

compliance

Billing for Split (or Shared) Visits

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In 2021 the Centers for Medicare & Medicaid Services (CMS) made significant changes to how evaluation and management (E/M) visits are coded and billed in the office and outpatient setting. With the change to total time and medical decision making-based coding criteria, the agency updated a number of its transmittals to include new clarifications about several E/M-related activities. One of the areas for which CMS provided this additional clarification was related to split (or shared) visits.

Defining a Split (or Shared) Visit

The American Medical Association (AMA), within the 2021 Current Procedural Terminology E/M Guidelines, states, “A *split or shared visit* is defined as a visit in which a physician and other qualified health care professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit. When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physicians and other qualified health care professional(s) assessing and managing the patient on the date of the encounter is summed to define total time. Only distinct time should be summed for split or shared visits (that is, when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).”¹

After CMS adopted the AMA’s coding updates and guidelines for office and outpatient visits (which went into effect in 2021), the agency updated some of its transmittals to clarify billing items that the AMA does not address in the Current Procedural Terminology manual. Specifically, according to CMS, the guidelines for split (or

shared) visits that appeared in the calendar year 2022 Medicare Physician Fee Schedule final rule did not address:

- Who to bill the visit under when the visit is performed by different practitioners.
- Whether a substantive portion must be performed by the billing practitioner.
- Whether practitioners must be in the same medical group.
- The setting where the split (or shared) visits may be furnished in order to be billed.

First, CMS adjusted the definition of a split (or shared) visit to mean an E/M visit performed (split or shared) by both a physician and non-physician practitioner (NPP) who are in the same group in accordance with applicable laws and regulations for new and established patient visits. This updated definition allows split (or shared) visits for new patients; previously these visits were limited to established patients only. In addition, split (or shared) visits can only take place in the facility setting—meaning only settings like hospitals. In other words, the NPP would be part of the physician group working in the hospital setting and not separately employed by the hospital. If the physician and NPP are not part of the same physician group practicing in the hospital, they cannot combine their work and bill for a split (or shared) visit. Instead, the physician and NPP would each respectively bill for their services independently based solely on their portion of the visit. If neither provider meets the criteria necessary to support an E/M outpatient service, no services are billed. No partial credit or payment can be made in this scenario and no modifiers are allowed for reduced services.

Next, because this was not specifically defined by the AMA, CMS clarified how to determine who to bill the split (or shared)

visit under. Specifically, the agency defines the billing provider as the practitioner who performed the substantive portion of the visit. Per CMS, “substantive portion” is defined as more than half of the total time spent by the physician or NPP. Because changes were only made to E/M services provided in the office and outpatient setting—and not E/M services provided in the inpatient, observation, nursing home, emergency departments, or critical care settings—for 2022, CMS outlined an adjustment for determining the substantive portion. Specifically, in 2022, the agency will allow for the substantive portion to be determined by the practitioner who performed most of the visit related to history, exam, or MDM or the one who provided the services for more than half the total time of the visit. Beginning in 2023, the substantive portion practitioner will solely be based on more than half of the total time.

The documentation for a split (or shared) visit should identify both the physician and the NPP. This documentation must include the names and credentials of both practitioners, although the note only needs to be signed by the practitioner who performed the substantive portion and is billing under their name. Because the substantive portion can be billed by the practitioner who performed the most time related to the visit—with or without direct patient contact—the medical records must identify which practitioner saw the patient face-to-face. CMS also recommends documenting the time spent by both the physician and NPP, because this information will further support the appropriate billing practitioner.

Finally, CMS identified a modifier to identify those visits in the facility setting that are split (or shared):

Modifier -FS (Split (or shared) evaluation and management visit) should be applied to the E/M visit code.

This modifier allows CMS to identify services paid at the full physician rate when the physician did not fully perform the visit. This provides a way for the agency to evaluate services and determine whether adjustments are needed in future rule making.

Finally, CMS outlined a list of services that would and would not count toward the total time for determining the substantive portion. Activities that *would count* include:

- Preparing to see the patient (for example, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver

- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported), communicating results to the patient/family/caregiver, and care coordination (not separately reported).

Items that *would not count* toward time spent in the visit include:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient.

In summation, split (or shared) visits *do not apply* in the non-facility (office) setting. For visits where the physician and NPP each

perform a separate portion of the visit (in accordance with applicable laws and regulations), the visit is billed under incident to guidelines—if criteria are met. This means the physician must still provide the proper supervision of the NPP, but the physician's amount of participation may vary, and the physician would be the billing practitioner.

As the guidelines for E/M services continue to evolve and align with the changing needs of healthcare, it is likely that CMS will release more changes and clarifications to ensure that practitioners are aware of and follow all E/M coding and billing guidelines.

Reference

1. American Medical Association. *Current Procedural Terminology CPT 2021 Professional Edition*. AMA;2020.

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