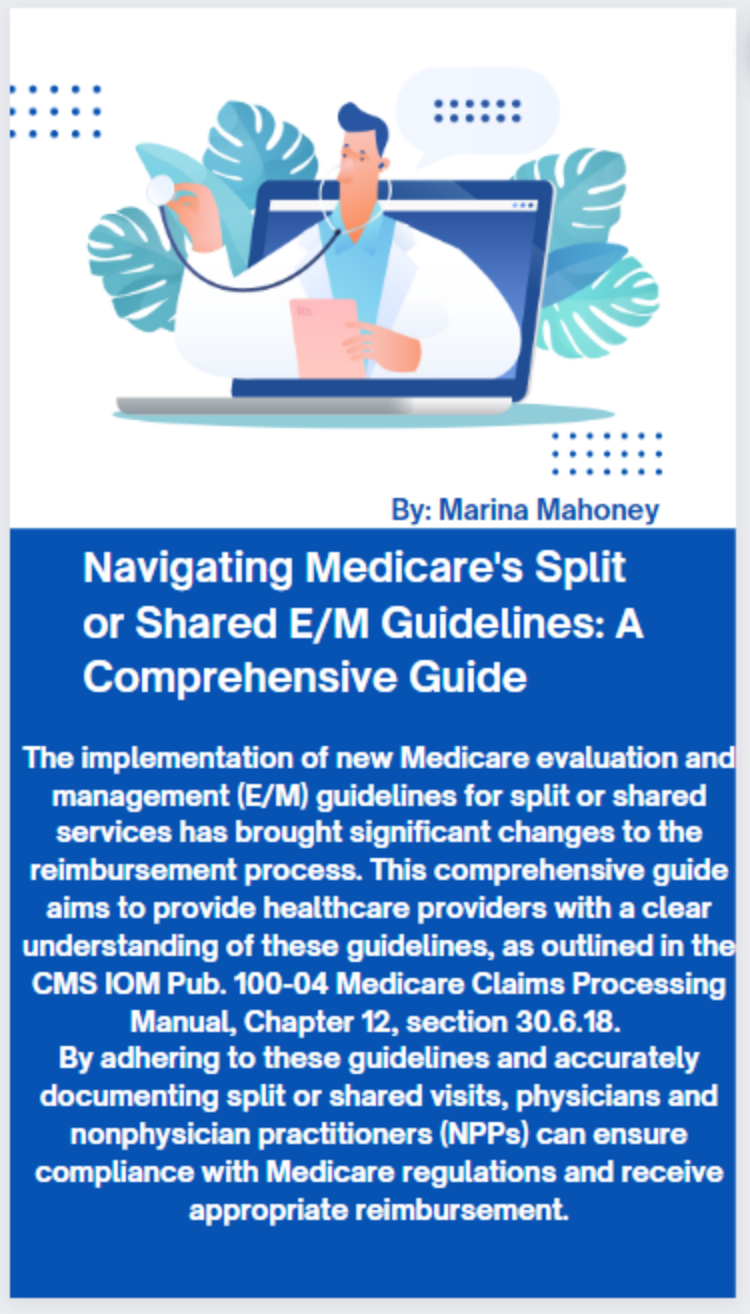

Navigating Medicare's Split or Shared E/M Guidelines

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Understanding the New Medicare E/M Guidelines for Split or Shared E/M Services

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Effective from January 1, 2022, the Centers for Medicare and Medicaid Services (CMS) implemented new evaluation and management (E/M) guidelines regarding split or shared services. This article provides an overview of these guidelines, as outlined in the CMS IOM Pub. 100-04 Medicare Claims Processing Manual, Chapter 12, section 30.6.18.

Definition of Split or Shared Visit:

A split or shared visit refers to an E/M visit in a facility setting that involves the participation of both a physician and a nonphysician practitioner (NPP) from the same group. This arrangement allows either the physician or the NPP to bill for the service if it were provided independently. Payment is made to the practitioner who performs the substantive portion of the visit.

Substantive Portion:

Starting from January 1, 2024, the substantive portion is defined as more than half of the total time spent by the physician and NPP during the split or shared visit. However, during the transitional years (2022 and 2023), except for critical care visits, the substantive portion can be determined based on one of the three key E/M visit components (history, exam, or medical decision-making) or more than half of the total time spent.

Activities Included in Qualifying Time:

To determine the substantive portion, qualifying time includes activities such as preparing to see the patient, obtaining and reviewing history, performing an examination, counseling and educating the patient, ordering medications or tests, documenting clinical information, independently interpreting results, and care coordination. These activities may involve direct patient contact or not.

Excluded Activities in Qualifying Time:

Practitioners cannot count time spent on the performance of other separately reported services, travel, or general teaching unrelated to the management of a specific patient.

Application to Prolonged Services:

Starting from January 1, 2023, the physician or practitioner who spends the substantive portion of the split or shared visit will bill for the primary E/M visit and any prolonged

service code(s). The time of both practitioners will be combined, and the practitioner who furnished more than half of the total time, including prolonged time, will report both the primary service code and the prolonged services add-on code(s).

Distinct Time and Claim Identification:

When practitioners jointly meet or discuss the patient, only the time of one practitioner can be counted. Modifiers such as -FS (split or shared E/M visit), -FT (unrelated E/M visit on the same day as another E/M visit or during a global procedure), and -25 (significant, separately identifiable E/M service on the same day) must be appended to the relevant CPT codes on the claim to identify the specific services provided.

Critical Care and Other Same-Day E/M Visits:

Critical care visits may also be furnished as split or shared visits. In situations where a patient receives another E/M visit on the same day as critical care services, both visits may be billed as long as they are medically necessary, separate and distinct, and supported by proper documentation.

The new Medicare E/M guidelines for split or shared services bring clarity to the reimbursement process and help ensure appropriate billing for services provided by physicians and NPPs. By understanding these guidelines and accurately documenting the split or shared visits, healthcare providers can ensure compliance with Medicare regulations while delivering quality care to their patients.

Reference:

CMS IOM Pub. 100-04 Medicare Claims Processing Manual, Chapter 12, section 30.6.18.

Here are a few scenarios to illustrate the application of the split or shared E/M guidelines:

Scenario 1: Split Visit in a Hospital Setting

Dr. Smith, a physician, and Nurse Practitioner (NPP) Johnson, who are both part of the same medical group, provide a split visit for a patient in a hospital setting. The patient's total visit time is 30 minutes. During the visit, Dr. Smith spends 15 minutes performing a medical examination, while NPP Johnson spends 10 minutes reviewing the patient's history and counseling the patient. The remaining 5 minutes are spent by both practitioners jointly discussing the patient's treatment plan. In this scenario, Dr. Smith, who spent more than half of the total visit time, will bill for the split visit.

Scenario 2: Shared Visit in a Skilled Nursing Facility (SNF)

Dr. Rodriguez, a physician, and Physician Assistant (PA) Thompson, who are both part of the same medical group, provide a shared visit for a patient in a skilled nursing facility. The patient's total visit time is 45 minutes. During the visit, Dr. Rodriguez spends 25 minutes performing a medically appropriate examination, while PA Thompson spends 15 minutes counseling the patient and ordering medications. The remaining 5 minutes are spent jointly discussing the patient's care coordination. In this case, Dr. Rodriguez, who performed the substantive portion by spending more than half of the total visit time, will bill for the shared visit.

Scenario 3: Split Critical Care Visit

Dr. Brown, an intensivist, and Nurse Practitioner (NPP) Davis, who work in the same group, provide a split critical care visit for a patient. Throughout the day, Dr. Brown spends a total of 60 minutes providing critical care services, and NPP Davis spends an additional 30 minutes. Dr. Brown performs the substantive portion of the visit by spending more than half of the total critical care service time. Therefore, Dr. Brown will report the critical care service code (CPT 99291) on the claim, and NPP Davis's time will be included in the cumulative time for billing purposes.

Scenario 4: Same-Day Critical Care and E/M Visit

Dr. Anderson, an emergency medicine physician, provides critical care services to a patient in the morning. Later in the day, the same patient requires an unrelated E/M visit. The critical care service lasted for 90 minutes, and the subsequent E/M visit lasted for 25 minutes. In this scenario, both the critical care service (CPT 99291) and the unrelated E/M visit can be billed separately. Modifier -25 (same-day significant, separately identifiable E/M service) should be appended to the claim for the E/M visit to indicate that it was distinct and separate from the critical care service.

These scenarios demonstrate different situations where the split or shared E/M guidelines would come into play. It is important to follow the guidelines, documentation requirements, and appropriate use of modifiers to ensure accurate billing and reimbursement.

Here is a resource guide for physicians to help them understand and comply with the new Medicare evaluation and management (E/M) guidelines for split or shared services:

Guide to Medicare E/M Guidelines for Split or Shared E/M Services

Effective January 1, new Medicare evaluation and management (E/M) guidelines are in effect for split or shared services. It is important for healthcare providers to understand and comply with these guidelines to ensure accurate billing and reimbursement. This guide provides an overview of the Medicare E/M guidelines for split or shared E/M services.

1. Definition of Split or Shared Visit:

- A split or shared visit is an E/M visit in the facility setting performed by both a physician and a nonphysician practitioner (NPP) in the same group.
- The service can be billed by either the physician or NPP if furnished independently.
- Payment is made to the practitioner who performs the substantive portion of the visit.

2. Facility Setting:

- Split or shared visits are furnished only in the facility setting, such as hospitals and skilled nursing facilities.
- Institutional settings where payment for services and supplies furnished incident to a physician's or practitioner's professional services is prohibited under Medicare regulations.

3. Substantive Portion:

- Beginning January 1, 2024, substantive portion means more than half of the total time spent by the physician and NPP performing the split or shared visit.
- During transitional years (2022 and 2023), the substantive portion can be:

1. One of the three key E/M visit components (history, exam, or medical decision-making) OR
2. More than half of the total time spent by the physician and NPP.

- If one of the three key components is used as the substantive portion, the practitioner who bills the visit must perform that component in its entirety.

4. Qualifying Time:

- Activities that can be counted toward total time for determining the substantive portion include:

o Preparing to see the patient

o Obtaining and/or reviewing the history

o Performing an examination

o Counseling and educating the patient/family/caregiver

o Ordering medications, tests, or procedures

o Referring and communicating with other healthcare professionals

o Documenting clinical information

o Independently interpreting results and communicating them

o Care coordination

- Time spent on services reported separately, travel, and general teaching cannot be counted.

5. Documentation:

- Medical record documentation must identify the physician and NPP who performed the visit.
- The practitioner who performed the substantive portion must sign and date the medical record.

6. Prolonged Services:

- Beginning January 1, 2023, if prolonged services are furnished as a split or shared visit, the practitioner who spent the substantive portion will bill for the primary E/M visit and prolonged service code(s).
- The practitioner who furnished more than half of the total time, including prolonged time, reports both the primary service code and the prolonged services add-on code(s).

7. Modifiers:

- Modifier -FS (split or shared E/M visit) must be appended to the E/M CPT code for split or shared services.
- Modifier -FT (unrelated E/M visit on the same day as another E/M visit or during a global procedure) is used for critical care unrelated to surgical procedures during the global period.
- Modifier -25 (same-day significant, separately identifiable E/M service) is used when reporting critical care and another E/M visit on the same day.

8. Same-Day E/M Visits:

- Physicians in the same group who are in the same specialty should bill and be paid as a single physician for E/M visits on the same day unless they are unrelated problems.
- Critical care services and unrelated E/M visits can be billed separately if documented properly.

It is important for healthcare providers to familiarize themselves with the Medicare split or shared E/M guidelines and apply them correctly to ensure accurate billing and reimbursement. Compliance with these guidelines will help maintain regulatory compliance and avoid potential audit issues.

Remember to regularly refer to official resources such as the Medicare Claims Processing Manual, CMS Medicare Learning Network (MLN) Matters articles, local Medicare Administrative Contractor (MAC) guidance, and professional medical associations for further information and updates on Medicare guidelines.