

## Pain Management Coding Alert

### Reader Question: Use These Tips for Airtight Locum Claims

**Question:** Our practice recently hired a locum tenens (LT) physician to fill in for a physician who is on maternity leave. I've never coded for an LT physician. Notes indicate that she recently performed a level-three E/M visit for an established patient. How do I code this scenario?

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**Answer:** You'll code for the substitute physician's services with Medicare □ or payers who follow Medicare's billing and coding guidelines □ under LT rules and regulations. On the claim, report 99213 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity...) with modifier Q6 (Service furnished by a locum tenens physician) appended to 99213 to show that an LT provided the service. In fact, append Q6 whenever you code for a service that an LT physician provides.

**In short:** An LT physician must be substituting for another physician. In other words, you can't hire an LT as "extra help" if your practice experiences a temporary surge in business.

There are also three rules you must remember when you are billing for an LT physician:

**1. Medicare ID billing number:** Bill the LT's services with the ID number of the physician for whom he is subbing.

**Example:** Your practice hires an LT physician to fill in for Dr. X. The LT physician performs a level-two E/M service for an established patient. On the claim, you should report 99212 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making...) for the LT's services under Dr. X's Medicare ID number.

**2. Time limit:** Medicare does place limits on the amount of time you can bill under LT rules. A locum tenens doctor can fill in for 60 continuous days starting with his first date of service.

**Example:** Dr. Y goes on maternity leave July 1, and you hire an LT physician to fill in for Dr. Y. The LT performs his first service for a patient on July 3.

In this example, the LT physician can bill under Dr. Y's Medicare ID until 60 days after the July 3 service.