



Jackson & Coker
3000 Old Alabama Road
Suite 119-608
Alpharetta, GA 30022

www.jacksoncoker.com
phone 800.272.2707
fax 800.936.4562

Billing for Locum Tenens Physicians

Health care organizations often request assistance on how to bill for locum tenens services. This guide is intended to be a quick and easy reference about the policies and procedures for the Centers for Medicare and Medicaid (CMS).

When billing for a locum tenens physician replacing a current employed physician who is unavailable (vacation, sickness, maternity leave or other extended leave):

- a. Abide by the rules associated with Medicare (reference Medicare Carriers Manual 30.2.11 available at <http://www.cms.gov/manuals/downloads/clm104c01.pdf>).
- b. The rules are simple and explicit:
 1. The regular physician must be unavailable (sickness, vacation, business travel, family event, CME obligations, etc.).
 2. The locum tenens provider must be compensated on a per diem or similar fee-for-time payment model for practicing medicine.
 3. The Medicare beneficiary seeks to receive the services from the regular physician.
 4. The regular doctor cannot bill for the same services of a locum tenens physician for a continuous period of longer than sixty (60) calendar days.
 5. The regular physician must keep a record of each service provided by the locum tenens physician.
 6. Claims must contain the modifier Q6 after the procedure code in box 24D of the CMS-1500.
 7. Claims must contain the NPI of the regular physician in box 24J of the CMS-1500 form.

Medicaid

Most state Medicaid plans follow CMS (Medicare) guidelines. Please check with your state's Medicaid plan for guidance. If they do not allow billing under the regular physician's identification, you will need to follow the normal enrollment procedures as you would if this were a new physician.

Contract Payers—HMOs, PPOs, etc.

Check your contracts for specifics. If it is not specified in your contract, contact your provider relations representative. Most payers will allow billing for a locum tenens physician under the regular physician's name and NPI. However, some payers will want to credential the locum tenens physician prior to billing and will require you to bill under the locum tenens name. If you have delegated credentialing, the timeline for this can be quite short. If you must rely on the insurance company, allow 30-60 days for their credentialing process. Some payers will pay retroactively to the first date of service and some will only pay claims with dates of service after the finalization of the credentialing process. Again, check your contract for specifics.

Non-Contracted Payers—Commercial Insurance

Most commercial insurance plans will pay for locum tenens services when billed under the regular physician's NPI. If you are not contracted, credentialing is usually not required.

When billing for a locum tenens physician replacing an employed physician who recently left the practice.

Medicare (reference Medicare Carriers Manual 30.2.11 available at <http://www.cms.gov/manuals/downloads/clm104c01.pdf>.)

The rules are:

1. The locum tenens provider must be compensated on a similar fee-for-time basis.
2. The group or employer cannot bill for the services of a locum tenens physician for a continuous period of longer than sixty (60) calendar days.
3. The group or employer must keep a record of each service provided by the locum tenens physician.
4. Claims must contain the modifier Q6 after the procedure code in box 24D of the CMS-1500 form.
5. Claims must contain the NPI of the departed physician in box 24J of the CMS-1500 form.

Contracted Payers – HMOs, PPOs, etc.

Check your contract for specifics. If it is not specified in your contract, contact your provider relations representative. Most payers will allow billing for a locum tenens provider under the regular physician's name and NPI. However, some payers will want to credential the locum tenens physician prior to billing and will require you to bill under the locum tenens' name. If you have delegated credentialing, the timeframe for this can be quite short. If you must rely on the insurance company, allow 30-60 days for their credentialing process. Some payers will pay retroactively and some will only pay claims with dates of service after the finalization of the credentialing process. Again, check your contract for specifics:

Non-Contracted Payers—Commercial Insurance

Most commercial insurance plans will pay for locum tenens services when billed under the regular physician's NPI. If you are not contracted, credentialing is usually not required.

Billing for a locum tenens physician contracted for growth, new service line or other reason.

In this case, all payers will require the locum tenens physician to go through the normal credentialing and enrollment processes. You will need to complete all the forms and submit them at least 60 days prior to the first working day of the locum physician's coverage, to make sure that payers will reimburse the medical group or healthcare employer for the services.

Additional information

If you desire further information on these matters, direct your questions to connect@jacksoncoker.com or phone 1-800-272-2707.