Locum Tenens Arrangement

In a "locum tenens" arrangement, the regular physician retains a substitute physician to take over his/her practice during an absence. A regular physician is the physician that is normally scheduled to see a patient. The regular physician usually pays the substitute physician a fixed amount per diem, with the substitute physician being an independent contractor rather than an employee.

The patient's regular physician can submit a claim and receive payment for covered 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:

1. The regular physician is unavailable to provide the services; and
2. The regular physician pays the locum tenens for his/her services on a per diem or similar fee-for-time basis; and
3. The Medicaid beneficiary has arranged or sought to receive services from the regular physician; and
4. The substitute physician does not provide the services to the Medicaid beneficiary over a continuous period of longer than 60 days; and
5. The locum tenens physician is an enrolled Mississippi Medicaid provider with a valid Mississippi Medicaid provider number; and
6. The regular physician identifies the services as substitute physician services by entering HCPCS modifier Q6 (service furnished by a locum tenens physician) after the procedure code in item 24D of the CMS 1500 claim form; and
7. The claim is billed with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician); and
8. The regular physician keeps on file a record of each service provided by the substitute physician and makes the record available to DOM and/or its representatives upon request; and
9. The regular physician ensures that the locum tenens physician is properly licensed to practice medicine in the state of Mississippi; or, if the regular physician practices in another state, the state in which the regular physician is licensed to practice.

Medical Group Claims Under Locum Tenens Arrangements

For a medical group to submit claims for the services a locum tenens physician provides for patients of the regular physician who is a member of the group, the requirements for a locum tenens arrangement listed above must be met. For purposes of the requirements, the compensation, which the group pays the locum tenens physician, is considered paid by the regular physician. A physician who has left the group and for whom the group has engaged a locum tenens physician as a temporary replacement may bill for the temporary physician for up to 60 days.

1. The claim must be billed with HCPCS modifier Q6 after the procedure code in item 24D of the CMS-1500 claim form.

2. The group must keep on file a record of each service provided by the substitute physician, associated with the substitute physician's NPI and make the record available upon request by DOM and/or its authorized representatives.

3. The claim must be billed with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician) in item 24J (or 2310B.REF02 for electronic submitters) of the CMS-1500 claim form.

Physicians who are members of a group but who bill in their own names are generally treated as independent physicians for purposes of applying the requirements for payment of locum tenens arrangements. Compensation paid by the group to the locum tenens physician is considered paid by the regular physician for purposes of those requirements. 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.

Reciprocal Billing Arrangement

A reciprocal billing arrangement is used when a regular physician or group has a substitute physician provide covered services to a Medicaid beneficiary on an occasional reciprocal basis. A physician can have reciprocal arrangements with more than one physician. The arrangements need not be in writing.

Under the reciprocal billing arrangements, the patient's regular physician may submit the claim and receive Medicaid benefits for covered services which the regular physician arranges to be provided by a substitute physician on an occasional reciprocal basis if:

1. The regular physician is unavailable to provide the services; and

2. A reciprocal billing arrangement is typically an agreement among physicians that one will cover the other's practice when the regular physician is absent. Reciprocal arrangements are often informal, and the Division of Medicaid does not require them to be in writing. No money changes hands, and the regular physician compensates the covering physician by reciprocating in the future under similar circumstances. Physicians can have reciprocal arrangements with more than one physician; and

3. The Medicaid beneficiary has arranged or sought services from the regular physician; and

4. The substitute physician does not provide the services to a Medicaid beneficiary over a continuous period of longer than 60 days; and

5. The substitute physician is an enrolled Mississippi Medicaid provider with a valid Mississippi Medicaid provider number; and

6. The regular physician identifies the services as substitute physician services by entering HCPCS modifier Q5 (service furnished by a substitute physician under a reciprocal billing arrangement) after the procedure code in item 24D of the CMS-1500 claim form; and

7. The claim is billed with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician); and

8. The regular physician keeps on file a record of each service provided by the substitute physician, associated with the substitute physician's National Provider Identifier (NPI), and makes the record available to DOM and/or its representatives upon request; and

9. The regular physician ensures that the substitute physician is properly licensed to practice medicine in the state of Mississippi; or, if the regular physician practices in another state, the state in which the regular physician is licensed to practice.

Medical Group Claims Under Reciprocal Billing Arrangements

The requirements of this section generally do not apply to the substitution arrangements among physicians in the same medical group where claims are submitted in the name of the group. On claims submitted by the group, the group physician who actually **performed** the service must be identified in item 24J (or 2310B.REF02 for electronic submitters) of the line item(s) for the service(s) furnished, with the following one exception:

- When a group member provides services on behalf of another group member who is the designated attending physician for a hospice patient, the Q5 modifier may be used **by the designated attending physician** to bill for services related to a hospice patient's terminal illness that were performed by another group member.

For a medical group to submit claims under reciprocal billing arrangements for the covered visit services of a substitute physician who is **not** a member of the group, the billing and payment in a reciprocal billing situation is the same as locum tenens billing and payment, with the exception of the physician with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician) in Item 24J (or 2310B.REF02 for electronic submitter) of the line item(s) for the service(s) furnished.

Covered Visit Service

The term"covered visit service" includes not only those services ordinarily characterized as a covered physician visit, but also any other covered items and services furnished by the substitute physician.

Continuous Period of Covered Visit Services

A continuous period of covered visit services begins with the first day on which the substitute physician provides covered visit services to patients of the regular physician, and it ends with the last day on which the substitute physician provides these services to these patients before the regular physician returns to work. This period continues without interruption on days on which no covered visit services are provided to patients on behalf of the regular physician or are furnished by some other substitute physician on behalf of the regular physician. A new period of covered visit services can begin after the regular physician has returned to work.

Locum Tenens Arrangement

In a "locum tenens" arrangement, the regular physician retains a substitute physician to take over his/her practice during an absence. A regular physician is the physician that is normally scheduled to see a patient. The regular physician usually pays the substitute physician a fixed amount per diem, with the substitute physician being an independent contractor rather than an employee.

The patient's regular physician can submit a claim and receive payment for covered 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:

1. The regular physician is unavailable to provide the services; and

2. The regular physician pays the locum tenens for his/her services on a per diem or similar fee-for-time basis; and

3. The Medicaid beneficiary has arranged or sought to receive services from the regular physician; and

4. The substitute physician does not provide the services to the Medicaid beneficiary over a continuous period of longer than 60 days; and

5. ~~The regular physician keeps on file a record of each service provided by the substitute physician and makes the record available to DOM and/or its representatives upon request; and~~ The locum tenens physician is an enrolled Mississippi Medicaid provider with a valid Mississippi Medicaid provider number; and

6. The regular physician identifies the services as substitute physician services by entering HCPCS modifier Q6 (service furnished by a locum tenens physician) after the procedure code in item 24D of the CMS 1500 claim form; and

7. ~~The locum tenens physician must be an enrolled Mississippi Medicaid provider with a valid Mississippi Medicaid provider number. When billing locum tenens services, the regular physician should place the locum tenens provider number in 24K on the CMS-1500 claim form.~~ The claim is billed with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician); and

8. ~~It shall be the responsibility of the regular physician to ensure that the locum tenens physician is properly licensed to practice medicine in the state of Mississippi; or, if the regular physician practices in another state, the state in which the regular physician is licensed to practice.~~ The regular physician keeps on file a record of each service provided by the substitute physician and makes the record available to DOM and/or its representatives upon request; and

9. The regular physician ensures that the locum tenens physician is properly licensed to practice medicine in the state of Mississippi; or, if the regular physician practices in another state, the state in which the regular physician is licensed to practice.

Medical Group Claims Under Locum Tenens Arrangements

~~For a medical group to submit claims for the services a locum tenens physician provides for patients of the regular physician who is a member of the group, the requirements listed above must be met. For~~

~~purposes of these requirements, per diem or similar fee-for-time compensation, which the group pays the locum tenens physician, is considered paid by the regular physician. Also, a physician who has left the 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. The group must enter in item 24D of the CMS-1500 claim form the HCPCS modifier Q6 after the procedure code. The group must keep on file a record of each service provided by the substitute physician, associated with the substitute physician's UPIN, and make this record available upon request by DOM and/or its representatives. In addition, the medical group physician for whom the substitution services are furnished must be identified by his/her provider identification number (PIN) in block 24K of the appropriate line item.~~

For a medical group to submit claims for the services a locum tenens physician provides for patients of the regular physician who is a member of the group, the requirements for a locum tenens arrangement listed above must be met. For purposes of the requirements, the compensation, which the group pays the locum tenens physician, is considered paid by the regular physician. A physician who has left the group and for whom the group has engaged a locum tenens physician as a temporary replacement may bill for the temporary physician for up to 60 days.

1. The claim must be billed with HCPCS modifier Q6 after the procedure code in item 24D of the CMS-1500 claim form.

2. The group must keep on file a record of each service provided by the substitute physician, associated with the substitute physician's NPI and make the record available upon request by DOM and/or its authorized representatives.

3. The claim must be billed with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician) in item 24J (or 2310B.REF02 for electronic submitters) of the CMS-1500 claim form.

Physicians who are members of a group but who bill in their own names are generally treated as independent physicians for purposes of applying the requirements for payment of locum tenens arrangements. Compensation paid by the group to the locum tenens physician is considered paid by the regular physician for purposes of those requirements. 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.

Reciprocal Billing Arrangement

A reciprocal billing arrangement is used when a regular physician or group has a substitute physician provide covered services to a Medicaid beneficiary on an occasional reciprocal basis. A physician can have reciprocal arrangements with more than one physician. The arrangements need not be in writing.

Under the reciprocal billing arrangements, the patient's regular physician may submit the claim and receive Medicaid benefits for covered services which the regular physician arranges to be provided by a substitute physician on an occasional reciprocal basis if:

1. The regular physician is unavailable to provide the services; and

2. ~~The Medicaid beneficiary has arranged or sought services from the regular physician; and~~
   A reciprocal billing arrangement is typically an agreement among physicians that one will cover the other's practice when the regular physician is absent. Reciprocal arrangements are often informal, and the Division of Medicaid does not require them to be in writing. No money changes hands, and the regular physician compensates the covering physician by reciprocating in the future under similar circumstances. Physicians can have reciprocal arrangements with more than one physician; and

3. ~~The substitute physician does not provide the services to a Medicaid beneficiary over a continuous period of longer than 60 days; and~~ The Medicaid beneficiary has arranged or sought services from the regular physician; and

4. ~~The regular physician keeps on file a record of each service provided by the substitute physician and makes the record available to DOM and/or its representatives upon request; and~~ The substitute physician does not provide the services to a Medicaid beneficiary over a continuous period of longer than 60 days; and

5. ~~The regular physician identifies the services as substitute physician services by entering in item 24D of the CMS-1500 claim form HCPCS modifier Q5 (service furnished by a substitute physician under a reciprocal billing arrangement) after the procedure code; and~~ The substitute physician is an enrolled Mississippi Medicaid provider with a valid Mississippi Medicaid provider number; and

6. ~~The substitute physician must be an enrolled Mississippi Medicaid provider with a valid Mississippi Medicaid provider number.~~ The regular physician identifies the services as substitute physician services by entering HCPCS modifier Q5 (service furnished by a substitute physician under a reciprocal billing arrangement) after the procedure code in item 24D of the CMS-1500 claim form; and

7. ~~It shall be the responsibility of the regular physician to ensure that the substitute physician is properly licensed to practice medicine in the state of Mississippi; or, if the regular physician practices in another state, the state in which the regular physician is licensed to practice.~~ The claim is billed with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician); and

8. The regular physician keeps on file a record of each service provided by the substitute physician, associated with the substitute physician's National Provider Identifier (NPI), and makes the record available to DOM and/or its representatives upon request; and

9. The regular physician ensures that the substitute physician is properly licensed to practice medicine in the state of Mississippi; or, if the regular physician practices in another state, the state in which the regular physician is licensed to practice.

Medical Group Claims Under Reciprocal Billing Arrangements

~~The requirements of this section do not apply to the substitution arrangements among physicians in the same medical group where claims are submitted in the name of the group. On claims submitted by the group, the group physician who actually performed the service must be identified.~~

~~For a medical group to submit claims for the covered visit services of a substitute physician who is not a member of the group, the requirements listed above (1 – 5) must be met. The medical group must enter in item 24D of the CMS-1500 claim form HCPCS modifier Q5 after the procedure code. The medical group must keep on file a record of each service provided by the substitute physician, associated with the substitute physician's UPIN, and make this record available to DOM and/or its representatives upon request. In addition, the medical group physician for whom the substitute services are furnished must be identified by his/her provider identification number (PIN) in block 24K of the appropriate line item.~~

~~For an independent physician to submit claims for the substitution services of a physician who is a member of a medical group, the requirements listed above (1-5) must be met. The independent physician must enter in item 24D of the CMS-1500 claim form HCPCS modifier Q5 after the procedure code. The independent physician must keep on file a record of each service provided by the substitute medical group physician, associated with the substitute physician's UPIN, and make this record available to DOM and/or its representatives upon request. Physicians who are members of a group but who bill in their own names are treated as independent physicians for purposes of applying the requirements for reciprocal billing arrangements.~~

The requirements of this section generally do not apply to the substitution arrangements among physicians in the same medical group where claims are submitted in the name of the group. On claims submitted by the group, the group physician who actually **performed** the service must be identified in item 24J (or 2310B.REF02 for electronic submitters) of the line item(s) for the service(s) furnished, with the following one exception:

- When a group member provides services on behalf of another group member who is the designated attending physician for a hospice patient, the Q5 modifier may be used **by the designated attending physician** to bill for services related to a hospice patient's terminal illness that were performed by another group member.

For a medical group to submit claims under reciprocal billing arrangements for the covered visit services of a substitute physician who is **not** a member of the group, the billing and payment in a reciprocal billing situation is the same as locum tenens billing and payment, with the exception of the physician with the National Provider Identifier (NPI) of the regular physician (not the NPI of the substitute physician) in Item 24J (or 2310B.REF02 for electronic submitter) of the line item(s) for the service(s) furnished.

Covered Visit Service

The term"covered visit service" includes not only those services ordinarily characterized as a covered physician visit, but also any other covered items and services furnished by the substitute physician.

Continuous Period of Covered Visit Services

A continuous period of covered visit services begins with the first day on which the substitute physician provides covered visit services to patients of the regular physician, and it ends with the last day on which the substitute physician provides these services to these patients before the regular physician returns to work. This period continues without interruption on days on which no covered visit services are provided to patients on behalf of the regular physician or are furnished by some other substitute physician on behalf of the regular physician. A new period of covered visit services can begin after the regular physician has returned to work.

~~**EXAMPLE**: The regular physician goes on vacation on June 30, 2006, and returns to work on September 4, 2006. A substitute physician provides services to patients of the regular physician on July 2, 2006, and at various times thereafter, including August 30th and September 2nd, 2006. The continuous period of covered visit services begins on July 2nd and runs through September 2nd, a period of 63 days. Since September 2nd services are furnished after the expiration of 60 days of the period, the regular physician is not entitled to bill and receive direct payment for them. The substitute physician must bill for these services in his/her own name. The regular physician may, however, bill and receive payment for the services which the substitute physician provided on his/her behalf in the period July 2nd through August 30th.~~