

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 1st 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

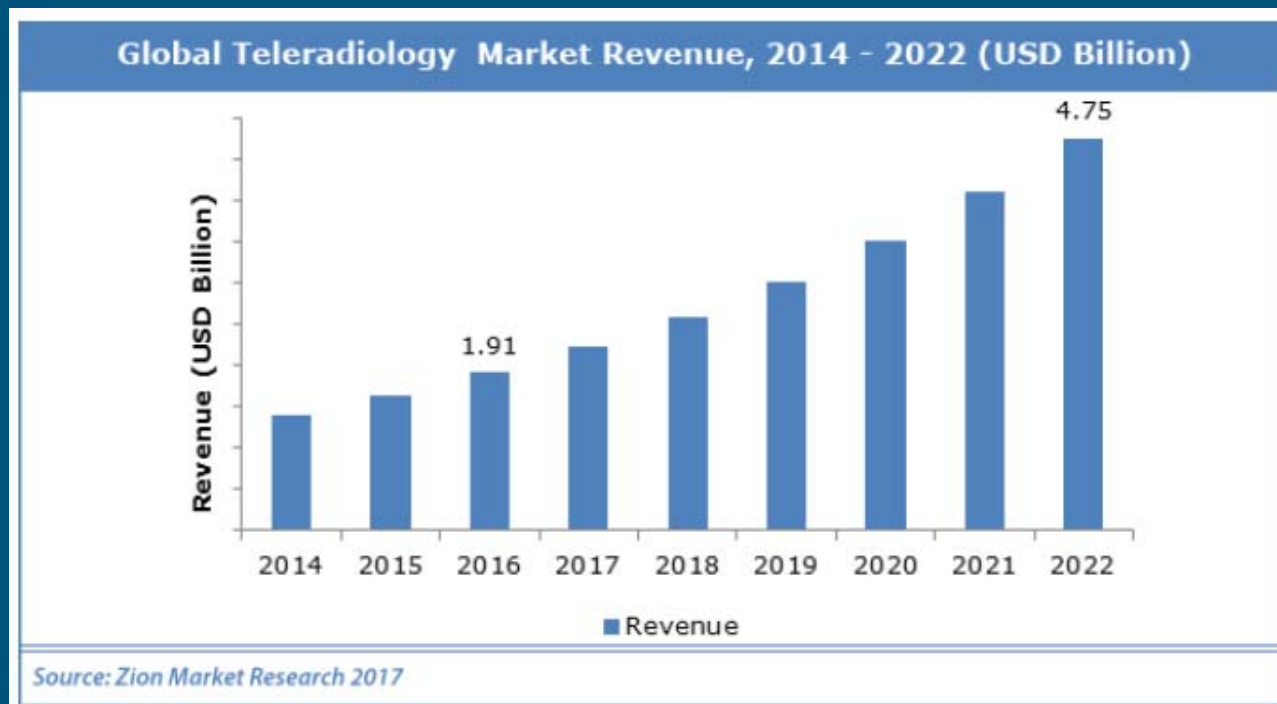
- Physician retires or leaves a group
- Enrolling new physician with a group
- Excess work & Independent Contractors
- Deceased Providers

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

https://www.acr.org/-/media/ACR/Files/Legal-and-Business-Practices/ACR_White_Paper_on_Teleradiology_Practice1.pdf

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 Tenens 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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