



PROVIDER BULLETIN

BT200201

JANUARY 18, 2002

To: All Enrolled Physicians, Podiatrists, Optometrists, Chiropractors, and Dentists

Subject: Locum Tenens and Substitute Physician Policy

Overview

This bulletin introduces a new policy associated with *locum tenens* and *substitute physician* billing and coverage. This policy should be followed in conjunction with the rendering and billing policy clarifications recently published in bulletin *BT200115* dated April 15, 2001, and *BT200125* dated July 6, 2001.

Description of Service

Locum tenens and *substitute physician* are terms used to describe the relationship of a physician who is acting as a fill-in for a member's **regular** physician. The **regular** physician may be the member's primary care physician, or primary medical care provider, (PMP). The **regular** physician could also be a specialist the member sees regularly for a specific problem or chronic condition.

According to the Social Security Act *42 USC §1395x(r)*, the term physician includes a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, doctor of optometry, or a chiropractor. A *locum tenens* or substitute physician arrangement may be used in any one of these **disciplines**, but the *locum tenens* or substitute physician must be of the **same discipline** as the **regular** physician.

Substitute Physicians

A *substitute physician* is a physician who is asked by the regular physician to see a member in a reciprocal arrangement when the regular physician is unavailable to see the member. For example, when a member seeks unscheduled care, a *substitute physician* may be asked to see the member if the regular physician is neither available

nor on call. As another example, if a regular physician has the member scheduled for an examination, but is called away, a *substitute physician* may be asked to see the member. In these instances, it must be acceptable to the member requiring service for the *substitute physician* to provide the service, instead of the regular physician. In a *substitute physician* arrangement, the regular physician reciprocates the substitute physician either by paying the *substitute* the amount received for the service rendered or by serving in the same capacity in return (in which the regular physician might cover for the *substitute* in a similar situation).

For provision of *substitute physician* services as defined above, both the regular physician and the *substitute physician* are required to be Indiana Health Coverage Programs (IHCP) providers. The regular physician's office submits the claim and receives payment using the regular physician's IHCP provider number. The payment amount will be the lesser of the billed amount or the IHCP allowed amount for the service rendered. If the regular physician is enrolled in the IHCP as a primary medical provider (PMP) in PrimeStep/Primary Care Case Management (PCCM), the *substitute physician* may use the regular PMP's certification code when authorizing services for PMP members. The modifier, Q5, must be placed in form indicator 24D of the HCFA-1500 claim form to indicate services were rendered by a *substitute physician*. The *substitute physician* arrangement should not exceed 14 consecutive days. The *substitute physician* arrangement does not apply to substitution arrangements for physicians in the **same medical group** with claims submitted **in the name of the medical group**. For situations in which one group member substitutes for another, the substitution is noted by listing the substitute group member number as the rendering provider in field 24K on the HCFA-1500 claim form and the Q5 modifier is **not** used. The **group number** is listed as the billing provider.

Locum Tenens Physicians

A *locum tenens* arrangement is made when the regular physician must leave his/her practice due to illness, vacation, or medical education opportunity and does not want to leave his/her patients without service during the period. The *locum tenens* arrangement may be used in either a single practice or group practice, but the *locum tenens* physician cannot be a member of the group in which the regular physician is a member. The *locum tenens* physician usually has no practice of his or her own and moves from area to area as needed. The physician practitioner is usually paid a fixed amount per diem with the status of an independent contractor, not an employee. The *locum tenens* physician must meet all requirements for practice in Indiana and hospital or other institutional credentialing requirements prior to providing patient services. For provision of *locum tenens* physician services as defined above, the practitioner providing *locum tenens* services **is not** required to be an IHCP provider. Because of this, the regular physician's office must maintain documentation of the *locum tenens* arrangement, including the services provided by the *locum tenens* and when those services were performed.

The regular physician's office personnel submit claims for *locum tenens* services using the regular physician's provider number. Modifier Q6 is placed in form indicator 24D of the HCFA-1500 claim form to indicate services were rendered by a *locum tenens* physician. The payment amount is the lesser of the billed amount or the IHCP allowed amount for the service rendered. When the regular physician is enrolled in IHCP as a PMP in the PCCM program, the *locum tenens* physician may use the regular physician's certification code when authorizing services by other providers. *Locum tenens* arrangements should not exceed 90 consecutive days. If a physician is away from his or her office for more than 90 days, additional *locum tenens* can be used to fill in during that physician absence. This means that various physicians would be required to fill in for different 90-day periods of time. *Locum tenens* should not be used to fill physician vacancies in the office. If it becomes necessary for the same *locum tenens* physician to remain longer than 90 days in the same practice for which he/she has been a temporary replacement, then he/she must enroll as an IHCP provider. Table one compares the requirements for substitute and *locum tenens* physicians.

Table 1 – Requirements for *Locum Tenens* and Substitute Physician Arrangements

Requirement	Substitute Physician	Locum Tenens Physician
Must be enrolled as an IHCP Provider	Yes	No
May be employed by the same group as the regular physician	No	No
Claims are submitted by the regular physician's office and that office receives payment	Yes	Yes
Modifier required to identify arrangement	Yes, Q5	Yes, Q6
May use the regular physician's certification code for PrimeStep/PCCM PMP authorizations	Yes	Yes
Maximum time frame allowed	14 days	90 days

Further Information

Questions about the policy outlined in this bulletin, should be directed to the Medical Policy department of Health Care Excel at (317) 347-4500. Questions about reimbursement or billing, should be directed to the EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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