

## Private Practice Physical Therapists

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

### ENSURE UNINTERRUPTED ACCESS TO CARE

**RECOMMENDATION: PPS urges Congress to pass the *Prevent Interruptions in Physical Therapy Act (H.R.5453)* which would enable all physical therapists to utilize *locum tenens* arrangements under Medicare.**

**On December 13, 2016, when *21<sup>st</sup> 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*.<sup>\*</sup> However, the need to use *locum tenens* in order to prevent an interruption in care is based on the number of therapists credentialed at a specific private practice physical therapy clinic and the percentage of its Medicare patient mix, not the location of that practice. A technical correction is necessary to ensure nationwide application of this impactful policy.**

The locum tenens arrangement is a longstanding and widespread practice used by MDs, DOs, podiatrists, chiropractors, dental surgeons, and optometrists to retain substitute physicians in their professional practices when they need to be absent for a short time due to illness, pregnancy, jury duty, vacation or continuing medical education. It is customary that the provider and practice of record 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.

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 over a continuous period of more than 60 days, 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. On the claim form, the practice should enter the modifier Q6 after the procedure code.

### Providers Who May Utilize *Locum Tenens*

Section 1842(b)(6) of the Social Security statute 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
- <sup>\*</sup>Physical therapists practicing in rural, Medically Underserved (MUAs), and Health Professional Shortage Areas (HPSAs)