

# Make billing your new best friend.

Want to increase profits? Start with your billing. This is particularly true when locum tenens physicians work in your facility. They're not simply a way to avoid losing money—they can be a revenue generator.

For example, if you had an invasive cardiologist miss a month of work, you could lose more than \$180,000. Bringing in a locums to fill that gap could allow you to provide uninterrupted care, so your patients wouldn't desert you for a competitor.

---

**Billing properly for the provider generates a potential profit of**

**\$114K<sup>1</sup>**

---

**Yet many facilities don't bill for their locums.**

Why not? Often, it's because they don't know it's an option. Others simply don't know how. If you're in the first camp, now you know. And if you're unsure how to go about the process, check out our handy guide to billing for locum tenens. Or you can call our billing experts, who are happy to walk you through it step by step.

**Contact us today using the form on our website**



# How to bill for locum tenens.

**START HERE**

*If you're billing for services **in addition** to those provided by your on-staff physicians.*

*If you're billing for services **replacing** those provided by your on-staff physicians.*

Enroll your temporary physicians using the standard Medicaid and private payer process\* required by your state and insurance carrier.

Will the replacement physician work **more than 60 days?**

**YES/UNDECIDED**

**NO**

You can bill Medicare with code modifier Q6 for up to 60 days. If it's possible the services<sup>1</sup> will extend beyond 60 days, then you should start the standard enrollment process now.

Bill Medicare with code modifier Q6 on the CMS 1500 section 24D. (There's a chance Medicaid and private payers may still require standard enrollment, so check your state and insurance carrier guidelines.)

Medicare contractual arrangement guidelines can be found in section 30.2.7 of the Medicare Claims Processing Manual<sup>1</sup>. Have your temporary physician complete a Medicaid and private career application and Medicare form 855R<sup>2</sup>.

**FOLLOW BOTH PROCEDURES SIMULTANEOUSLY**

Use the locum tenens guidelines given in section 30.2.11 of the Medicare Claims Processing Manual<sup>1</sup> with HCPCS code modifier Q6 instructions.

\*Billing for Medicaid and private payers varies from state to state and carrier to carrier.  
<sup>1</sup>[www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf)  
<sup>2</sup>[www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855r.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855r.pdf)