



Billing for Locum Tenens Services

Barton Associates

The Locum Tenens Experts®

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 if 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 Identifier (NPI) number in box 24 of the CMS-1500 form. You must also use modifier Q6 ("services 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 bill for services that were provided by 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 to reset the 60-day clock. Then reuse 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, review your state's requirements. Medicare and Medicaid rules are also subject to change, so ask your Medicare Administrative Contractor any billing-related questions.

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

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, 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, hospitals, private practices, and other healthcare facilities and organizations are increasingly using locum tenens physicians, nurse practitioners, and physician assistants as key components of their long-term staffing strategies, to start new service lines, and to augment permanent staff while searching for a permanent provider.

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. Medicare and Medicaid require these locum tenens providers to enroll in the programs to receive reimbursement.

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





Billing for Locum Tenens

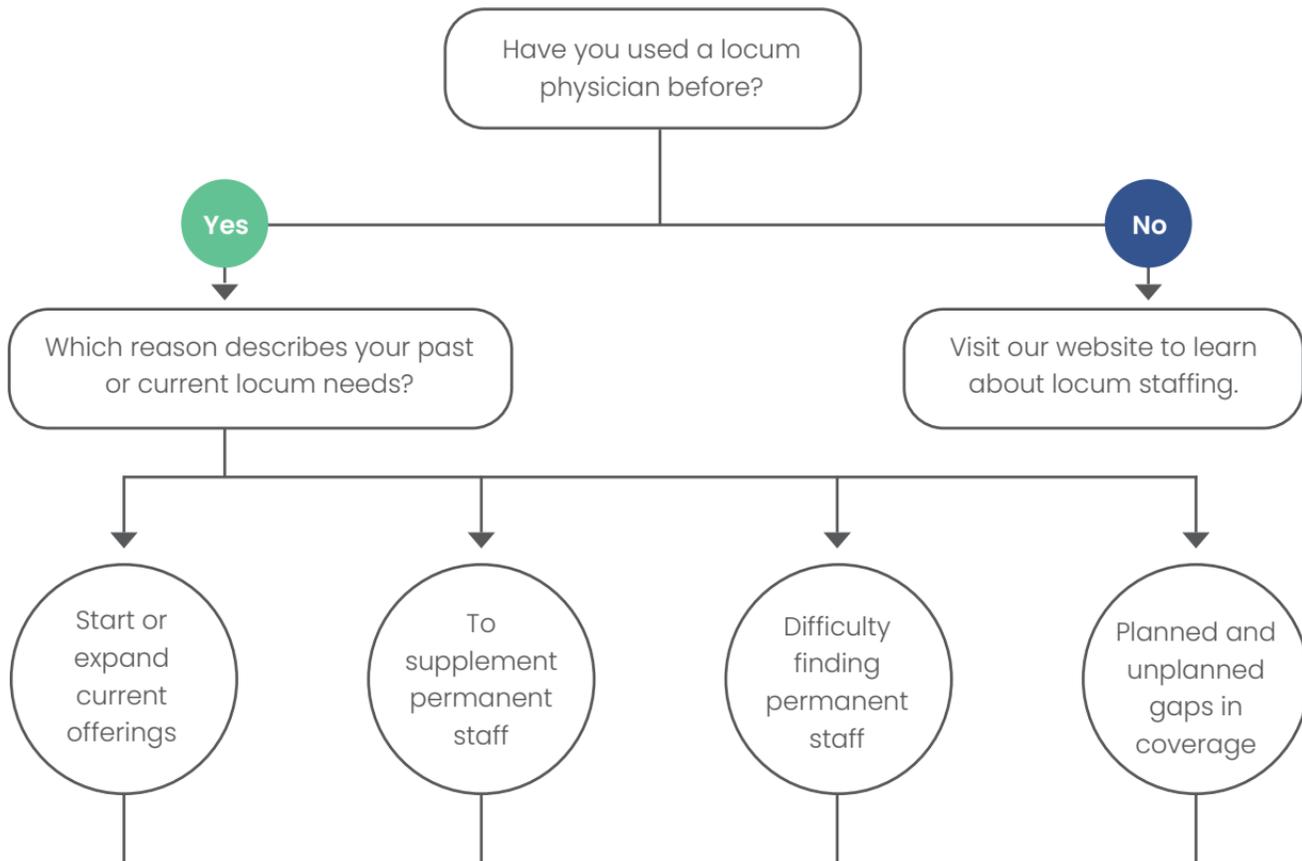
NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

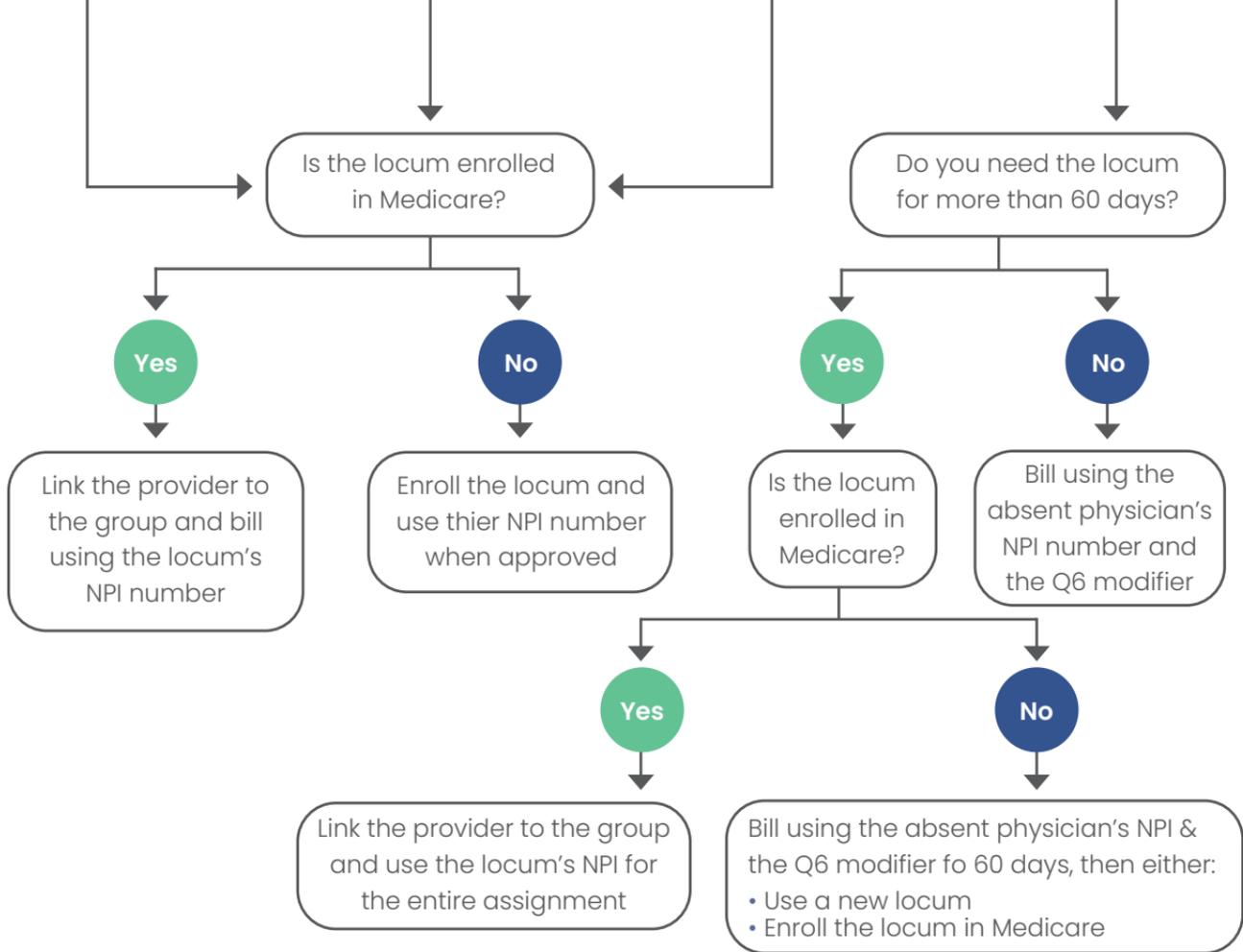
The CMS billing guidelines for locum tenens physicians do not apply to nurse practitioners and physician assistants. The directions for billing locum tenens NP and PA services differ from state to state. Contact your local Medicare Administrative Contractor to find out if using modifier Q6 is appropriate.

Keeping Records

You must keep detailed records of all the services provided by locum tenens providers. 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 paper copies. They should, however, keep track of the dates locum tenens providers were used so they can easily access claims.

How to Bill for Locum Tenens Physician Services





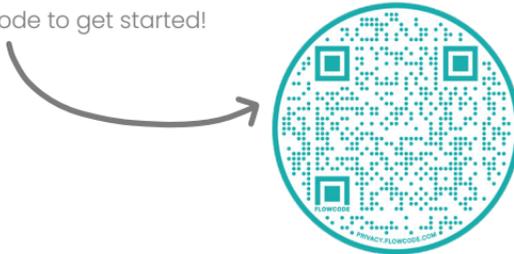
Sources

1. AAPC: <http://www.aapc.com>
2. Medicare Claims Processing Manual: <http://www.cms.gov>

Note: Please check with your local government contractors and your insurance payers to confirm the advice provided in this guide.

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