

Pain Management Coding Alert

Reader Question: Keep CRNAs Out of LT Lineup

Question: Can we code a certified registered nurse anesthetist's (CRNA) service with a locum tenens (LT) modifier? He is filling in for one of our CRNAs who is on medical leave following surgery.

Connecticut Subscriber

Answer: No, you cannot report modifier Q6 (Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area) for a CRNA's service.

Here's why: Modifier Q6 was originally designed to represent locum tenens (or substitute) services of one physician for another. You can also now report modifier Q6 for a substitute physical therapist in certain situations, but you still cannot report Q6 for a CRNA. The only exception is if the payer has a policy stating that you can submit Q6 for a CRNA's services when that CRNA is hired to fill in for another CRNA.

Keep these tips in mind when filing claims that do qualify for modifier Q6:

- Append modifier Q6 to every procedure code on a claim for the LT physician.
- The cap for an LT physician's services is 60 days.
- Send the claim out under the regular physician's name and National Provider Identifier (NPI).
- Use modifier Q6 when reporting LT services to Medicare. Check other payment guidelines for LT policies before submitting claims. Medicare payment rules typically apply to Medicaid, and some private payers also follow Medicare guidelines.

Final note: Modifier Q6 has no effect on payment.