

Locum Tenens Guidelines



If a physician is absent for a limited period of time for vacation, disability, continuing education, etc., you may be able to bill for services performed by a locum tenens physician under the regular physician's NPI. Each payer has their own set of restrictions and requirements so it is important to check with each for the specifics.

Medicare - Medicare requires claims for services provided by a locum tenens physician to include the Q6 modifier, which designates services were performed by a locum tenens physician, in box 24D of the CMS-1500 form. The absent physician's NPI number is to be provided in box 24J.

- The regular physician must be unavailable.
- The locum must be compensated on a per diem or similar fee for time basis.
- The patient seeks to receive the services from the regular physician.
- The regular physician cannot bill for the services of a locum tenens physician for a period of longer than 60 calendar days. The only exception to the 60-day limit is when a physician has been called to active military duty.

The same, or a new, locum tenens physician may be hired after the 60-day period has been exceeded if the absent physician returns and resumes regular duties for a short time ("short time" has not been defined by CMS). If a physician is absent longer than 60 days without returning to work, the locum tenens must be credentialed and enrolled as you would do if this were a new physician.

A record must be kept of each service provided by the locum physician along with the locum's physician identification number.

When another physician is covering or taking call for you in a reciprocal billing arrangement (not locum tenens), use modifier Q5.

Medicaid – TMHP follows CMS guidelines but extends the timeframe for a locum tenens to 90 days. The performing provider identifier of the absent physician must be in Block 24J (see section 9.2.2 of the Provider Manual).

Commercial payers – HMOs, PPOs, etc. Check your contract and/or their provider manual for specifics, however, when in doubt follow CMS guidelines. Recent information provided to HCMS from the following payers:

- Aetna: Bill using the Q6 modifier
- BCBSTX: Follow CMS guidelines
- Cigna: Follow CMS guidelines
- Humana: For Medicare plans follow CMS guidelines. For commercial plans they have no policy. Consider using Q6 modifier and if claims deny for invalid modifier, remove it and rebill.

- UHC: Notify them you will be using a locum and bill using modifier Q6

If you must hire locum tenens physicians for an extended time to cover seasonal and/or peak demand or while filling a vacancy created because you are growing your practice, most payers will require the locum physician to go through the normal credentialing and enrollment processes.

Source: CMS, TMHP, Aetna, BCBSTX, Cigna, Humana, and United Healthcare

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