Locum Tenens and Teleradiology

Practice Management Series

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Agenda

• Locum Tenens
  • Fee-For-Time (Locum) Requirements
  • Compliance and Billing
  • Common Misunderstandings & Scenarios
• Teleradiology
  • ACR Guidelines
  • Licensure and Credentialing
  • Billing Issues
Locum Tenens

• “Fee-For-Time Compensation Arrangements
• Substitute Physician
Fee-for-time aka Locum Tenens

• Locum Tenens = “Place Holder”
• Since the 1970’s
• 94% of practices/hospitals have used Locums in the past 12 Months
  • Up from 74% in 2012*
• $2.7 billion industry**

*2017 Survey by Staff Care
**2016 Harris Williams & Co. Market Overview
Who is a Locum?

- Must be licensed to practice in the State
- A Physician (MD, DO)
- No practice of his/her own
Requirements

- Regular physician is unavailable
- Beneficiary arranged to receive services from the regular physician
- Locum Tenens physician paid on a per diem/fee-for-time basis
- Locum may not provide services for a continuous period over 60 days
- Q6 modifier
Absent Provider

- Illness, pregnancy, vacation, continuing medical education
- Military Service
- Does NOT include part time work or regular off days
Continuous Period of Covered Visit Services (60-Day Rule)

- Begins 1\textsuperscript{st} day in which Locum provides services
- Ends on last day Locum provides services for the absent provider
- Resets if provider returns
- Period continues on days where no services are provided
Examples of 60 Day limit

- The Locum substitute works 50 days, regular physician returns for one day, substitute provides services for 50 days ✔

- Locum works for 30 days, then takes 10 days off (regular physician does not return), then work for 30 more days ✗

- Locum 1 provides services for 50 days, then Locum 2 takes over for 20 more days ✔
Exceeding 60 Days

• First 60 days billed under regular physician NPI with Q6 Modifier
• Substitute physician must bill for excess days under own NPI
• A new 60 period can begin if the regular physician returns to work and then leaves again
• Military Exception
  • Called to Active-Duty → 60 day limit does not apply
Billing

- NPI of regular/billing physician listed on Claim
- Group must retain documentation of the services provided by the Locum along with the Locum’s NPI and made available upon request.
- Q6 Modifier certifies correct use of Locum and assures that documentation can be provided if requested
  - Falsely certifying an improper arrangement could create liability for fraud
Record Keeping

• Regular physician must retain documentation for Locum Services
  • NPI
  • Licensure
  • Reason the physician was unavailable
FAQ and Common Misunderstandings

• Physician retires or leaves a group
• Enrolling new physician with a group
• Excess work & Independent Contractors
• Deceased Providers
FAQ Continued

- Multiple Locum Tenens Physicians
- PA used as a Locum
- Does a Locum have to be enrolled in Medicare?
Teleradiology Industry

- Teleradiology is forecasted to be a $4.75 Billion industry by 2022*

*Zion Market Research 2017
Teleradiology

- Timely Access
- Small/Rural Hospitals
- Subspecialty expertise
- Patients satisfaction
- Significant Risks
ACR Taskforce Recommendations

- 2013 ACR report and recommendations
- Best Practice Guidelines
  - Qualifications
  - HIPAA
  - Ghost Reading
  - Payment and locality

ACR Taskforce Recommendations

Licensing and Qualifications

• Licensed in the transmitting site state
• Privilege at all transmitting sites
• Professional liability insurance
• Board Certified
• Continuing Education
• Credentialing
ACR Taskforce Recommendations

Privacy and HIPAA

• Teleradiology groups are Covered Entities under HIPAA
• Compliance with privacy and security rules
• Transmitting PHI
Payment Considerations

• Generally, paid under the same conditions as in person services
• Multiple Locations
ACR Taskforce Recommendations

Place of Service and Locality

• Report the correct physical location on claims
• Submitting claims to the correct carrier
• Telerad must submit address where he was physically located regardless of location of TC
  • Infrequent location exception
• Claim must be submitted to MAC payment locality where the service was furnished
Implications of Location Rules

• Report physical location where they performed work
• Each location enrolled with the correct MAC
• Enroll and submit claims to a carrier that is different from the TC
• Global billing prohibited unless both PC and TC performed in the same Medicare Payment Locality
• -26 Modifier
Location Enrollment

• ACR Best Practice
• Enroll each work location with insurance
• Always report the physical work location
Antimarkup

- In-Office Ancillary Services exception
- Reassignment of PC
- CMS forbids “marking up” the PC more than what providing teleradiologist could receive.
- IDTF
ACR comments on “Ghost Reading”

• Signing off on the read of the teleradiologist
• Must be signed by radiologist (telerad) who personally interpreted images
• “Ghost Reading” is likely fraudulent
Teleradiologists as a Locum Tenens

- Provided that the teleradiologist meets the requirements of a substitute physician they can work in a Locum Tenens capacity.
- They must be licensed in the transmitting state.
- The claim will be submitted under the absent physician’s NPI and the group must maintain documentation.
MIPS and QPP Considerations

• Locum Teens physicians will affect the MIPS score of the absent physician or group
• Teleradiologists will affect the group score.
Additional Questions

- Submitted and common questions
- Additional questions can be submitted via contact info available at the end of presentation
Thank you!

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