



American Academy of Ophthalmic Executives®

Fact Sheet: Locum Tenens

Published October 2021. Revised July 2023.

Locum tenens is also referred to as payment policies for reciprocal billing arrangements or fee-for-time compensation arrangements.

The Medicare Claims Processing Manual: General Billing Requirements state that

"Physicians may retain substitute physicians to take over their professional practices when the regular physicians are absent for reasons such as illness, pregnancy, vacation or continuing medical education, and for the regular physician to bill and receive payment for the substitute physician's services as though he performed them himself. These substitute physicians are generally called 'locum tenens' physicians."

Billing Guidelines

Modifier -Q5 should be appended for reciprocal billing arrangements when the locum tenens physician has a practice of their own (ie, substitute physician).

Modifier -Q6 should be appended for fee-for-time compensation such as when the locum tenens physician has no practice of their own.

Payment may be made (1) for services furnished by a substitute physician if the services are not provided by the substitute physician over a continuous period of more than 60 days and (2) when services are provided over a longer continuous period in which the physician has been called or ordered to active duty as a member of a reserve component of the Armed Forces.

Nonparticipating physician allowed. Currently, locum tenens physicians are not required to be enrolled in the Medicare program. See Variations in Requirements below.

Temporary replacement. When a physician has permanently left a medical group and the medical group has hired a locum tenens physician as a temporary replacement, the group may bill for the temporary physician for up to 60 days under the National Physician Identifier (NPI) of the physician who left the practice.

Record each service. The medical group must keep on file a record of each service furnished by the substitute physician or associated with the substitute physician's Unique Physician Identification Number (UPIN) or NPI.

The Physician Identification Number (PIN)/NPI on the claim form. The NPI of the absent or departed physician must be identified on the claim form. The NPI of physicians who have left permanently is identified only to indicate for whom the locum tenens physician is substituting.

Substitutes do not bill Medicare. Locum tenens physicians do not bill Medicare. Payment for Medicare-covered services is made in the name and billing number of the medical group that has hired the locum tenens physician.

Postoperative visits are not paid separately. Postoperative visits furnished by the locum tenens physician are not billed separately because the practice was paid the global fee for this service.

Newly hired physicians, when not yet credentialed, do not qualify as locum tenens. Locum tenens physicians are used in temporary situations of no more than 60 days when the physician of the practice cannot see patients. It is not appropriate to bill under the senior partner's NPI when a new physician is not yet credentialed. To properly credential new physicians, adequate time must be allowed and all steps must be followed. When a new physician is not yet credentialed, patients can be scheduled with another participating physician in the practice. This avoids audits and recoupments for fraudulent billing.

COVID-19 Exceptions

The CMS modified the 60-day limit in section 1842(b)(6)(D)(iii) of the Social Security Act allowing a physician to use the same substitute physician for the entire time that they are unavailable to provide services during the COVID-19 emergency plus an additional period of no more than 60 continuous days after the public health emergency (PHE) expires. On or before the 61st day after the PHE ends, the regular physician must employ a different substitute or return to work in his or her practice for at least one day in order to reset the 60-day clock.

The modified timetable applies to both types of substitute billing arrangements under Medicare fee-for-service (ie, reciprocal billing arrangements and fee-for-time compensation arrangements).

Variation in Requirements

The following guidelines apply when the payer is not Medicare:

- Not all payers recognize locum tenens. Practices should verify this with every non-Medicare payer.
- Some payers require submission of paperwork before locum tenens can see patients. For example, Blue Cross Blue Shield of North Carolina (BCBS NC) requires submission of a statement of supervision form to the provider network before the effective start date of the locum tenens provider.
- The time frame may also be unique to the payer. For example, BCBS NC states that the locum tenens provider will remain in effect for a maximum period of 90 days.
- Often, commercial and Medicaid payers require the substitute physician (modifier -Q5) or locum tenens (modifier -Q6) physician to already be in-network with the insurance plan.