

AAMC Regulatory Resource

2024 MEDICARE POLICIES REGARDING SPLIT (SHARED) VISITS

KEY TAKEAWAYS

- A split (shared) visit refers to an evaluation/management (E/M) visit that is performed split (shared) by both a physician and an Advanced Practice Provider (APP).
- Only the physician or APP who provides a “substantive” portion of the visit would bill for the split (shared) visit, depending on who either (1) provides more than 50% of the total service time; or (2) provides the substantive portion of medical decision-making as defined by Current Procedural Terminology (CPT® is a registered trademark of the American Medical Association).
- The physician would be paid 100% of the Fee Schedule rate while an APP would be paid 85% of the rate

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) recently established new rules for split (shared) visits. These rules impact Medicare reimbursement when physicians and advanced practice providers (defined as nurse practitioner, physician assistant, certified nurse specialist, or certified nurse midwife) act as a team in providing care for the patient during a single E/M service in facility settings.

SPLIT (SHARED) VISIT DEFINED

A split (shared) visit refers to an evaluation/management (E/M) visit that is performed by both a physician and an Advanced Practice Provider (APP; referred to by Medicare as a Nonphysician Provider or NPP) who are in the same group. CMS does not provide a definition of “same group.” According to CMS, split (shared) visits are those that are furnished in a facility (institutional) setting where “incident to” billing is not available. Split (shared) visits may be billed for “new” and “established” patients, and for critical care and certain skilled nursing facility (SNF) E/M visits in addition to other E/M visits. Therefore, the split (shared) visit policy applies to the following E/M visit types: non-office outpatient, inpatient/observation/ hospital, SNF, emergency department, and critical care.

BILLING FOR SPLIT (SHARED) VISIT: “SUBSTANTIVE” PORTION DEFINED

Only the physician or APP who provides a “substantive” portion of the visit would bill for the “split (shared) visit. This is an important concept because a physician would be paid 100% of the Fee Schedule rate while an APP would be paid 85% of the rate. For 2022 and 2023 (with the exception of critical care services) there was a choice about whether the split (shared) visit would be billed under the National Provider Identifier (NPI) of the

physician or advanced practice provider (APP) depending on who either (1) provides one of the three key components of the visit (history, exam or medical decision-making) in its entirety or (2) provides more than 50% of the service time.

Effective January 1, 2024, the billing practitioner must be the individual who performed a substantive portion of the visit, which means more than half of the total time performing the split (shared) visit, or a substantive part of the medical decision making as defined by CPT®. The new CPT® guidance states the following regarding Split (shared) visits:

If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.

Under Medicare, this policy does not apply to critical care services. For critical care services as of January 2022, the substantive portion of the service is defined as more than half of the total time.

CMS identified a list of activities that would count toward the total time of the E/M visit when determining the provider who performed the substantive portion of the visit. These activities are:

- 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 health care professionals (when not separately reported).

- Documenting clinical information in the electronic or other health record (Note: CMS has stated it may be helpful for each practitioner to document their own participation in the medical record in order to determine the substantive time).
- Independently interpreting results (not separately reported).
- Communicating results to the patient/family/caregiver.
- Care coordination (not separately reported).

Only distinct services can be counted. When the practitioners jointly meet or discuss the patient, only the time of one of the practitioners can be counted. Practitioners cannot count time for performance of other separately reportable services, travel, and general teaching that is not limited to discussion about management of a specific patient.

DOCUMENTATION IN THE MEDICAL RECORD

Documentation in the medical record must identify both professionals who performed the visit. The individual who bills for the visit (performed the substantive portion) must sign and date the medical record. CMS clarified that one of the practitioners must have face-to-face (in-person) contact with the patient; however, face-to-face contact is not required of the practitioner who provides the substantive portion and bills for the visit.

CMS clarified that “when one of the three key components (history, exam, or medical decision-making) is used as the substantive portion in 2022 and 2023, the practitioner who bills the visit must have performed that component in its entirety in order to bill.” If the practitioner billing is performing that component, it might be easiest for them to also document it. However, they can use a scribe, or APP to enter the information in the record about the component they performed. When the record is signed the billing provider attests that they performed the substantive portion in its entirety themselves. CMS has emphasized that although any member of the medical team may enter information into the medical record, only the reporting provider may review and verify notes made in the record by others for the services the reporting clinician furnishes and bills.

CMS established a claim modifier - FS (split or shared E/M visit), that is mandatory when reporting split (shared) visits.

Below is a chart that summarizes the past guidance and the modifications to CMS policy for split (shared) visits:

<u>Topic</u>	<u>Prior Guidance</u>	<u>Policy (Effective 1/1/2022-12/31/2023, unless otherwise noted)</u>	<u>Policy (Effective 1/1/2024)</u>
Billing Practitioner (Definition of “Substantive” Portion)	Practitioner who performs a “substantive portion” of the E/M visit	For 2022 and 2023, the split (shared) visit may be billed under the physician or APP who either (1) provided one of the three key components of the visit (history, exam or medical decision-making) in its entirety or (2) provides more than 50% of the service time. (Does not apply to critical care.)	For 2024, the split (shared) visit may be billed under the physician or APP who either (1) provided more than 50% of the total treatment time or 2) or a substantive part of the medical decision making as defined by CPT.
Same Group	Practitioners must be in the same group to bill split (shared) services. No definition of “same group.”	Practitioners must be in the same group to bill split (shared) services. No definition of “same group.”	Same as 2022-2023 policy.
Application to Prolonged Time	Not specified	Allows practitioners to bill for a prolonged E/M visit as a split(shared) visit if the time threshold for reporting prolonged services is met	Same as 2022-2023 policy.
Settings of Care	Billable E/M visits in institutional settings, not including SNFs.	Billable for E/M visits in institutional settings including hospital and SNF (excluding certain services required to be provided by a physician).	Same as 2022-2023 policy.
New and Established Patients, Initial	May be billed for established patients	Split (shared) visits may be billed for new and established patients, as	Same as 2022-2023 policy.

and Subsequent Visits		well as for initial and subsequent visits, that otherwise meet the requirements for split (shared) visit payment	
Medical Record Documentation	Not specified	Documentation in the medical record must identify the physician and APP who performed the visit. The individual who performed the substantive portion of the visit (and therefore bills for the visit) must sign and date the medical record	Same as 2022-2023 policy.
Claim Identification	None	Modifier -FS (Split or Shared E/M Visit) must be reported on claims for split (shared) visits	Same as 2022-2023 policy.
Critical Care	No split (shared) visits may be billed	Split (shared) visits may be billed. The individual who provides more than 50% of the total time should bill the split (shared) visit.	The individual who provides more than 50% of the total time should bill the split (shared) visit.

IMPLICATIONS

Teaching hospitals and physicians should be knowledgeable about these new policies regarding split (shared) visits because they will impact reimbursement for their facility-based E/M visits. This in turn may cause organizations to evaluate the ways in which they will use APPs, while balancing the importance of APPs to team-based care and increasing patient access to services. In addition, appropriate documentation, a system for tracking time, and use of an attestation will be important to support the provision and billing for these services.

REFERENCES

CMS [CY 2024 Physician Fee Schedule](#) (November 16, 2023) with Split (Shared) Visits discussed beginning p.78982 of the Federal Register

CMS [CY 2023 Physician Fee Schedule](#) (November 18, 2022) with Split (Shared) Visits discussed beginning p. 69614 of the Federal Register

CMS [CY 2022 Physician Fee Schedule](#) (November 19, 2022) with Split (Shared) Visits discussed beginning p. 65150 of the Federal Register

CMS [Claims Processing Manual](#) (March 4, 2022) Transmittal 11288 with Split (Shared) Visits discussed section 30.6.18.

[MLN Matters Number](#): MM12543 (March 4, 2022) with Split (Shared) Visits discussed beginning p. 2

[MLN Matters Number](#): MLN 006764 (March 4, 2022) with Split (Shared) Visits discussed beginning p. 12

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