

Optometry Coding & Billing Alert

Reader Questions: Clarify Temp Services Using Modifier Q6

Question: Our regular optometrist is taking some time off, and a temporary optometrist takes her place while she's gone. What code should I use to indicate that the substitute physician performed certain services?

Alabama Subscriber

Answer: The general rule, particularly for Medicare, is to use modifier Q6 (Service furnished by a locum tenens physician) when billing for substitutes. Locum tenens reporting guidelines govern all services provided to Medicare patients by a substitute physician. The modifier simply tells Medicare that the services were actually provided by a locum tenens physician -- a one-way exchange between physicians.

Rule of thumb: You must append this modifier to every procedure code on a claim for a substitute physician. But remember, you should still send the bill out under the regular physician's name.

For instance, if a substitute physician provides a level-two E/M for an established patient, you would bill 99212-Q6 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused history; a problem-focused examination; straightforward medical decision making ...) under your physician's National Provider Identifier (NPI).

-- Answers to You Be the Expert and the Reader Questions reviewed by **David Gibson, OD, FAAO**, a practicing optometrist in Lubbock, Texas.