CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1208	**Date: April 11, 2013**
	Change Request 8124

Transmittal 1158, dated December 18, 2012, is being rescinded and replaced by Transmittal 1208, dated April 11, 2013, to correct Subject/Title. All other information remains the same.

SUBJECT: Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPT "FOR ANALYSIS ONLY"

I. SUMMARY OF CHANGES: Locum tenens payment policy states 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.". This analysis Change Request (CR) will facilitate discussion with the MCS maintainer to identify what unique physician identifier information should be obtained regarding locum tenens physicians on the electronic claim submission and the 1500 claim form, as required by section 1842(b)(6)(D)(iv) of the Social Security Act.

EFFECTIVE DATE: April 1, 2013
IMPLEMENTATION DATE: April 1, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1208	Date: April 11, 2013	Change Request: 8124

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SUBJECT: Use of Q6 Modifier for Locum Tenens by Providing Performing Provider NPT "**FOR ANALYSIS ONLY**".

EFFECTIVE DATE: April 1, 2013
IMPLEMENTATION DATE: April 1, 2013

I. GENERAL INFORMATION

A. Background: Locum tenens payment policy states 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." Substitute physician services are indicated with the HCPCS Q6 modifier after the procedure code. Payment may be made to a physician 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, or 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.

Currently, locum tenens physicians are not required to be enrolled in the Medicare program. Physicians who have permanently left a medical group and for whom the medical group has hired a locum tenens physician as a temporary replacement may bill for the temporary physician for up to 60 days. The medical group must keep on file a record of each service furnished by the substitute physician, associated with the substitute physician's UPIN or NPI. The provider identification number (PIN) or NPI of the physician who has left the medical group must be identified on the claim. The NPI of the physician who has permanently left the medical group is identified on the claim form only to indicate who the locum tenens physician is substituting for. 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.

B. Policy: Section 1842(r) of the Social Security Act (the Act) states that, "The Secretary shall establish a system which provides for a unique identifier for each physician who furnishes services for which payment may be made under this title." With respect to substitute physicians, section 1842(b)(6)(D)(iv) of the Act states that the claim form submitted to the carrier for substitute physician services includes the substitute physician's unique identifier established under the same system which identifies all physicians who furnish services for which Medicare payment is made. The purpose of this analysis CR is to discuss with the MCS maintainer what personally identifiable information is feasible to obtain, so that locum tenens physicians can be identified through electronic claim submission as well as on the 1500 claim form, as required by statute. Since locum tenens physicians are furnishing services to Medicare beneficiaries for whom CMS is making payment, CMS should be able to identify these substitute physicians as it does for all other physicians who furnish services to Medicare beneficiaries. Therefore, we wish to discuss what identifiers are feasible to obtain such as, NPI, name, medical license, etc. and whether the Part B claims processing system can manage these changes.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8124.1	The MCS maintainer shall participate in up to 4 conference calls with CMS in order to identify a solution for including the absent physicians NPI and the locum tenens physician ID on the claim record**.** **NOTE:** This is for analysis only.								X			
8124.2	The MCS maintainer will provide an options paper with level of effort that would be required for each option.								X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	N/A							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N\A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Maura Mchale-Allison, 410-786-2093 or maura.mchaleallison@cms.hhs.gov, Rose Salloum-Byram, 410-786-0190 or rose.salloum-byram@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
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