



Related MLN Matters Article #: MM5985

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### *Exception to 60-Day Limit on Substitute Physician Billing Arrangements for Physicians Called to Active Duty in the Armed Forces Reserves*

#### Key Words

MM5985, CR5985, R1486CP, 60-Day, Substitute, Reserves, Armed Forces

#### Provider Types Affected

Physician members of a reserve component of the Armed Forces who bill Medicare Carriers or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

Physicians called to active duty in the Armed Forces who wish to bill for substitute physician services during the physician's absence

#### Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is May 5, 2008.
- Change Request (CR) 5985 announces a 6-month extension of the exception to the 60-day limit on substitute physician billing for physicians called to active duty in the Armed Forces.
- This means that a physician who is called to active duty may continue to bill for substitute physician services furnished from January 1, 2008, through June 30 2008, which may be beyond the 60-day limit.
- **Effective January 1, 2008, physicians called to active duty will be able to bill for substitute physician services furnished from January 1, 2008, through June 30 2008.**
- Section 1842(b)(6)(D)(iii) of the Social Security Act (the Act) and *Medicare Claims Processing Manual* Chapter 1 (General Billing Requirements), Sections 30.2.10 (Payment Under Reciprocal Billing Arrangements - Claims Submitted to Carriers) and 30.2.11 (Physician Payment Under Locum Tenens Arrangements - Claims Submitted to Carriers) state that when a physician is unavailable to provide services, a substitute physician's services (either on a reciprocal or locum tenens basis) are not to be provided for a period longer than 60 continuous days.
- On August 3, 2007, Public Law 110-54 amended the Act to provide an exception to this 60-day limit for physicians who are ordered to active duty in the Armed Forces.
- By striking "January 1, 2008" and inserting "July 1, 2008," Section 116 of the Medicare, Medicaid, and State Children's Health Insurance Program Extension Act of 2007 (signed on December 29, 2007) extended this exception for another 6 months.

- CR5985 updates these sections in *Medicare Claims Processing Manual* to reflect this change in the law.

### Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5985.pdf> on the CMS website.

The official instruction (CR5985) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1486CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their Medicare Carrier or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.