

Modifier Coding Alert

Reader Questions: Append Q6 For Every Locum Service

Question: We will employ a substitute physician to fill in for one of our physicians who is taking maternity leave next month. I was told that we're billing for this physician under the absent physician's Medicare ID. I've never billed for a substitute physician before. Do I need to observe any specific coding/modifier rules for this physician'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 advice on getting each locum claim right while your regular physicians takes extended leave:

Billing: You should bill the locum's services with the ID number of the physician for which he is subbing. 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 September 1, and you hire a locum to fill in for her. The locum performs his first service for a patient on Sept. 1, 2015. You can bill the locum's services under Dr. X's NPI number until Oct. 30, 2015.