EDUCATIONAL SERIES – LOCUM TENENS

It is a longstanding and widespread practice for a physician to retain a substitute physician to take over their professional practice when the regular physician is absent for reasons such as illness, pregnancy, vacation, or continuing medical education, and for the regular physician to bill and receive payment for the substitute physician’s services as though the regular physician performed the services. These substitute physicians are generally called “locum tenens” physicians.

Locum Tenens are not required to be enrolled in the Medicare program, however they must have an unrestricted license to practice in the state in which their services will be provided and are restricted to physicians, identified as MDs, DOs and Podiatric physicians. The substitute physician generally has no practice of his/her own and moves from area to area as needed.

The regular physician generally pays the substitute physician a fixed amount per diem, with the substitute physician having the status of an independent contractor rather than of an employee, i.e., 1099 not W2 pay. The substitute physician cannot provide services and be billed as a Locum Tenens to patients over a continuous period of longer than 60 days.

Section 1842(b) (6) (D) of the Social Security Act clarifies related to Locum Tenens that this is a “physician for physician services” provision. In other words, services provided by non-physician practitioners (e.g., nurse practitioners and physician assistants) may not be billed under the locum tenens provision.

When billing for Locum Tenens, the regular provider must keep on file a record of each service performed by the substitute provider including his/her NPI. The regular physician may submit a claim under the locum tenens arrangement using his/her own NPI and, if assignment is taken, receive payment for covered visit services. The regular physician must identify the services as substitute physician services with HCPCS modifier Q6 (services furnished by a locum tenens physician).

For a medical group billing under the locum tenens arrangement, it is assumed that the locum tenens physician is paid by the regular physician. The term ‘regular physician' includes a physician who has left the group and for whom the group has contracted the locum tenens physician as a replacement. A physician who has left a group, and for whom the group has engaged a locum tenens physician as a temporary replacement, may still be considered a member of the group until a permanent replacement is obtained.

Carrier Guidelines are available via:
The CMS Professional Services Provider Manual, Chapter 12, Section 30.2.11 - Physician Payment Under Locum Tenens Arrangements - Claims Submitted to Carriers.

The Louisiana Medicaid Professional Services Provider Manual, Chapter 5 Locum Tenens Arrangement states: “Louisiana Medicaid allows both the reciprocal billing arrangement and the locum tenens arrangement when Medicaid enrolled providers utilize substitute physician services. Services shall comply with policy, and paid claims are subject to post-payment review.

Billing for Locum Tenens:
When billing for locum tenens, user must bill under the regular (absent) provider’s contracted information with the Q6 modifier.

MEDDATA (MDS) recommends setting up a separate provider code using the regular (absent) providers’ initials and enrollment/contract information, prefixed with L, i.e., if regular physician code is SA use LSA, to denote the locum tenens code and set a rule/condition to remind user to add the appropriate modifier. The locum provider, provider filling in, must be notated in the patients chart/medical record.
For example, if Dr. Abshire (initials SPA) will be out for a period of time less than 60 days and would like a physician to cover for him, practice could contract with Dr. Barron in a Locum Tenens relationship. Practice should setup a Locum Tenens physician code for Dr. Abshire, i.e., LSA to use when Dr. Barron is filling in for Dr. Abshire. On those days that Dr. Barron is filling in, practice would bill under PHY:LSA with MOD: Q6 and notate Dr. Barrons information in the patients' medical record.

NOTE: MEDDATA clients, Locum Tenens physician codes are setup by MEDDATA staff, contact the MDS Implementation department for further assistance.

Reminders:
- Physicians may retain substitute physicians to take over their professional practices when they are absent for reasons such as illness, pregnancy, vacation or continuing medical education.
- The regular physician or group generally pays the substitute physician a fixed per diem amount.
- The substitute physician does not provide locum tenens services to patients over a continuous period of longer than 60 days.
- The regular physician identifies the services as substitute physician services with HCPCS modifier Q6.
- The regular physician must keep on file a record of each service along with the substitute physician’s NPI.
- Non Physician Providers: There is currently no resource that indicates a Non Physician Provider (NPP), i.e., CRNA, NP, PA, can use the Locum Tenens protocol.

Resources:


AAPC article: Common Misconceptions Incident To and Locum Tenens Billing

Contact Software Support for assistance or any questions via:
From MEDPM or MEDEHR Sign On screens, double click on ‘support@medtronsoftware.com’ to compose an email to the Software Support Dept.

-OR-
  Phone: (985) 234-0599 (local)
  (800) 978-0599 (toll free)

-OR-
  Fax: (985) 234-0609