BILLING FOR LOCUM TENENS SERVICES

Don’t leave valuable reimbursement on the table

If you are looking into using a locum tenens staffing company, such as Barton Associates, for temporary physician or nurse practitioner staffing support, obtaining a return on your investment is likely among your primary concerns.

When you understand how to properly bill for locum tenens services provided, you’ll find that locum tenens staffing is an effective way to generate revenue while ensuring patient access and continuity of care.

The locum’s role and the duration of the assignment will dictate which billing method you should use to bill for locum tenens professional services.

Don’t leave money on the table. Review the following common scenarios and become a locum tenens billing expert!
Holding the place of a physician who is returning within 60 days

If you need a locum tenens physician for the traditional “holding one’s place” type of scenario (e.g., coverage for vacations, illness/medical leave, continuing education, etc.), The Medicare Claims Processing Manual allows you to bill for locum tenens professional fees using the absent physician’s billing information as long as the following conditions are met:

- The regular physician is unavailable to provide the visit services.
- The patient has arranged or seeks to receive the visit services from the regular physician.
- The locum tenens provider is paid for his/her services on a per diem or similar fee-for-time basis.
- The substitute physician does not provide services to Medicare patients over a continuous period of longer than 60 days.

If these conditions are met, you can bill for the locum’s professional services using the absent provider’s national provider number (NPI) in box 24 of the CMS-1500 form. You must also use modifier –Q6 (Service furnished by a locum tenens physician) in box 24d of the CMS-1500 form for each line item service on the claim to indicate the service was provided by a locum.

You can also bill for any hospital-provided services that were provided as a hospital outpatient-based clinic using the UB-04 type of bill.
Holding the place of a physician who is returning after 60 days

There may be times when you need locum tenens coverage for a physician who will be absent for more than 60 days (e.g., leaves of absence, extended vacations, medical leave, etc.). If you find yourself in this situation, there are a few options for billing locum tenens coverage:

1. Use a new locum after the first 60-day period has expired.
2. Begin the Medicare enrollment process at the beginning of the assignment. Then, bill the services provided beyond the initial 60 days using the locum’s NPI number.
3. Have the absent physician return to the practice for a short period of time to reset the 60-day clock. Then re-use the same locum.

The amount of time you have to prepare for the locum assignment will determine which option you will ultimately use. If you have more than 60 days before the locum would need to start working, you could enroll him or her in Medicare and bypass using the –Q6 modifier altogether. However, if you need to fill an immediate opening, option one or two is more appropriate. Option three is only appropriate if the absent physician is available to return for a short time.

Medicaid billing guidelines typically mirror Medicare rules; however, you may want to review your state’s requirements to be sure. Also Medicare and Medicaid rules are subject to change, so be sure to check with your Medicare Administrative Contractor with any billing related questions.

Many private insurance payers also allow providers to bill using the absent provider’s NPI for a period of time, and then require the physician be credentialed or enrolled with the company. Check with each insurance provider to confirm the time period they allow.

Some private insurance payers will not allow billing with the absent provider’s NPI, which means the locum tenens provider must be credentialed with the company to qualify for payment. However, it is important to note that many insurers will allow you to retroactively bill for services that were provided prior to credentialing. The entire process can take 30-60 days, so it is best to get started as soon as possible. Be sure to review your commercial insurance contracts to see their specific requirements.
Staffing up to meet demand

In light of the physician shortage, our clients are increasingly using locum tenens physicians as a key component of their long-term staffing strategy, to start new service lines, and to augment permanent staff while searching for a permanent doctor, which can be a lengthy process. Under these scenarios, locums are not covering for an absent physician who will be returning and therefore do not meet the requirements for using the –Q6 modifier. In these cases, Medicare and Medicaid require locum providers to enroll in the programs in order to receive reimbursement.

Many commercial payers require facilities to credential the locum tenens physician through the normal process and allow for retroactive billing. In most cases, it is best practice to submit credentialing and enrollment forms in advance of the locum’s first day on assignment.

Billing for locum tenens nurse practitioners

The CMS billing guidelines for locum tenens physicians does not apply to nurse practitioners. The directions for billing locum tenens nurse practitioner services differ from state to state. You should contact your local Medicare administrative contractor to find out if using modifier –Q6 is appropriate.

Keeping records

You must keep detailed records of all of the services provided by locum tenens physicians and NPs. Doing this will allow you to prove the services were rendered by the locum in case of an audit or malpractice suit. Facilities and practices that use an electronic medical records system can print the claims at any time, and therefore don’t need to keep a paper copy of the claim. They should, however, keep track of the dates that locum tenens providers were used so they can easily access claims.

Resources:

1. AAPC - http://www.aapc.com

Note: Please be sure to check with your local government contractors as well as any insurance payers to confirm the advice provided in this article.
ABOUT BARTON ASSOCIATES

Founded in 2001, Barton Associates is a leading national locum tenens staffing firm serving physicians, nurse practitioners, and hospitals, practices, and companies throughout the United States in a wide-variety of medical specialties. Learn more about the locum tenens experts at Barton Associates online at www.bartonassociates.com.

IMPORTANT LINKS

BARTON BLOG
FACEBOOK
TWITTER
LINKEDIN
GOOGLE +

CONTACT INFORMATION

HEADQUARTERS
10 Dearborn Road
Peabody, MA 01960

TOLL-FREE: 866.898.8125
FAX: 978.998.7688
EMAIL: info@bartonassociates.com
WEB: www.bartonassociates.com
NOT SURE HOW TO BILL FOR LOCUM TENENS SERVICES?

FOLLOW THE STEPS BELOW TO LEARN HOW.

You know what a locum is, right?

Why are you using a locum?

- To hold the place of an absent physician who is returning.
- For coverage while we search for a permanent doctor.
- To augment permanent staff.
- Starting a new service line.

Is locum enrolled in Medicare?

- Yes
  - Enroll locum and use NPI number when approved.
  - Link the provider to the group and bill using locum’s NPI number.
- No
  - Bill using absent doctor’s NPI and Q6 modifier for 60 days, then either...
    - Use a new locum
    - Enroll locum in Medicare
  - Link the provider to the group and use locum’s NPI for the entire assignment.

Do you need the locum for more than 60 days?

- Yes
  - Enroll locum and use NPI number when approved.
  - Link the provider to the group and bill using locum’s NPI number.
- No
  - Bill using absent doctor’s NPI and Q6 modifier.

Resources:
1. AAPC - http://www.aapc.com

© Copyright 2012 Barton Associates All Rights Reserved.