

Part B Insider (Multispecialty) Coding Alert

Reader Questions: Clarify Temp Services Using Modifier Q6

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

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.

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, 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).