

The Value of Locum Tenens

With a decreasing candidate pool of anesthesia providers, locum tenens are a necessity for many practices. Locum tenens are temporary, contracted employees who are physicians. Locum tenens is a Latin term which means “to hold the place of, to substitute for.” Typically, a staffing agency pays and contracts the physician to a healthcare organization and then in turn bills the service back to the healthcare organization. This service allows for hospitals and other healthcare organizations to be fully staffed. The value of locum tenens is becoming increasingly evident to both physicians and healthcare organizations.

Locum tenens provide all types of coverage ranging from single physician practices to major health systems and managed care organizations. There are many reasons that practices and organizations contract locum tenens. The staffing challenges include filling in for an absent staff member who may be on vacation, ill, on medical leave, or coverage for physician training.

As your staffing needs grow and require the service of locum tenens, it is essential to understand the governing rules of billing for locum tenens. Some of the fundamental rules are as follows:

- The Q6 modifier must be used in box 24d of the CMS-1500 form.
- The PIN of the physician providing the service must be entered in box 24J.
- You are required to include the PIN or NPI of the locum tenens physician on the CMS-1500 claim form.

There are several other rules to be followed that are more complex. Locum tenens is permitted under Medicare for physicians only. Nurse practitioners cannot be used as locums even if they have their own PIN.

A locum cannot substitute for hiring an extra doctor at a growing practice. They must be a fill in for an absent doctor. A locum cannot be used to temporarily staff a busy clinic in order to expand providers.

Medicare only allows a locum to work for a practice up to 60 continuous days. If there is a need for coverage beyond the 60 day time period, there are several options to consider. The practice may hire another locum after the 60 days. Another option would be to credential the original locum for your practice if you wish to continue the physician’s services after the 60 day limitation.

If a practice must replace a physician who is no longer employed with them, locum tenens may be used for up to 60 continuous days. If the position is open longer than 60 days, a second locum should not be hired. The services may be billed using the Q6 modifier and the departed physician’s PIN for only 60 days. If the physician is deceased, his/her PIN cannot be used for billing purposes of the locum. The billing should be completed via another method such as considering them as independent contractors or credentialing them for your clinic.

If a physician goes on leave for 60 days, returns for a few days to work, and then leaves for another 60 days, the same locum is allowed to work for both periods of time. According to Chapter 1, section 30.2.10 of Medicare's Claims Processing Manual, this action would be allowed due to the break in the continuous 60 day period. The continuous period begins when the locum provides service to patients of the regular physician and continues until the regular physician comes back to service his patients.

Locum tenens are a valuable resource to physician practices and healthcare organizations both large and small. Locum tenens is part of a 20 year old industry that continues to grow more and more as physicians and healthcare organizations choose this method to meet their staffing model needs.