

## Internal Medicine Coding Alert

### Reader Question: Append Correct Modifier for Substituting Physicians

**Question:** We are a group practice and if an internal medicine specialist who is not a part of our group is substituting for our internist, what personal identification number should I be using to report the services of the substituting physician?

Nebraska Subscriber

**Answer:** You should continue using your own internist's personal identification number (PIN) or your group number while reporting the services of the substituting internist. However, for every procedure or E/M service that the substitute physician performs, you should append the modifier Q5 (Service furnished by a substitute physician under a reciprocal billing arrangement) or Q6 (Service furnished by a locum tenens physician) to the code that you are reporting for the procedure or evaluation.

For instance, a locum tenens provider who is substituting for one of the internists in your group evaluates an established patient with complaints of cough and chest pain. The physician performs an expanded problem-focused history, an expanded problem-focused examination, and low-complexity medical decision-making. You report 99213 for this evaluation and management service performed by the substitute internist. You should append modifier Q6 to the code to let the payer know that the service was provided by a locum tenens physician who was covering for your provider. You provide your internist's PIN or your group number in the claim form.

In the same manner, if the substitute internal medicine specialist was performing a procedure such as an excision of a nail, you report this service with 11750 (Excision of nail and nail matrix, partial or complete [e.g., ingrown or deformed nail], for permanent removal) with the modifier Q6 appended to the code.