

Part B Insider (Multispecialty) Coding Alert

Clip And Save: 13 Tips for Recouping Payment for Substitute Physicians

Hint: Don't mix up modifiers Q5 and Q6.

Although you can't bill locum tenens for new physicians who haven't been credentialed yet (see previous page for more), you can use locum tenens or reciprocal billing in other situations, such as when your doctor is on vacation. You can avoid unnecessary stress during physician vacations when you report reciprocal billing arrangements or locum tenens services for your doctor. Keep this clip-and-save checklist handy for quick how-to advice on applying modifiers Q5 and Q6.

1. Know What Reciprocal Billing Means. Remember that reciprocal billing allows a physician to submit claims and receive Medicare payments for services that he has arranged for a substitute physician to provide on an occasional, reciprocal basis.

2. Get to Know Modifier Q5. To appropriately report services a physician performs under a reciprocal billing agreement, use modifier Q5 (Service furnished by a substitute physician under a reciprocal billing arrangement).

3. Nail Down Locum Tenens Specifics. Locum tenens allows your doctor to receive payment for services another physician performs. But a locum tenens physician cannot work for another practice, and your physician cannot restrict the locum's services to your office.

4. Consider Per-Diem Pay Requirements. The regular physician pays a locum tenens physician on a per-diem or fee-for-time basis.

5. Make Q6 Your Locum Tenens Go-to Modifier. When reporting locum tenens physician services, always use modifier Q6 (Service furnished by a locum tenens physician).

6. Keep Track of Days on Your Calendar. Medicare will not pay for reciprocal billing or locum tenens services for more than 60 continuous days.

7. Make Sure Doc Isn't On-Site. To use modifiers Q5 and Q6, your doctor must be unavailable to provide services. This means that your physician should be out of the office while the substitute physician provides services.

8. Keep Intent in Mind. The Medicare patient must have arranged or sought to receive your physician's services.

9. Make Record-Keeping a Priority. The patient's regular physician must maintain all of the substitute physician's service on record, along with the substitute physician's physician NPI number.

You can make an extra copy of each of the locum's claims and keep the copies in a separate paper file for the locum tenens, or you can use your computer system to track the locum tenens.

11. Know Your Payer. Locum tenens applies only to Medicare. Most other payers (such as TRICARE, managed care, traditional indemnity insurance, etc.) do not recognize the locum tenens guidelines or reimburse for "substitute physicians," so you must bill these insurers using the name of the physician who rendered the service.

12. Avoid Locum Tenens for NPPs. Locum tenens applies only to physicians -- not non-physician practitioners such as nurse midwives, nurse practitioners, or physician's assistants.

13. Keep Modifiers Straight. Differentiate locum tenens from reciprocal billing. When you report locum tenens services, don't confuse modifier Q6 with modifier Q5.



You use modifier Q5, for example, when your physician arranges with another doctor to cover each other's patients on weekends. In this situation, Doctor A will see Doctor B's patients and bill under Doctor B's NPI using modifier Q5. The physicians don't exchange any money because the services even out over time.