock. Practices are allowed to re-use the same locum tenens physician for subsequent absences.

- Regular physicians can use more than one locum tenens physician to substitute their absence during a 60-day period. The 60-day period begins on the day when the locum tenens physician begins seeing patients, and the use of each locum tenens physician cannot exceed the 60-continuous-calendar-day period in order to continue using the Q6 modifier billing method. The substitute physician(s) cannot render services for the regular physician on the same day. An exception to the 60-day continuous rule is for regular physicians who are called to active duty in the armed forces. This time is unlimited.

ASSIGNMENT GUIDELINES FOR 60 DAYS OR MORE

1) Begin the Medicare and commercial payers enrollment process at the beginning of (or prior to) the assignment. Then, bill the services provided beyond the initial 60 days using the locum tenens physician's NPI number as you would a permanent physician.

2) Have the absent physician return to the practice for a short period of time to reset the 60-day clock. Then you can re-use the same locum tenens physician.

The following chart shows different scenarios you might encounter and provides general guidance on whether or not billing for locum tenens services is allowed. As always, please review your contracts and speak with your payer representatives or Medicare contractor for their specific guidelines.

SCENARIO	MEDICARE BILLING OR LOCUM TENENS ALLOWED?	MEDICAID BILLING OR LOCUM TENENS ALLOWED?	PRIVATE PAYER BILLING FOR LOCUM TENENS ALLOWED?	TRICARE
Physician on leave for less than 60 days	Yes, using the absent physician's NPI with the Q6 modifier	Varies by state	Varies based on your payer contracts	Locums should be Tricare certified, have TIN number and enrolled with payers
Physician on leave for more than 60 days	Yes, by enrolling locum tenens physician with all payers	Yes, by enrolling locum tenens physician with all payers	Varies based on your payer contracts	Yes
Using the same locum tenens physician to cover multiple absences by the same doctor	Yes, using the absent physician's NPI with the Q6 modifier	Varies by state	Varies based on your payer contracts	Yes
Replacing a physician no longer with the practice	Yes, but if longer than 60 days, physician must be enrolled with payers	Varies by state	Varies based on your payer contracts	No
Need to expand practice coverage/seeking new doctor/expanding a service line	Only if physician is fully enrolled with payers prior to seeng patients	Only if physician is fully enrolled with payers prior to seeng patients	Only if physician is fully enrolled with payers prior to seeing patients	Only if physician is fully enrolled with payers prior to seeing patients
Using advanced practice professionals on a locum tenens basis	Only by fully enrolling APP and billing under APP	Only by fully enrolling APP and billing under APP	Varies based on your payer contracts	Submit the Non-network PA individual application

COMPLETING THE CLAIM FORM

As illustrated below, Medicare requires claims for services provided by a locum tenens physician to include in the Q6 modifier, which designates which services were performed by a locum tenens physician in box 24D of the CMS-1500 form. The regular physician's provider identification number goes in box 24J.

Claims must contain the modifier "Q6" after the procedure code in box 24D of the CMS-1500 form

Claims must contain the NPI of the regular physician in box 24J of the CMS-1500

*DISCLAIMER: Per the CMS billing guidelines, NP and PA locum tenens services can be billed at 85%. You may only use the Q6 modifier billing method for physicians.

TAKEAWAYS FROM LOCUM TENENS BILLING

Billing for services provided by a locum tenens physician doesn't have to be difficult.

- Enroll providers in payer contracts and Medicare on the first day of the job, or prior to the first day if possible.
- Keep detailed records of all services, claims and associated dates where Q-6 modifiers were used for locum tenens services in case of future payer audits. These are automatically stored in your electronic health records system if you are using one.

- Check your individual payer contracts for any specific guidelines about locum tenens billing. If no language is available, contact your representative to discuss.