

Dermatology Coding Alert

You Be the Coder: You're 4 Steps Away From Easing Locum Tenens Headaches

Question: One of the physicians in my office is going to be on extended medical leave. The other physicians want to use a fill-in physician while she's away and bill using locum tenens. I've never had to bill this way before. Can you explain how I report the temporary physician's service so we get paid?

Answer: When your physician is out of the office for extended periods of time, proper locum tenens billing may be your reimbursement key.

Step 1: Clarify What 'Locum' Means

Locum tenens providers are a growing segment of physicians temporarily taking another physician's place because of illness, pregnancy, vacation time or continuing medical education. HCPCS allows you to easily distinguish these services by appending modifier Q6 (Service furnished by a locum tenens physician) to the CPT procedure code for whatever service the locum provides.

Caution: Take care that you don't confuse modifier Q6 with modifier Q5 (Service furnished by a substitute physician under a reciprocal billing arrangement), which should not be used for locum tenens billing. Q5 is for reciprocal billing and has nothing to do with locum tenens.

"Reciprocal billing and Q5 are usually used for a coverage arrangement when one physician covers for another physician, and they switch, basically providing coverage for each other," says **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CPC-P, CHCC**, director of outreach programs for the American Academy of Professional Coders, the coding organization based in Salt Lake City.

Step 2: Properly Fill Out the Claim

"To bill for locum tenens, create the bill under the doctor they are filling in for but include a Q6 modifier on all procedures and place the locum UPIN in box 23 on the claim," says **Debbie Taube**, medical records coder for Medical Management & Development in Charleston, S.C. You should place the locum tenens physician's National Provider Identifier (NPI) or Unique Physician Identification Number (UPIN) in block 23 on the CMS-1500 form, and the NPI/PIN for your doctor who is absent goes in 33 and 24K (as it normally does).

"The payer will pay the doctor who is absent but will be able to reference which doctor really performed the procedure," Taube adds.

Warning: Before you use modifier Q6 on a non-Medicare claim, check with the carrier. Some carriers will follow the Medicare guidelines for locum tenens, but other contracted plans will have their own guidelines for fill-in-physician billing.

Step 3: Watch Out for Time Limits

Remember that locum tenens physicians cannot fill in at a practice for more than 60 consecutive days. Once he has worked 60 straight days, the substitute physician must bill for these services in his own name.

Step 4: Avoid Logistical Pitfalls

Watch out for the following cautions when billing for locum tenens services:

- Your physician must pay the locum tenens physician for services on a per-diem or similar fee-for-time basis for when he's filling in, Taube says.
- Locum tenens allows your physician to receive payment for services another physician performs. However, your physician cannot restrict the locum's services to your office.
- The locum tenens physician cannot provide services for more than 60 continuous days, Taube adds.

Tip: Review Chapter 1, Section 30.2.11 of version 100-04 of the Medicare Claims Processing Manual for complete details on locum tenens billing regulations, Cobuzzi says.