

APTA Private Practice

Small business professionals restoring function to America - one patient at a time.

ENSURE UNINTERRUPTED ACCESS TO CARE

RECOMMENDATION: APTA Private Practice, a Section of the American Physical Therapy Association (APTA) urges Congress to pass the *Prevent Interruptions in Physical Therapy Act (S.793/H.R.1617)* which would enable all physical therapists to utilize *locum tenens* arrangements under Medicare.

The use of *locum tenens* arrangements by healthcare providers in private practice to retain substitute providers when they need to be absent for a short time due to illness, pregnancy, jury duty, vacation, or continuing medical education are a longstanding and widespread. It is customary for the provider and practice of record to bill and receive payment for the substitute clinician's services as if he/she performed them him/herself. The substitute provider generally has no practice of her/his own and moves from area to area as needed.

In 2016, when *21st Century Cures* became law, physical therapists practicing in MUAs, HPSAs, and rural areas were added to the list of those Medicare providers eligible to use *locum tenens**. However, **the need to use *locum tenens* to prevent an interruption in care is based on the number of therapists credentialed at a specific private practice physical therapy clinic and its Medicare patient mix, not the geographic location of that practice.** Smaller clinics are unable to reshuffle the schedules of available therapists to absorb their full Medicare beneficiary caseload—this results in delayed care as well as an interruption in revenue flow for the small business. Legislation is necessary to ensure nationwide application of this impactful, yet low-cost policy.

Locum Tenens process

The patient's provider of record may submit a claim and (if assignment is accepted) receive the Part B payment for covered visit of a *locum tenens* provider who is not an employee of the regular provider and whose services for patients of the regular provider are not restricted to the regular provider's offices, if:

- the regular provider is unavailable to provide the visit services,
- the Medicare beneficiary has arranged or seeks to receive the visit services from the regular provider,
- the regular provider pays the *locum tenens* for services on a *per diem* or similar fee-for-time basis,
- the substitute provider does not provide the visit services to Medicare patients for more than 60 days at a time, and
- the regular provider identifies the services as substitute provider services by entering the HCPCS modifier Q6 (service furnished by a *locum tenens* provider) after the procedure code in Item 24d on the CMS-1500 claim form or electronic equivalent.

The patient's regular provider must keep on file a record of each service provided by the substitute provider, along with the substitute provider's UPIN/NPI. This record should be available to Medicare on request.

Providers Who May Utilize *Locum Tenens*

Section 1842(b)(6) of the Social Security statute currently only allows *locum tenens* arrangements to be used by the following providers (when all other conditions are met and within their same authorized scope of practice): Doctors of Medicine, Doctors of Osteopathy, Doctors of Dental Surgery (or of dental medicine legally authorized by the state), Doctors of Podiatric Medicine, Doctors of Optometry, Doctors of Chiropractic, and *Physical therapists practicing in rural, Medically Underserved (MUAs), and Health Professional Shortage Areas (HPSAs). Physical therapists are the only provider types whose use of *locum tenens* is restricted geographically.

To cosponsor S.793, please contact Calli Shapiro (calli_shapiro@lujan.senate.gov) in the office of Sen. Ben Ray Luján. To cosponsor H.R.1617, please contact Chris Jones (cjones@mail.house.gov) in the office of Rep. Gus Bilirakis.