

CHILDREN'S HOSPITAL LOS ANGELES MEDICAL GROUP
COMPLIANCE POLICY MANUAL

POLICY	Billing by Locum Tenens Physicians
SIGN OFF	Robert Adler, MD CHLAMG Compliance Officer
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POLICY

It is the policy of CHLAMG for locum tenens physicians to provide substitute services for a CHLAMG physician, and bill for those services under the name, NPI, and license number of the physician for whom the locum tenens physician temporarily substitutes.

Regulatory Reference:

30.2.11 – Payment under Fee-For-Time Compensation Arrangements (Formally referred to as Locum Tenens Arrangements) (Rev. 3774, 05-12-17, Effective: 06-13-17, Implementation: 06-13-17)

Requirements applicable to Physician Medical Group or Physical Therapy Group Claims under Fee-For-Time Compensation Arrangements

In order for a medical group or physical therapy group to submit claims in the name of the regular physician or physical therapist for the services of a substitute physician or physical therapist, the substitute physician or physical therapist may not have reassigned his or her right to Medicare payment to the group through a CMS-855R reassignment enrollment form approved by the A/B MACs Part B and the following requirements must be met:

- The regular physician or physical therapist is unavailable to provide the services;
- The Medicare patient has arranged or seeks to receive the services from the regular physician or physical therapist; and
- The substitute physician or physical therapist does not provide the services to Medicare patients over a continuous period of longer than 60 days subject to the following exception: A physician or physical therapist called to active duty in the Armed Forces may bill for services furnished under a fee-for-time compensation arrangement for longer than the 60-day limit.

For purposes of these requirements, per diem or similar fee-for-time compensation which the group pays the substitute is considered paid by the regular physician or physical therapist. Also, a physician or physical therapist who has left the group and for whom the group has engaged a substitute as a temporary replacement may bill for the temporary physician or physical therapist for up to 60 days. The term “regular physician or physical therapist” includes a physician or physical therapist who has left the group and for whom the group has hired the substitute as a replacement.

Services are billed for the entity as follows:

- The medical group or physical therapy group must enter in item 24d of Form CMS-1500 the HCPCS code modifier Q6 after the procedure code.
- The designated attending physician for a hospice patient (receiving services related to a terminal illness) bills the Q6 modifier in item 24 of Form CMS-1500 when another group member covers for the attending physician.
- A record of each service provided by the substitute physician or physical therapist must be kept on file along with the substitute physician's or physical therapist's NPI. This record must be made available to the A/B MACs Part B upon request.
- In addition, the medical group physician or group physical therapist on whose behalf the services were furnished by a substitute must be identified by his/her NPI in block 24J of the appropriate line item.