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**CHAPTER 5: PROFESSIONAL SERVICES**

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**Substitute Physician Billing**

Louisiana Medicaid allows both the reciprocal billing arrangement and the locum tenens arrangement when Medicaid enrolled providers utilize substitute physician services. Services shall comply with policy, and paid claims are subject to post-payment review.

**Reciprocal Billing Arrangement**

A reciprocal billing arrangement occurs when a regular physician or group has a substitute physician provide covered services to a Medicaid beneficiary on an occasional reciprocal basis. A physician can have reciprocal arrangements with more than one physician. The arrangements need not be in writing.

The beneficiary's regular physician may submit the claim and receive payment for covered services which the regular physician arranges to be provided by a substitute physician on an occasional reciprocal basis if:

1. The regular physician is unavailable to provide the services;
2. The substitute physician does not provide the services to Medicaid beneficiaries over a continuous period of longer than 60 days;

**NOTE:** A continuous period of covered services begins with the first day on which the substitute physician provides covered services to Medicaid beneficiaries of the regular physician, and ends with the last day on which the substitute physician provides these services to the beneficiaries before the regular physician returns to work. This period continues without interruption on days no covered services are provided on behalf of the regular physician. A new period of covered services can begin after the regular physician has returned to work. If the regular physician does not come back after the 60 days, the substitute physician must bill for the services under his/her own Medicaid provider number.

3. The regular physician identifies the services as substitute physician services by entering the Healthcare Common Procedure Coding System (HCPCS) modifier -Q5 after the procedure code on the claim. By entering the -Q5 modifier, the regular physician (or billing group) is certifying that the services billed are covered services furnished by the substitute physician for which the regular physician is entitled to submit Medicaid claims; and
4. The regular physician must keep, on file, a record of each service provided by the substitute physician and make the record available to Louisiana Medicaid or its

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representatives upon request. All Medicaid related records must be maintained in a systematic and orderly manner and be retained for a period of six years.

This situation **does not apply** to the substitution arrangements among physicians in the same medical group where claims are submitted in the name of the group. On claims submitted by the group, the group physician who actually performed the service must be identified.

**Locum Tenens Arrangement**

A locum tenens arrangement occurs when a substitute physician is retained to take over a regular physician's professional practice for reasons such as illness, pregnancy, vacation, or continuing medical education. The substitute physician generally has no practice of his/her own. The regular physician usually pays the substitute physician a fixed amount per diem, with the substitute physician being an independent contractor rather than an employee.

The regular physician may submit a claim and receive payment for covered services of a locum tenens physician who is not an employee of the regular physician if:

1. The regular physician is unavailable to provide the services;
2. The regular physician pays the locum tenens for his/her services on a per diem or similar fee-for-time basis;
3. The substitute physician does not provide the services to Medicaid beneficiaries over a continuous period of longer than 60 days;

**NOTE:** A continuous period of covered services begins with the first day on which the substitute physician provides covered services to Medicaid beneficiaries of the regular physician, and ends with the last day on which the substitute physician provides these services to the beneficiaries before the regular physician returns to work. This period continues without interruption on days no covered services are provided on behalf of the regular physician. A new period of covered services can begin after the regular physician has returned to work. If the regular physician does not come back after the 60 days, a new 60-day period can begin with a different locum tenens doctor.

4. The regular physician identifies the services as substitute physician services by entering HCPCS modifier -Q6 after the procedure code on the claim; and
5. The regular physician must keep on file a record of each service provided by the substitute physician and make the record available to Louisiana Medicaid or its

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