

End of Locum Tenens Flexibility Extended During the Public Health Emergency

With the end of the Public Health Emergency (PHE) on May 11, 2023, CMS reminds that billing for Locum Tenens reverts to its original policy guidelines.

Medical groups often utilize a Locum Tenens arrangement where a substitute physician periodically covers the professional services of a physician who is absent from the practice for reasons such as vacation, illness, pregnancy, continuing education, etc. Under this arrangement the 'regular' physician bills and receives payment for the substitute physician's services as though he/she performed them.

Long-standing CMS policy dictates that these substitute physicians, who are typically referred to as 'locum tenens' physicians, are independent contractors, not employees, of the practice and are generally paid on a per diem or similar fee-for-time basis. Additionally:

- The regular physician must be unavailable to provide services on the reported day(s)
- HCPCS modifier Q6 is appended to the CPT® procedure code on Part B claims to identify the service as having been rendered by a locum tenens
- The locum tenens may not provide services over a continuous period of longer than 60 consecutive days (with the exception of the regular physician called to active duty in the Armed Forces)
 - ✓ Any time exceeding 60 days requires a different locum tenens or the regular physician must return to work for at least one day to reset the 60-day continuous time period clock

During the PHE, CMS issued a waiver flexibility that modified the 60-continuous-day limit by allowing the regular physician to use the same locum tenens for the entire time he/she was unavailable to provide services during the COVID-19 emergency plus an added period of no more than 60 days after the PHE expires.

Now that the PHE has expired, the 60-day limit is back in place. For locum tenens arrangements still being provided under the modified timeline of the PHE waiver, that means that on July 11, 2023 (or earlier if desired), the regular physician must use a different locum tenens or return to the practice for at least one day to reset the 60-day clock in keeping with CMS' original policy guidelines.