

ARIA



Health Services

ARIA Academy The ABCs of RCM

Fee-for-time Compensation
Incident-to Billing



CompuGroup
Medical

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RCM Services

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Background - Locum Tenens

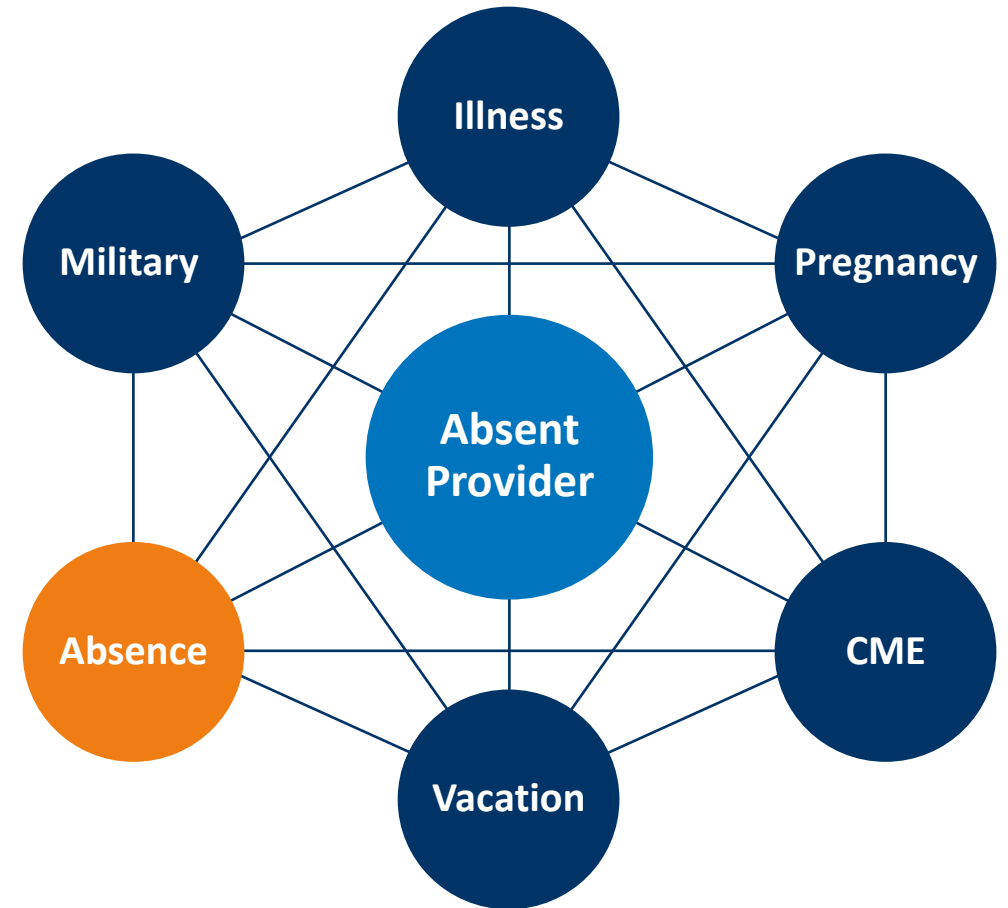
Medicare has replaced the term Locum Tenens with **Fee-for-Time Compensation**. This policy may not apply to other payers.

No real changes to original model of Locum Tenens.

A temporary substitute physician is brought in to take over patient care for the absent provider.

This also applies to physical therapists in a HPSA (Health Professional Shortage Area), MUA (Medically Underserved Area), or a rural area.

Medicare Claims Processing Manual 100-04, Chapter 1, 30.2.11.



1

Regular physician is unavailable to provide the visit services. Medicare beneficiary seeks to receive the services from the regular physician or physical therapist.

2

Substitute physician is paid for his/her services on a per diem or similar fee-for-time basis. Often has no practice of his/her own.

3

Substitute physician/physical therapist does not provide services over a continuous period of 60 days. Exception to 60 days limit: Regular provider is called to active duty in the Armed Forces for longer than the 60 days limit.

4

Patient is scheduled with regular provider. The regular provider submits the claim using Modifier Q6 in 24d of CMS-1500 to indicate that a substitute provider has furnished the service under fee-for-time compensation arrangement.

5

Covered services - those ordinarily characterized as a covered physician visit, but also any other covered items/services furnished as “incident to”. For physical therapists, covered visit service means outpatient PT in a HPSA, MUA, or rural area.

6

Fee-for-time only applies to physicians (not NPPs – Non-Physician Providers such as NPs and PAs). *Publication 100-01, Chapter 5, Section 70.*

Billing Requirements For Fee-For-Time

Fee for Time FAQs

Should the LT provider's information be entered in the CMS 1500 claim?

No, modifier Q6 is entered in item 24d and the regular physician's NPI is entered in 24J (Rendering provider). A record of each service provided by the substitute physician must be kept on file along with the substitute physician's NPI. This record must be made available to CMS upon request.

Can the 60-day limit for a LT physician be extended?

No, however, current Medicare policy allows hiring multiple substitute physicians to cover absences longer than 60 days. Example: If a physician needs to be absent for 120 days, one LT can be hired for the first 60-days and a different LT to work the second 60-day period.

Can a physician work one shift a month and be considered LT? Can we bill LT for an on-call physician who covers on the weekend?

No, group practices may bill for a temporary replacement under the regular physician's NPI for up to 60 days per hired LT.

Different from LT billing, **reciprocal billing** arrangement between physicians use Q5 modifier

Background - Incident To

Definition: *Incident to* a physician's professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness.

A physician supervises auxiliary personnel to assist him/her in rendering services to patients and includes the charges for their services in his/her own bills, the services of such personnel are considered incident to the physician's service.

Auxiliary personnel: nurses, technicians, therapists and **NPPs (Non-Physician Practitioners such as Nurse Practitioners and Physician Assistants)**.

Medicare Benefit Policy Manual 100-02, Chapter 15- 60.1



1

Billed in the office setting (POS 11) or the patient's home - POS 12 (unusual as this means both providers are present)

2

The service is rendered in its entirety by the NPP under "direct supervision" of a physician in the same group. Direct supervision means the physician is present in the office suite and immediately available.

3

Incident to service is rendered under a plan of care created by the physician who has previously seen the patient. Consequently, any time the patient is new or presents with a new problem that is managed by the NPP, the visit no longer meets incident to requirements.

4

Any change to the plan of care, including the initiating new orders, changes to medications or the decision to perform a minor procedure impacts *Incident to* rules. A physician cannot be asked to come in and create a plan of care for a visit in which the remainder is done by an NPP.

5

Incident to notes do not need to be signed by the supervising physician. There should be records available to prove/establish the presence of this provider.

6

A physician is expected to remain "actively involved" in the care of the patient when the patient is being billed for incident to services on an ongoing basis.

Reimbursement rate for physician billing is 100% and for NPPs is 85%.

Billing Requirements for Incident To

Examples

- **Place of service: Office**
- **Rendering Provider: Liana Sanders, NP**

Assessments

Acquired hypothyroidism I did review fairly recent labs there stable. Continue thyroid medication as directed stable.

Mixed hyperlipidemia Continue to work on low-cholesterol foods weight loss would be helpful.

Essential hypertension Stable continue current treatment regimen, continue to avoid high sodium foods.

Permanent atrial fibrillation Overall stable with a controlled rate on current medical management she is fully anti-coagulated and she will continue her follow-up with cardiology

- **Place of service: Office**
- **Rendering Provider: Carla Sanders, PA**

Hyperlipidemia Continue Zetia tablet, 10 mg, 1, oral, QD LAB: Cholesterol COPC LAB: Direct LDL COPC

Cognitive dysfunction Continue Aricept tablet, 10 mg, 1tablet, oral, QHS 3.

Primary hypothyroidism Patient reports more fatigue today. Will increase Synthroid dosage to 150 MCG, 1 tablet on an empty stomach in the morning, Orally, Once a day

ABOUT ARIA

Flexible services to meet the needs of any practice regardless of size, specialty, or technology

Experience Counts

30 years of experience

30+ practice management technologies, not just CGM's

50+ specialties served in numerous settings and practice sizes



**Coding
Services and
Regulatory
Assistance**



**Denial and
Appeal
Management**



Aging AR



**Detailed
Reporting**



**Credentialing
& Enrollment
Services**



**Business
Process
Outsourcing**



ARIA RCM Services Ranked #1

Congratulations Team on your well-deserved Award!! I have so much confidence that we are in such good hands with the firm's support people and how they handle everything.

Everything that they do is done very well and if asked in a timely manner.

We love working with (our account executives). Thank you so much to them to all of the assistance that we have had for our office.

The reporting is very helpful and the RCM team is responsive

The RCM team is a major asset to our business. Not only have they met their goals over the last few months, but they have been there for any problems that arise regarding our revenue and even helped me print reports for our HSA grant applications.

Very happy with the partnership. Our team is very responsive and always pleasant to work with.

I appreciate my RCM team so much. My rep is amazing and always so helpful and quick with any issues I have. They make a great addition to my office staff.

Next Month's ARIA Academy

- ARIA Academy: Credentialing 101

- Registration form: <https://events.teams.microsoft.com/event/f52c5b23-399b-432b-af65-14b3437f55c7@69602cf4-a76e-4265-955f-03c329c50608>

Q&A

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