Contingent Work
Force: Locum Tenens

HCCA
2010 Hawaii Regional Conference
# Medicare Part B

**Locum Tenens/Reciprocal Billing**

## Revision History

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>July 2007</td>
<td>Reciprocal Billing</td>
<td>Added the TrailBlazer Web link to the CMS-1500 claim form instructions.</td>
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<td>July 2009</td>
<td>Locum Tenens</td>
<td>Added additional information regarding electronic claim filing.</td>
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<td>Reciprocal Billing</td>
<td>Added additional information under the “Medical Group Claims Under Reciprocal Billing Arrangements” heading under “Reciprocal Billing Arrangements.”</td>
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<td>March 2010</td>
<td>Locum Tenens</td>
<td>Added link for questions.</td>
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Payment Under Locum Tenens Arrangements

• Physicians may retain substitute physicians to take over their professional practices when:
  ◆ The regular physicians are absent for reasons such as:
    ✔ Illness
    ✔ Pregnancy
    ✔ Vacation
    ✔ Continuing Medical Education
Payment Under Locum Tenens Arrangements

- The substitute physician generally has no practice of his own and moves from area to area as needed.
- The regular physician generally pays the substitute physician a fixed per diem amount.
- The substitute physician has the status of an independent contractor rather than of an employee.
Patient’s Regular Physician

• The patient’s regular physician may submit the claim and (if assignment is accepted) receive the Part B payment for covered-visit services (including emergency visits and related services) of a locum tenens physician.

IF:
Submit Claim If:

- Locum tenens physician is not an employee of the regular physician and
- Services for the regular physician’s patients are not restricted to the regular physician’s office if:
  1. The regular physician is unavailable to provide the visit services.
  2. The Medicare beneficiary has arranged or seeks to receive the visit services from the regular physician.
  3. The regular physician pays the locum tenens for his services on a per diem or similar fee-for-time basis.
  4. The substitute physician does not provide the visit services to Medicare patients over a continuous period of more than 60 days.
Q6 Modifier Payment Under Locum Tenens Arrangement for Physician

- The regular physician identifies the services as substitute physician services by entering the HCPCS Q6 modifier (services furnished by a locum tenens physician) after the procedure code.

- If the only substitute services a physician performs in connection with an operation are postoperative services furnished during the period covered by the global fee, these services need not be identified on the claim as substitute services.
Non-Assigned Claims Under Locum Tenens Arrangements

• The requirements for the submission of claims under locum tenens billing arrangements are the same for assigned and non-assigned claims.
Medical Group Claims Under Locum Tenens Arrangements

- Submit assigned and non-assigned claims for the services provided by a locum tenens physician.
- Per diem or similar fee-for-time compensation.
- Physician who has left the group and for whom the group has engaged a locum tenens physician as a temporary replacement.
Medical Group and the Q6 Modifier

• Enter the Q6 modifier after the procedure code
• Group must keep a record on file
• Must identify the NPI in the CMS-1500
• Physicians who are members of a group but who bill in their own name
• Compensation paid by the group to the locum tenens physician
• The term “regular physician” includes a physician who has left the group and for whom the group has hired the locum tenens physician as a replacement.
Reciprocal Billing

• The patient’s regular physician may submit the claim and (if assignment is accepted) receive the Part B payment for covered visit services (including emergency visits and related services) that the regular physician arranges to be provided by a substitute physician on an occasional reciprocal basis.

IF:
Reciprocal Billing

1. The regular physician is unavailable to provide the visit services.
2. The Medicare patient has arranged or seeks to receive the visit services from the regular physician.
3. The substitute physician does not provide the visit services to Medicare patients over a continuous period of more than 60 days.
4. The regular physician identifies the services as substitute physician services meeting the requirements by entering the Q5 modifier after the procedure code on the CMS-1500 or the electronic equivalent (service furnished by a substitute physician under a reciprocal billing arrangement).
Q5 Modifier

- **Service Provided by a Substitute Physician Under Reciprocal Billing Arrangement**
  - If the only substitution services a physician performs in connection with an operation are postoperative services furnished during the period covered by the global fee, these services do not need to be identified on the claim as substitution services.
  - A physician may have reciprocal arrangements with more than one physician.
  - The arrangement need not be in writing.
Non-Assigned Claims Under Reciprocal Billing Arrangement

- The requirements for the submission of claims under reciprocal billing arrangements are the same for assigned and non-assigned claims.
Medical Group Claims Under Reciprocal Billing Arrangements

• Requirements generally do not apply to the substitution arrangements among physicians in the same medical group.

• Group physician who actually performed the service must be identified on the claim.

  ➢ Exception:

  ✓ When a group member provides services on behalf of another group member who is the designated attending physician for a hospice patient.
Locum Tenens/Reciprocal Billing

- Remember that by entering the Q5 modifier, the regular physician (or the medical group, where applicable) is certifying that the services are covered visit services furnished by the substitute physician.
- The services are identified in a record of the regular physician, which is available for inspection, and are services for which the regular physician (or group) is entitled under this section to submit claims.
Penalties

• A physician or other person who falsely certifies that the requirements of this section are met may be subject to possible civil and criminal penalties for fraud. Also, the physician’s right to receive payment, to submit claims under this section or to accept any assignments may be revoked.
Continuous Period of Covered Visit Services

- Begins with the first day on which the substitute physician provides covered visit services.
- Ends with the last day on which the substitute physician provides these services to these patients before the regular physician returns to work.
- Continues without interruption on days on which no covered visit services are provided.
- A new period of covered visit services can begin after the regular physician has returned to work.
The regular physician goes on vacation on June 30 and returns to work on September 4. A substitute physician provides services to the regular physician’s Medicare Part B patients on July 2, and at various times thereafter, including August 30 and September 2. The continuous period of covered visit services begins on July 2 and runs through September 2 – a period of 63 days. Since the September 2 services are furnished after the expiration of 60 days of the period, the regular physician is not entitled to bill and receive direct payment for them. The substitute physician must bill for these services in his own name. The regular physician may, however, bill and receive payment for the services the substitute physician provides on his behalf during the period July 2 – August 30.
Family Physicians & Locum Tenens

- American Academy of Family Physicians (AAFP)
  - Family physicians in rural areas:
    - The ability to obtain coverage for a family practice at a reasonable cost is a major lifestyle issue.
Choosing Your Locum Tenens

- Family physician = family physician
- State residency programs
- Rural health
- Family practice residency programs
Coverage Needs

- Consider whether the entire practice needs coverage.
- Consider utilizing non-physician providers, which are very cost effective.
- Consider malpractice insurance for the locum tenens.
Background and References

- Background and reference checks
- Termination provisions
General Considerations

- Dates of his or her absence from the practice
- Time to hire the locum tenens and coordinate schedules
- Key office staff present
  - Nurse
  - Office manager
  - Spanish interpreter
Room and Board

- Free food and lodging
Hiring Physician

- Locum tenens arrival time
- Community orientation
- Patient list
  - Sicker
  - Chronic patients
  - Obstetrical patients
  - Hospice patients
  - Narcotic seekers
  - Higher acuity nursing home patients
  - Patients recently discharged
Hiring Physician

- Follow-up schedule
- Billing procedures
- Technology
  - Electronic medical records
  - Palm devices
- Typical referral patterns
- Anticipate upcoming events
- Near term obstetrical patients
- Elective procedures
Hiring Physician

- Provide contact numbers
- Big deviations from medical standards of care
When the Physician Returns

- Review charts
- Concerns of the office staff
- Written evaluation form
- Well liked and skilled - contact that provider
  - Thank-you note or gift
For Frequently Asked Questions

If a physician or other eligible professional (EP) who is participating in the Physician Quality Reporting Initiative (PQRI) needs or chooses to have another professional fill in as a **Locum Tenens**, will the services furnished by the Locum Tenens be considered PQI-reportable?

Yes. The **Locum Tenens** is considered to "stand in the shoes" of the professional for whom he or she is acting as a substitute. If an EP is submitting data for a PQRI measure, then all eligible cases...

**Updated:** 06/21/2010

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