

## Optometry Coding & Billing Alert

### Reader Question: Obey the 60-day Max for Locum Tenens

**Question:** We will employ a substitute physician to fill in for one of our optometrists who is taking maternity leave next month. I was told that we're billing for this practitioner under the absent practitioner's Medicare ID. I've never billed for a substitute practitioner before. Do I need to observe any specific coding/modifier rules for this optometrist's services?

Maryland Subscriber

**Answer:** You'll need to know a couple of rules, and one specific modifier, in order to bill for substitute □ aka locum tenens □ physicians.

Check out this quick guidance on getting each locum claim right while your regular optometrist takes extended leave:

**Billing:** You should bill the locum's services with the ID number of the physician for which he is covering. Let's say Dr. X is taking leave, and Dr. Y is filling in for her. Dr. Y performs a level-three E/M service for a new (to the practice) patient. On the claim, you should report 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity...) for the encounter under Dr. X's National Provider Identifier (NPI) number.

**Modifier:** You should, then, attach modifier Q6 (Service furnished by a locum tenens physician) to 99203 in the above example. In fact, append Q6 whenever you code for a service that a locum provides.

**Time limit:** You should observe a 60-day time limit for your locum, starting with his first day of service. Let's say Dr. X goes on maternity leave Oct. 1, and you hire a locum to fill in for her, starting that same day and sees his first patient. You can bill the locum's services under Dr. X's NPI number until Nov. 30, 2015.