

Locum Tenens

Locum tenens is a billing arrangement that allows a temporary physician to come into a practice on a short-term basis and bill using the billing number of the physician he/she is replacing. In the case of the RHC, a locum tenens physician can come into the practice and the practice can bill for services rendered using the RHC billing number. However, because the RHC bills for an RHC encounter you are not really using the billing number of the physician who is temporarily away. So in a technical sense, there really is no “locum tenens” billing for RHC services (non-RHC services, yes, but RHC services, no).

Also, Medicare rules only provide for a physician to serve as the “locum” provider. There is no mechanism in the Medicare policy for a PA or NP to serve as a locum provider for Medicare billing purposes.

Because of the way RHC billing occurs, a “locum” physician can come into the practice and see patients while the RHC physician, NP or PA is away and use the RHC billing number for RHC encounters. The locum physician would need an NPI.

There is a 60 continuous day limit on how long the locum can be on-site to see patients but that limit can be waived if the cause of the absence is military obligation.

A cautionary note if the provider who is away is the PA or NP and you are using a physician to provide care in lieu of the PA or NP: There could be a survey and certification problem because you are not meeting the certification requirement that you have a PA or NP on-site and available to see patients at least 50% of the time the RHC is open?

This would be a larger issue and you would need to know how the survey agency would view the absence. Here, it would likely be a function of the time frame the surveyor would use to conclude that the RHC meets the 50% staffing time. Obviously if the percentage were calculated on a monthly basis, and the PA/NP were away for 6 weeks, then the RHC would be out of compliance during the months the NP or PA was away because the Locum physician would not be a substitute for the NP/PA for Survey and Certification purposes. If, however, the surveyor calculated the 50% requirement on a 6 month or yearly basis (and assuming the NP/PA was full-time the rest of the year) then the RHC would be in compliance if you calculated the on-site time using those parameters.

So yes, you can bring a locum physician into the RHC to see patients during a provider’s absence. However a physician is not an appropriate substitute for the NP/PA if it is a survey and certification question.

Bill Finerfrock
NARHC Executive Director
bf@narhc.org