PacificSource Locum Tenens

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☒ *Medicare* ☒ *Medicaid* ☒ *PSA*

Enterprise Policy

PacificSource Locum Tenens policy for contracted provider groups:

A Locum Tenens arrangement is made when a participating Physician must leave his or her practice temporarily due to illness, vacation, leave of absence, or any other reasons. The Locum Tenens is a temporary replacement for that provider, usually for a specified amount of time. Typically the Locum Tenens should possess the same professional credentials, certifications, and privileges as the practitioner he or she is replacing.

A Locum Tenens provider who is providing coverage for a participating provider for 60 days or less will not need to be credentialed. If a Locum Tenens provider is providing coverage longer than 60 consecutive days, the provider will be required to complete the applicable practitioner credentialing application. If the Locum Tenens provider returns to the practice for additional cycle, a new 60 day cycle will be allowed before credentialing is required.

Claims for the covering Locum Tenens billed after 60 days will be denied. The Locum Tenens is required to bill PacificSource as the service provider after 60 days coverage, and the claim will pay according to member's benefits and contractual guidelines.

Exception to the 60-day limitation for locum tenens billing:

- Section 116 of the Medicare, Medicaid and SCHIP Extension Act of 2007 extended the exception to the 60-day limit on substitute physician billing for physicians being called to active duty in the Armed Forces for services furnished from January 1, 2008, through June 30, 2008. Section 116 of Public Law 110-173 extended the accommodation of physicians ordered to active duty in the Armed Forces, enacted by Public Law 110-54, by striking 'January 1, 2008,' and inserting 'July 1, 2008'.
- Essentially, both legislative acts allow a physician being called to active duty to bill for the services furnished by a substitute physician for longer than the 60-day limitation
- If the contracted provider can demonstrate exceptional circumstances that require additional time away from his or her practice

If postoperative services are furnished by the substitute physician, the services cannot be billed with modifier Q6 since the regular physician is paid a global fee.

- If services are provided by a substitute physician over a continuous period of longer than 60 days, the regular physician must bill the first 60 days with modifier Q6

- The substitute physician must bill for the remainder of the services in his/her own name
- The regular physician may not bill and receive direct payment for services over the 60-day period
- A new period of covered visits can begin after the regular physician has returned to work

For a medical group billing under the locum tenens arrangement, it is assumed that the locum tenens physician is paid by the regular physician.

- The term 'regular physician' includes a physician who has left the group and for whom the group has hired the locum tenens physician as a replacement
- A physician who has left a group, and for whom the group has engaged a locum tenens physician as a temporary replacement, may still be considered a member of the group until a permanent replacement is obtained

In addition, the medical group physician for whom the substitution services are furnished must be identified by his/her NPI in Item 24J on the CMS-1500 claim form or electronic equivalent. The group must retain a copy of each service provided by the substitute physician, along with the substitute physician's NPI number. This record must be made available to PacificSource upon request. It is not necessary to provide this information on the claim form.

Physicians should be aware that use of modifier Q6 by the regular physician (or medical group, where applicable) certifies that the covered visit services furnished by the substitute physician are identified in the record of the regular physician which is available for inspection, and are services that the regular physician (or group) is entitled to submit. A physician or other person who falsely certifies any of the above requirements may be subject to possible civil and criminal penalties for fraud.

Procedure: Provider Network

A patient’s regular physician may submit the claim, and (if assignment is accepted) receive the payment, for covered visit services (including emergency visits and related services) of a locum tenens physician who is not an employee of the regular physician and whose services for patients of the regular physician are not restricted to the regular physician’s offices, if:

- The regular physician is unavailable to provide the visit services.
- The Member has arranged or seeks to receive the visit services from the regular physician.
- The regular physician pays the locum tenens for his/her services on a per diem or similar fee-for-time basis.
- The substitute physician does not provide the visit services to patients over a continuous period of longer than 60 days.
- The regular physician identifies the services as substitute physician services meeting the requirements of this section by entering HCPCS code modifier Q6 (service furnished by a locum tenens physician) after the procedure code.

PacificSource will now accept modifier Q5/Q6 claims. Claims billed with Q5/Q6 modifiers will be randomly audited, if a provider is found to be billing more than 60 consecutive days as a locum, they will be contacted and advised of the requirement to complete the full credentialing process.

References

Appendix

Policy Number: [Policy Number]

Effective: 2/14/2013 **Next review:** 5/1/2025

Policy type: Enterprise

Author(s): Jill Hymas; Karly Green; Randy Brunner; Casey Flynn

Depts: Provider Network

Applicable regulation(s): [Applicable Regulation(s)]

External entities affected: [External Entities Affected]

Approved by:

Modification History

Date	Modified By	Reviewed By	Modifications
4/15/2024	Jill Hymas, Karly Green, Casey Flynn, Randy Brunner		Deleted PN process.
5/1/2023	Jill Hymas	Jill Hymas	No changes
03/25/21	Jill Hymas, Nicole Carcich	Jill Hymas, Nicole Carcich	No changes
04/22/2020	Jill Hymas, Nicole Carcich, Sandra Durbrow, Sarah Robinson	Jill Hymas, Nicole Carcich, Sandra Durbrow, Sarah Robinson	No changes
7/9/2019	Jill Hymas, Nicole Carcich, Sandra Durbrow, Sarah Robinson	Jill Hymas, Nicole Carcich, Sandra Durbrow, Sarah Robinson	Added: exception to 60 day limitation

5/4/2018	Jill Hymas and Renea DeGeorge	Jill Hymas and Renea DeGeorge	Updated audit process
5/11/2017	Debbie Smith	Jill Hymas, Shonda Dahl	No changes
4/18/2017	Debbie Smith	Jill Hymas, Shonda Dahl	No Changes
9/22/16	Debbie Smith	Sara Ohrtman, Hilary Klarc, Jill Hymas, Shonda Dahl	No Changes
9/22/15	Debbie Smith	Lisa Zent, Travis Hollifield, Jill Hymas, Rebecca Shaw, Hilary Klarc	Made corrections per Hilary as listed below and sent for review. Hilary made additional changes adding the exception to the 60 day rule.
09/02/2015	Hilary Klarc	Lisa Zent, Debbie Smith, Travis Hollifield, Jill Hymas, Rebecca Shaw, Hilary Klarc	Removing partial credentialing requirement for Locums.
04/07/2014	Debbie Smith	Lisa Zent, Michelle Cochran, Carmel Anderson	No update
02/14/2012	Michelle Cochran	Cindy Cutsforth, Lisa Zent, Kristen Awmiller, Debbie Smith, Amy Wetmore, Marla Rust, Susie Sottosanti, Carmel Anderson, Mindy Hampton, Keja Wagner, Kim O'Bryant, Shonda Dahl, Caryn Kropf, LaWanna Clements, Kristi Bare, Lori Pfaff	02/14/2012
6/25/2013	Debbie Smith	Michelle Cochran	Added "consecutive" in paragraph 4