Make billing your new best friend

Want to increase profits? Start with your billing. This is particularly true when locum tenens physicians work in your facility. They’re not simply a way to avoid losing money – they can be a revenue generator.

For example, if you had an invasive cardiologist miss a month of work, you could lose more than $180,000 in revenue. Bringing in a locums to fill that gap allows you to provide uninterrupted care, so your patients aren’t likely to desert you for a competitor.

Yet many facilities don’t bill for their locums.

Why not? Often, it’s because they don’t know it’s an option. Others simply don’t know how. If you’re in the first camp, now you know. And if you’re unsure how to go about the process, check out our handy guide on the back of this sheet. Or you can call our billing experts, who are happy to walk you through it step by step.

To learn more about staffing your facility, contact CHG enterprise client solutions by phone 801.930.3228, or email ecs.contact@chghealthcare.com.
How to bill for locums and temporary physician services

Start Here

Billing for services in addition to those provided by on-staff physicians

- Begin standard payer enrollment
  - Enroll physicians using standard Medicaid and private payer process

Use Medicare contractual arrangement guidelines given in section 30.2.7 of the Medicare Claims Processing Manual. Have physician complete Medicaid and private career applications and Medicare form 855R

Follow both procedures simultaneously

Billing for services replacing those provided by on-staff physicians

- Are replacement physicians working more than 60 days?
  - Yes
    - Begin standard payer enrollment
      - Bill Medicare with code modifier Q6 for up to 60 days if necessary
  - Not Sure
  - No
    - Bill Medicare with code modifier Q6 (Medicaid and private payers may require standard enrollment)

Your CHG Healthcare representative understands the importance of capturing every available revenue dollar for temporary physician services and can help you determine the billing method that will work best for you.

*Billing for Medicaid and private payers varies from state to state and carrier to carrier