

Reciprocal Billing Arrangements aka "Locums"

Proper Submission of Fee-For-Time Compensation Arrangements and Reciprocal Billing Arrangements aka "Locums"

Navigating Fee-For-Time Compensation Arrangements, formerly known as Locums Arrangements or "Locums" can be complex. Here we will break down some of the general rules, but please remember that your state's requirements may supersede, and it is prudent to review your specific situation to ensure compliance.

Fee-For-Time Compensation Arrangements

A **Fee-for-Time Compensation Arrangement** is used when a practicing physician anticipates an absence of up to 60 days and hires a substitute physician to manage the practice during this period. Reasons for absence may include pregnancy, illness, vacation, or ongoing medical education. Typically, substitute physicians do not have their own individual practices or come from a Locums company and are paid on a contractual per diem basis by the absent physician.

Some Facts to Remember

- Services may be provided in any customary site, not just the physician's office.
- Nonphysician practitioners may not bill under fee-for-time compensation arrangements.
- This arrangement is not applicable new provider trials or adding new providers to a group.
- It does apply in cases of coverage for a deceased physician.
- Modifier Q6 (service furnished by a fee-for-time compensation arrangement physician) is used on the initial claim.
- There is a 60-day limit.

A file is maintained with records of services and the substitute physician's NPI, available for Medicare review if requested.

- E/M services should be billed as appropriate to the regular physician. Patients considered "established" under the regular physician remain "established" under the substitute physician.

Reciprocal Billing Arrangements aka "Locums"

Reciprocal Billing Arrangements

A Reciprocal Billing Arrangement occurs when a regular physician arranges for a substitute physician to cover services during an occasional absence. The regular physician may submit Medicare Part B claims under their own NPI if the following conditions are met:

Some Requirements to Remember

- The regular physician is unavailable.
- The Medicare patient has requested and agreed to the service.
- The period does not exceed 60 days.
- Modifier Q5 (service furnished by a substitute physician under a reciprocal billing arrangement) is used in Item 24D of the CMS-1500 claim form.
- A record of services provided, including the substitute physician's NPI, must be maintained and available for Medicare if requested.
- Reciprocal arrangements do not need to be in writing and may involve more than one physician.
- Postoperative services included in the surgical fee may not be billed separately.
- Services beyond the 60-day timeframe must be billed by the substitute physician under their own name.
- "Incident To" services may be included if all coverage criteria are met.
- The period of covered services begins the first day the substitute physician provides services and ends the last day before the regular physician's return. This includes days with no rendered services or when another substitute physician provides services.

Ensuring Compliance & Accreditation: Key Standards for DME/HME Providers

For durable medical equipment (DME) and home medical equipment (HME) providers, compliance with industry regulations is not just a legal requirement—it's essential for maintaining accreditation, securing reimbursements, and protecting patient trust. To help providers navigate these complex regulations, we're breaking down key Medicare supplier standards, FDA and CMS compliance requirements, and HIPAA best practices.



Medicare Supplier Standards: What You Need to Know

Medicare outlines strict supplier standards to ensure quality care and prevent fraud. To remain compliant, DME/HME suppliers must:

- Obtain and maintain accreditation from a Medicare-approved organization such as BOC, ACHC, CHAP, HQAA, NABP, The Compliance Team, or The Joint Commission.
- Maintain a physical location that is open at least 30 hours per week and is accessible to patients and Medicare representatives.
- Have a comprehensive written policy outlining business operations, patient interactions, and equipment management.
- Ensure all billing practices align with CMS regulations, including using the correct HCPCS codes and avoiding fraudulent claims.
- Maintain proper documentation for at least seven years, including physician orders, proof of delivery, and patient communication records.

Non-compliance with these standards can lead to denied claims, fines, or even revocation of Medicare billing privileges.

Staying Compliant with FDA and CMS Regulations

- Both the Food and Drug Administration (FDA) and the Centers for Medicare & Medicaid Services (CMS) regulate various aspects of DME/HME operations. Here's how providers can remain compliant:

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DME

- FDA Regulations:
 - Ensure all medical devices meet FDA classification and safety standards.
 - Maintain proper labeling and usage instructions for patient safety.
 - Report any adverse events or product malfunctions to the FDA.
- CMS Requirements:
 - Follow competitive bidding program rules for reimbursement eligibility.
 - Regularly update business information in the Provider Enrollment, Chain, and Ownership System (PECOS).
 - Implement a quality assurance program to track equipment safety and patient outcomes.

HIPAA Best Practices for Protecting Patient Information

HIPAA (Health Insurance Portability and Accountability Act) regulations ensure the confidentiality and security of patient data. DME/HME providers must take the following measures:

- Secure all patient records with encryption and password-protected access.
- Train staff on HIPAA compliance, emphasizing the importance of handling Protected Health Information (PHI) properly.
- Use HIPAA-compliant communication tools, such as encrypted emails and secure portals for electronic documentation.
- Regularly audit systems to identify and resolve security vulnerabilities.
- Obtain proper patient consent before sharing medical records with third parties.



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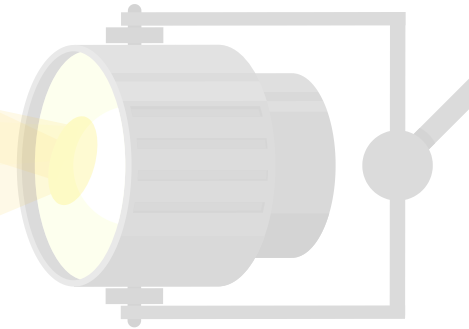
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Spotlighting Awareness

April Health Awareness

The health observances for April include:

- April 1: Take Down Tobacco Day
- April 2: World Autism Awareness Day
- April 6: Bohring-Opitz Syndrome Awareness Day
- April 7: World Health Day
- April 7-13: National Public Health Week
- April 10: National Youth HIV/AIDS Awareness Day
- April 11: World Parkinson's Day
- April 11-17: Black Maternal Health Week
- April 14: World Chagas Disease Day
- April 16: National Healthcare Decisions Day
- April 16-22: Oral, Head and Neck Cancer Awareness Week
- April 17: World Hemophilia Day
- April 19: Congenital Diaphragmatic Hernia Action Day
- April 20-26: National Infertility Awareness Week
- April 21-25: Every Kid Healthy Week
- April 21-28: National Infant Immunization Week
- April 24-30: World Immunization Week



Powering Up Private Practices



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Springtime Beignets & Berries



Total Time Prep: 25 min. + chilling
Cook: 25 min.

By Taste Of Home Editorial Team
Recipe by kathi hemmer, grand
junction, Colorado

Tested by Taste of Home Test
Kitchen

**Taste of Home's Editorial
Process**

Directions

1. Beat butter, sugar, salt and cinnamon until crumbly. Beat in 1/2 cup water and evaporated milk. In another bowl, dissolve yeast in remaining 2 tablespoons water; add to milk mixture. Beat in egg until blended.
2. Add 2 cups flour; mix until well blended. Stir in enough remaining flour to form a soft dough (dough will be sticky). Place in a greased bowl, turning once to grease the top. Cover; refrigerate 4 hours or overnight.
3. Bring dough to room temperature. On a floured surface, roll dough into a 16x12-in. rectangle. Cut into 2-in. squares. In a deep cast-iron skillet or deep-fat fryer, heat oil to 375°. Drop beignets, a few at a time, into hot oil. Fry until golden brown, about 1 minute per side. Drain on paper towels. Dust with confectioners' sugar. If desired, serve with assorted berries and whipped topping.

Ingredients

1/4 cup butter, room
temperature

- 3/4 cup sugar
- 1/2 teaspoon salt
- 1/2 teaspoon ground cinnamon
- 1/2 cup plus 2 tablespoons warm water (120° to 130°), divided
- 1/2 cup evaporated milk
- 1 package (1/4 ounce) quick-rise yeast
- 1 large egg
- 3-1/4 to 3-3/4 cups all-purpose flour
- Oil for deep-fat frying
- Confectioners' sugar
- Berries and whipped topping, optional

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Meet Our Staff

We take pride in the talented team members who contribute to our success every day. This month, we're highlighting a few individuals who make a difference in our organization!

Arun Mozhi - Manager - Client Delivery

Arunmozhi A. is based in Tamil Nadu, South India. He is married and a proud father of a son and a daughter. His journey in the healthcare industry began in 2011 when he started his career as a medical biller. Since then, he has steadily advanced in his field and currently serves as a Delivery Manager at Svast Healthcare. In his current role, Arunmozhi manages a portfolio of over 60 clients across Behavioral Health, Family Medicine, and Internal Medicine specialties. He is known for his strong problem-solving and analytical skills, which have played a key role in helping clients boost their revenue while effectively reducing their Accounts Receivable (AR). Outside of work, Arunmozhi is a nature enthusiast who enjoys exploring the open road. He finds joy in traveling long distances on his motorcycle, combining his love for adventure with his appreciation for the outdoors.



Shelly Sanchez - Patient Services Specialist - Patient Services

Shelly Sanchez brings 8 years of experience in patient services, with the last 4 years spent as a valued member of the team at Svast. Throughout her time with the company, she has focused on supporting the patient services team, with a key highlight of her role being effective communication and addressing patient concerns with care and professionalism. Outside of work, Shelly enjoys spending time with her family, traveling, hiking, gardening, and embracing the outdoors.



Charan MS - Process Lead - Client Delivery - AR

He brings 7 years of experience in the U.S. healthcare industry, having started his career as an AR Associate. Over the years, he has grown into his current role as a Process Lead - Client Delivery. In this position, he is responsible for analyzing accounts receivable (AR) inventory, identifying trends that impact AR over 90 days, and implementing strategies to improve collections. He also plays a key role in team development—mentoring team members, providing constructive feedback, and offering guidance to enhance their performance. Additionally, he closely monitors the team's progress to ensure tasks are completed efficiently and on schedule. Outside of work, he enjoys playing cricket, traveling, and biking—activities that keep him active and balanced.



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