

Part B Insider (Multispecialty) Coding Alert

LOCUM TENENS: Track Locum Tenens Billing Or Face Audits

Use computerization, special file for temp doctor

A locum tenens physician may be a temporary addition to your practice. But if you don't keep proper documentation, the headaches may last long after he or she leaves.

Billing for a locum tenens' services is fairly straightforward, say experts. You have to append the Q6 modifier to all of the temporary doctor's claims and bill under the UPIN of the doctor the locum is replacing. Also, you should include the UPIN of the temporary doctor in box 23 on the 1500 billing form.

You can bill for a locum tenens for 60 continuous days. If the locum leaves your practice for a time and then comes back, the 60-day clock starts again. If a physician leaves your practice for good, you can replace her with a locum tenens, as long as the doctor who left bills using a different tax ID at her new practice.

Keep Copies Of Locums' Claims

The tricky part: Medicare requires you to maintain a separate record of all the claims you submitted for the locum tenens doctor. There are a few ways to do this, say experts.

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, says **Linda Herrera**, a medical review analyst with Medicare Senior Operations at Humana.

Or you can use your computer system to track the locum tenens. The computer system at **Einstein Healthcare Network** in Philadelphia allows billing staff to look up the UPIN listed in box 23 of the billing form, says Surgical Coding Specialist **Christine Endes**. "This way, we can reference it any time," she adds.

Endes and her colleagues also assigned different numbers internally to locum tenens physicians for tracking purposes. Normally, if staffers type in a physician's UPIN, the computer will print out a bill under that doctor's name, but typing in a special number for the locum tenens produces a bill with the absent doctor's name and the Q6 modifier attached - and it adds the locum's UPIN to box 23.

Mind Your Q Modifiers

Don't confuse locum tenens (Q6 modifier) with reciprocal billing (Q5 modifier). You use the Q5 modifier when your doctor arranges with another doctor to cover one another's patients on weekends. In this situation, Doctor A will see Doctor B's patients and bill under Doctor B's UPIN using the Q5 modifier. The doctors don't exchange any money since the services even out over time.

Remember: Doctors Only

People only have trouble with locum tenens when they try to use locum tenens billing in situations it wasn't designed for, says **Betsy Nicoletti** with **Medical Practice Consulting** in Springfield, VT. These are:

- 1) A newly hired physician who isn't credentialed yet. You can't bill for a locum tenens unless one of your regular physicians is really away, notes Nicoletti.
- 2) A physician assistant or certified registered nurse anesthetist who is substituting for another PA or CRNA who is out of

town. The locum tenens rules are only for doctors.

Caution: Also, it's very important to stick to the 60-day timeframe, or you might find yourself with some denials, warns Nicoletti.