

# All Star Recruiting

Locum Tenens; Q6 Billing Modifier and the  
21<sup>st</sup> Century Cures Act

December 13, 2018

# All Star Recruiting – Who We Are

Founded in 2003 and based in Deerfield Beach, FL

We place physicians and advanced practice providers in locum tenens and permanent positions throughout the US

Our core values and *All Star Cares* initiative drive our business and our people each and every day

Senior leadership has collectively 100+ years of healthcare staffing experience

One of Staffing Industry Analyst's (SIA) 2018 largest healthcare staffing firms in the United States

Charter member of the National Association of Locum Tenens Organizations (NALTO) with leadership on Executive Board of Directors, and part of the Ethics and Membership Committees

Recognized by the *Sun Sentinel* as one of the "Top Places to Work" in South Florida 3 years in a row

# Locum Tenens

1. Mid 17th century: from medieval Latin, literally 'one holding a place' (see locus, tenant)

Locum Tenens

*Fee-for-Time  
Compensation  
Arrangements*

# 21<sup>st</sup> Century Cures Act – updates in 2017

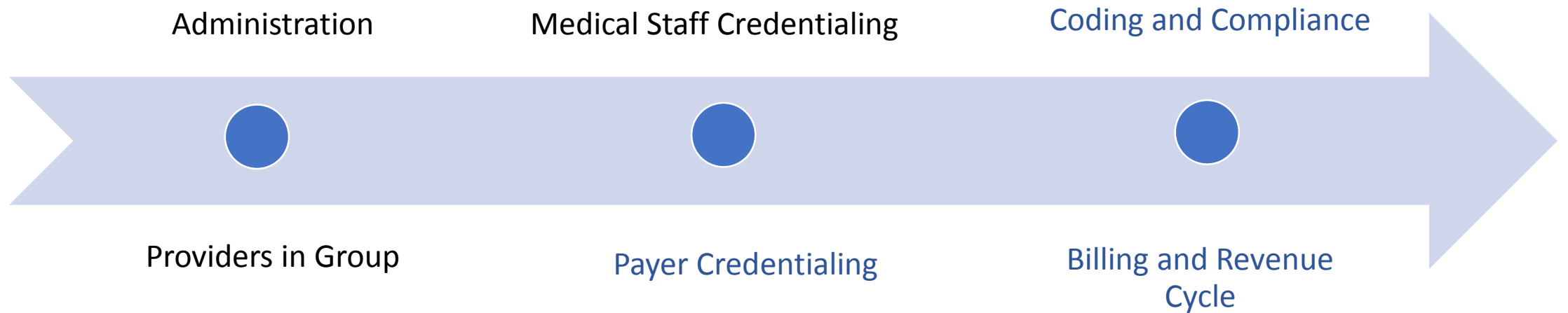
The term locum tenens was discontinued by CMS in June 2017

*Confusion between Locums and Reciprocal Billing Arrangements*

- **Discontinuance of the term Locum Tenens**, began on June 13, 2017, and are now simply called “fee-for-time compensation arrangements”
- **The term, Reciprocal Billing** remains the same
- **Must have an active NPI number and unrestricted license in the state, but does not need to be enrolled in Medicare**
- **Physical Therapists** may now utilize Q5 and Q6 modifiers in HPSA and MUA’s
- **NP, PA, CRNA** have not had any changes and may not utilize Reciprocal or Fee-for-Time compensation arrangements

# Locum Impact Zones – Terminology

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# Can I bill for the services of my temporary provider?

## YES

- MD, DO
- Physical Therapist
- <60 continuous days from first date of service
  - Time exception for Military members called to duty

## NO

- CRNA
- NP/PA
- Replacing a deceased provider

# Q5 and Q6 Modifiers

Q6

Q6 modifier is used under Fee for Time Compensation arrangements and most often by hospitals/health systems and group practices where billing is submitted under shared TIN's.

Q5

Q5 is used under a Reciprocal Billing agreement and typical between two private providers.

## Fee-for-Time Compensation Review the Rules for Q6

Provider with active license and NPI

Covering for absent provider (termination, leave, vacation, etc.  
Not if provider is deceased)

Substitute provider is not employed by you

<=60 days from first date of substitute provider service  
(continuous)

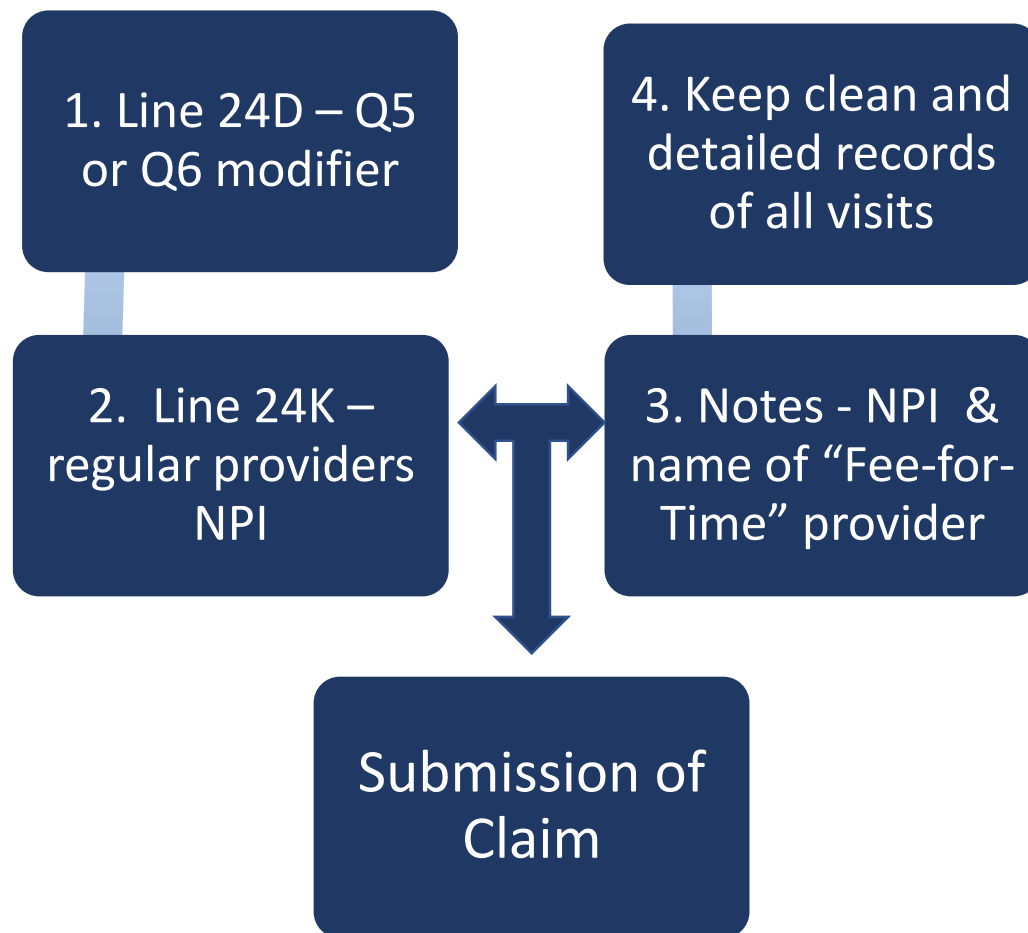
60 days may restart if permanent provider returns and then leaves  
again.

Keep details and notes for each patient seen in the case of audit.





# CMS 1500 Form



# Claim Submission for Commercial Payers

- Private insurance payers may not recognize services provided by a fee for compensation or reciprocal billing agreements. It is wise to contact those insurance payers ahead of time (if possible) to determine what course of action you should take for submitting your claims while your physician is absent from the practice.



- So you will check with your payers, but most all carriers say that they follow the lead of CMS.

# Non-Credentialed Providers

- **Always begin the payer credentialing process once you have identified the replacement provider.** Even if you can bill under Q6 and expect the need to be less than 60 days.
- Know your health plan contracts well—and understand the best way to bill for non-credentialed physicians (so no violation and potential lost contract occurs).
- Have non-credentialed providers see self-pay or Medicare patients to take advantage of back bill window.
- When wanting to use a newly hired provider as a PRN while working out contract and credentialing, check with your preferred Locum Tenens vendor to arrange for a “pass through arrangement” where you may be able to utilize them as a locum while going through the permanent process.

# Exercise #1

- **Provider in employed group practice is expected to be on maternity leave for 12 weeks beginning January 1, 2019.**
- **Fee for time provider has been secured to start on January 1 until April 1, 2019.**
- **Can I use a Q6 Modifier?**

# Exercise #2

- **Provider in employed group practice is expected to be on medical leave for a hip replacement for 8-12 weeks beginning January 1, 2019.**
- **Fee for time provider has been secured to start on January 1 until April 1, 2019. The permanent physician plans to come back to do some minimal part time work after 8 weeks to try things out.**
- **Can I use a Q6 Modifier?**

# Exercise #3

- **Primary care group of two physicians and one APP. One physician has passed away suddenly. This is in a rural area with great need. We have identified an NP who has an active DEA, NPI and license in the state, and has been billing Medicare locally.**
- **Can we utilize this NP?**

# Exercise #4

- **Hospital employed Cardiology group has lost an interventional provider. The other two providers have been guaranteed 1:3 call so the decision has been made for “fee-for-time provider” on weekends; every 3.**
- **Three different providers have been secured who will cover various dates until a new permanent provider is hired.**
- **Can I bill for 3 different providers?**
- **For how long?**

# Exercise #5

- **Primary care practice has hired a new physician to start work on January 1, 2019. This physician will be employed in the group with 4 other providers.**
- **Two of the providers are part time and are not in the office for all of the practice hours.**
- **Can I use a Q6 modifier for the new physician to see patients under the two part time providers when they are not in the office? This would only be while we were getting the provider credentialed.**



## Time for questions

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*“All Star acts as an extension of your organization, with a keen understanding of your needs in fulfilling critical recruitment and coverage needs.”*

*Arlene Macellaro, former client and current employee  
Vice President, Strategic Partnerships*

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