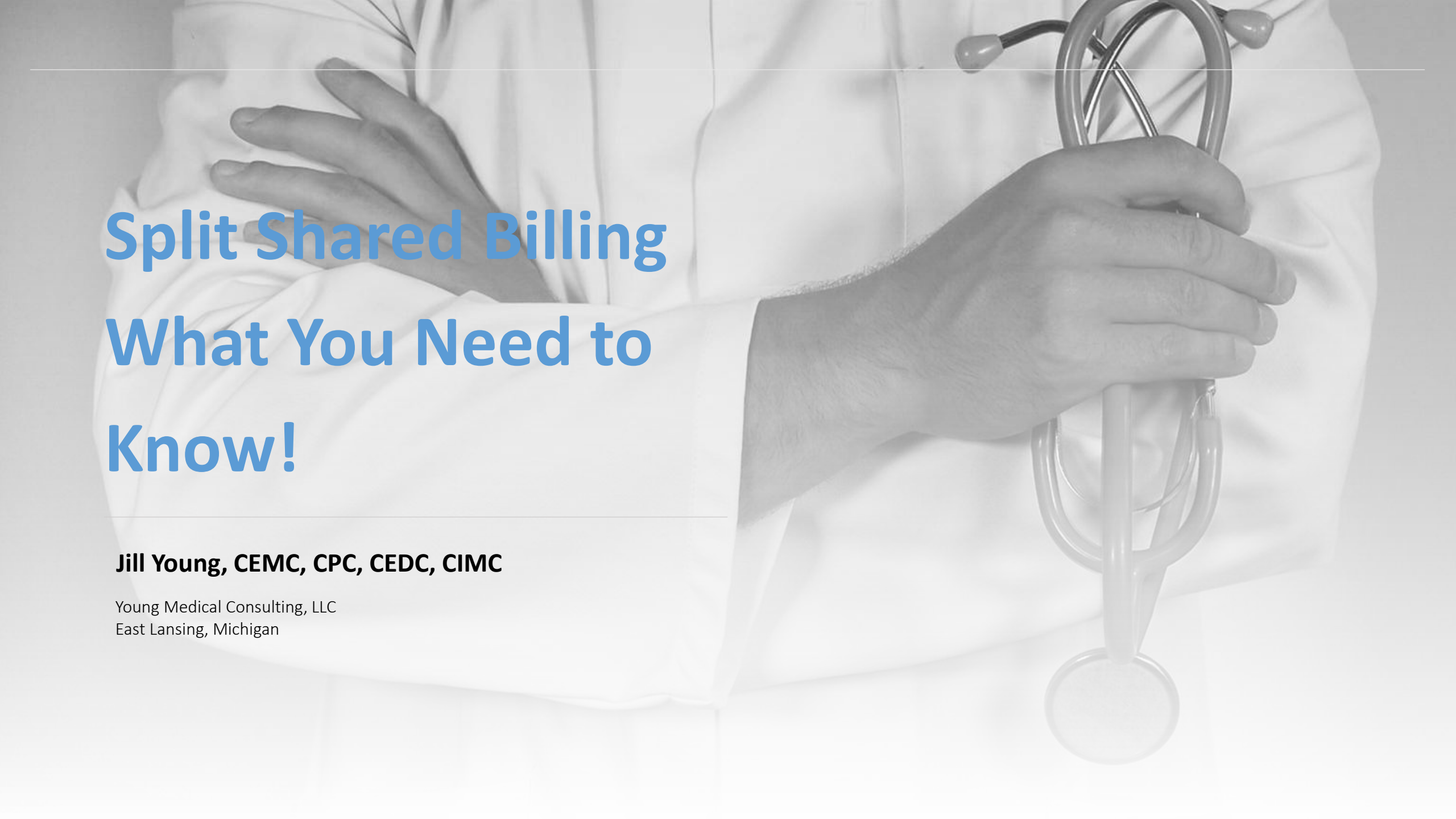

Split Shared Billing What You Need to Know!

Jill Young, CEMC, CPC, CEDC, CIMC

Young Medical Consulting, LLC
East Lansing, Michigan

AMA –Split Shared 2021

- A shared or split visit is defined as a visit in which a physician and other qualified healthcare professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit

AMA –Split Shared

- When time is being used to select the appropriate level of a service for which time-based reporting of shared or split visits is allowed
  - Time personally spent by the physician and or 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 shared or split visits
    - (ie, when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted)

AMA
AMERICAN MEDICAL ASSOCIATION

Split (or Shared Visits) – Physician Fee Schedule Final Rule for 2022

- Definition of split (or shared) Visits
- Substantive portion*
- New & Established patients and Initial and Subsequent visits
- Settings of care
- Same group
- Medical record documentation
- Claim identification

Substantive Portion – CMS Re-Defined

- More than half the total time
- Distinct time
- Qualifying time
- Application to prolonged service

Split Shared for 2022

- Policy for 2023 modified for 2022
- the practitioner who is considered to have performed the substantive portion of the E&M visit is the one who:
  - spends more than half of the total time

    or
  - performs the history, exam, or MDM
    - Must perform that component in its entirety

Delay in implementation until 2023

- commenters overestimate the administrative burden of tracking and attributing time
  - given the advent of EHRs and new E/M visit coding structures
- CMS will allow an adjustment period
  - To establish systems to track and attribute time for split (or shared) visits

CMS' Final Definition of Substantive

- More than half of the total time spent by the physician and NPP performing the split (or shared) visit

Distinct time

- For split (or shared) visits
  - When two or more individuals jointly meet with or discuss the patient
    - Only the time of one individual can be counted

Qualifying time -

- The following list of activities that could count toward total time for purposes of determining the substantive portion
- The CPT listing of activities that can count when time is used to select an E/M visit level, specifically the following activities, when performed and regardless of whether or not they involve direct patient contact:
  - 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/caregivers
  - Ordering medications, tests, or procedures
    - Cont'd

Qualifying time

- The CPT listing of activities *(cont'd)*
  - Referring and communicating with other health care professionals (when not separately reported)
  - Documenting clinical information in the electronic or other health record
  - Independently interpreting results (not separately reported) and communicating results to the patient/ family/caregiver
  - Care coordination (not separately reported)

Qualifying time

- Practitioners would not count time spent on the following:
  - 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

Qualifying time

- The finalized listing of qualifying activities will apply to all split (or shared) E/M visits, for purposes of determining the substantive portion.
  - This includes Emergency Room department visits
  - DOES NOT include Critical Care
    - They will have a different listing of qualifying activities, discussed in the critical care section

Qualifying Time – 2022

- Only for 2022 Substantive is allowed to be defined by any of the following:
  - All of History
  - All of Exam
  - All of MDM
  - More than half the total time
    - Based on activities on finalized listing
  - This includes Emergency department visits

CPT E&M Guidelines Face-to-Face

- *"The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified health care professional. For office or other outpatient services, if the physician's or other qualified health care professional's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211. A shared or split visit is 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."*

CMS INTENT/Policy - Face-to-Face

- Only one of the practitioners **must** perform the in-person part of an E/M visit when it is split (or shared)
  - Either or both can do so
- The substantive portion can be comprised of time that is with or without direct patient contact

CMS INTENT/Policy - Face-to-Face

- CMS' final policy is that for all split (or shared) visits, **one** of the practitioners **must** have face-to-face (in-person) contact with the patient
  - Does not necessarily have to be the physician, nor the practitioner who performs the substantive portion and bills for the visit
- The substantive portion could be entirely with or without direct patient contact, and will be determined by the proportion of total time, not whether the time involves direct or in-person patient contact.

CMS Prolonged CARE

- The physician or practitioner who spends more than half the total time bills for the primary E/M visit and the prolonged service code(s)
  - If all other requirements to bill for the services were met
  - When the service is furnished as a split (or shared) visit

TABLE 27: Reporting Prolonged Services for Split (or Shared) Visits

E/M Visit Code Family	2022		2023
	If Substantive Portion is a Key Component…	**If Substantive Portion is Time…**	**Substantive Portion Must Be Time**
Other Outpatient*	Combined time of both practitioners must meet the threshold for reporting HCPCS G2212	Combined time of both practitioners must meet the threshold for reporting HCPCS G2212	Combined time of both practitioners must meet the threshold for reporting HCPCS G2212
Inpatient/Observation/Hospital/Nursing Facility	Combined time of both practitioners must meet the threshold for reporting CPT 99354-9 (60+ minutes > typical)	Combined time of both practitioners must meet the threshold for reporting CPT 99354-9 (60+ minutes > typical)	Combined time of both practitioners must meet the threshold for reporting prolonged services
Emergency Department	N/A	N/A	N/A
Critical Care	N/A	N/A	N/A

Acronyms: E/M (Evaluation and Management)

*Office visits will not be billable as split (or shared) services

CMS - New and Established patients

- Physician or Non-Physician Practitioner is permitted to bill for split (or shared) visits
  - For both New and Established patients
  - For both Initial and Subsequent visits

CMS – Settings of Care

- Billing of split (or shared) visits, including critical care visits, will be allowed when they are performed in any institutional setting
  - EXCEPTION - Certain SNF/NF visits are required to be performed in their entirety, directly and solely by a physician

CMS - Documentation

- Documentation in the medical record **must identify the two** individual practitioners who performed the visit
  - The individual who performed the substantive portion **must sign and date** the medical record
    - and bills the visit

- We recognized that this policy would necessitate the practitioners' tracking and documenting the time they spent for these visits
  - found in another section of Final rule

CMS – Claim identification

- Currently, no way to identify claims for split shared services
  - Only know through medical review
- Need to have a way to identify who is providing E&M service for program integrity and quality considerations
  - How often payment is being made at physician rate for services provided in part by NPP

Modifiers

- **FS -** (Split [or shared] evaluation and management visit).
- **FT -** (Unrelated evaluation and management [E/M] visit during a postoperative period, or on the same day as a procedure or another E/M visit. [Report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated]).

TABLE 26: Final Definition of Substantive Portion for E/M Visit Code Families

E/M Visit Code Family	2022 Definition of Substantive Portion	2023 Definition of Substantive Portion
Other Outpatient*	History, or exam, or MDM, or more than half of total time	More than half of total time
Inpatient/Observation/Hospital/Nursing Facility	History, or exam, or MDM, or more than half of total time	More than half of total time
Emergency Department	History, or exam, or MDM, or more than half of total time	More than half of total time
Critical Care	More than half of total time	More than half of total time

Acronyms: E/M (Evaluation and Management), MDM (medical decision-making).

*Office visits will not be billable as split (or shared) services.

Critical care

CPT Definition – Critical Care

- 99291 - *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes*
- 99292 - *each additional 30 minutes*
  - *(List separately in addition to code for primary service*)

CPT Prefatory Language

- Critical care is the direct delivery by a physician(s) or other qualified healthcare professional (QHP) of medical care for a critically ill/injured patient in which there is acute impairment of one or more vital organ systems, such that there is a probability of imminent or life-threatening deterioration of the patient's condition.
- It involves high complexity decision-making to treat single or multiple vital organ system failure and/or to prevent further life-threatening deterioration of the patient's condition.

CPT Prefatory Language

- Critical care may be furnished on multiple days, and is typically furnished in a critical care area, which can include an intensive care unit or emergency care facility.
- Critical care requires the full attention of the physician or NPP, and therefore, for any given time period spent providing critical care services, the practitioner cannot provide services to any other patient during the same period of time

CPT – Bundled services

Not separately billable by a practitioner during the time-period when the practitioner is providing critical care for a

- interpretation of cardiac output measurements (CPT codes 93561, 93562)
- Chest X rays (CPT codes 71045, 71046)
- Pulse oximetry (CPT codes 94760, 94761, 94762)
- Blood gases, and collection and interpretation of physiologic data (for example, ECGs, blood pressures, hematologic data)
- Gastric intubation (CPT codes 43752, 43753)
- Temporary transcutaneous pacing (CPT code 92953)
- Ventilator management (CPT codes 94002-94004, 94660, 94662)
- Vascular access procedures

CMS - Critical Care by a Single Physician or NPP

- Physician or NPP will report CPT code 99291 for the first 30-74 minutes of critical care services provided to a patient on a given date
- CPT code 99291 will be used only once per date even if the time spent by the practitioner is not continuous on that date
- Thereafter, the physician or NPP will report CPT code 99292 for additional 30-minute time increments provided to the same patient
- CPT codes 99291and 99292 will be used to report the total duration of time spent by the physician or NPP providing critical care services to a critically ill or critically injured patient
  - even if the time spent by the practitioner on that date is not continuous
  - non-continuous time for medically necessary critical care services may be aggregated

CMS – Critical Care across date line

- CPT guidance defines how a service is to be billed when the service extends across calendar dates
- According to CPT introductory language
  - “Some services measured in units other than days extend across calendar dates
    - Continuous service does not reset and create a first hour
    - Any disruption in the service does create a new initial service”

- “For continuous services that last beyond midnight (that is, over a range of dates), report the total units of time provided continuously”
  - CMS adopted this rule for critical care being furnished by a single physician or NPP when the critical care crosses midnight

Critical Care Visits Furnished Concurrently by Different Specialties

- CPT Codebook does not provide special instruction about how to report critical care visits furnished concurrently by more than one physician or practitioner

CPT – Critical Care Time

Reporting of Critical Care Services

Total Duration of Critical Care	Appropriate CPT Codes
Less than 30 minutes	99232 or 99233 or other appropriate E/M code
30 - 74 minutes	99291 x 1
75 - 104 minutes	99291 x 1 and 99292 x 1
105 - 134 minutes	99291 x1 and 99292 x 2
135 - 164 minutes	99291 x 1 and 99292 x 3
165 - 194 minutes	99291 x 1 and 99292 x 4

CMS – Split (or Shared) Critical Care

- Critical care visits may be furnished as split (or shared) visits
- The proposals described for other types of split (or shared) visits would apply
  - Except for the listing of qualifying activities for determining the substantive portion, discussed below
- Service time would be counted for CPT code 99292 in the same way as for prolonged E/M services
  - Total critical care service time provided by a physician and NPP in the same group on a given calendar date to a patient would be summed, and the practitioner who furnishes the substantive portion of the cumulative critical care time would report the critical care service(s).

CMS – CRITICAL CARE - Distinct time

- For split (or shared) visits
  - When two or more individuals jointly meet with or discuss the patient
    - Only the time of one individual can be counted

- Aligns with the CPT E/M Guidelines on this point

CMS – Critical Care Visits and Global Surgery

- After considering public comments, CMS is choosing not to change policy
  - Bundle critical care visits with procedure codes that have a global surgical period
- CMS will maintain current policy
  - Critical care visits may be separately paid in addition to a procedure with a global surgical period
    - As long as the critical care service is unrelated to the procedure.
    - Preoperative and/or postoperative critical care may be paid in addition to the procedure if the patient is critically ill (meets the definition of critical care) and requires the full attention of the physician, and the critical care is above and beyond care) and requires the full attention of the physician, and the critical care is above and beyond and unrelated to the specific anatomic injury or general surgical procedure performed (for example, trauma, burn cases).

CMS – Modifier
“critical care unrelated to the procedure”

- New required modifier on claims to identify that the critical care is unrelated to the procedure
  - Care is fully transferred from the surgeon
    - Now uses modifier -54 (surgical care only)
  - Intensivist accepting the transfer of care
    - Report both modifiers -55 and the new unrelated modifier.
- Documentation must support the claims
- CMS may consider in future rulemaking an MPPR-like adjustment that would be used to identify critical care that is billed in conjunction with a global surgical procedure, and would discount one of the services rather than paying for both in their entirety.

CMS – Critical Care
Medical Record Documentation

- Require practitioners to document in the medical record the total time that critical care services were provided by each reporting practitioner
  - Not necessarily start and stop times
- Documentation needs to show medical necessity
  - Critical care standards
  - Services would need to be sufficiently documented
    - To allow a medical reviewer to determine the role each practitioner played in the patient's care (that is, the condition or conditions for which the practitioner treated the patient)
  - In order to support coverage and payment determinations regarding split (or shared) critical care services
    - Documentation requirements for all split (or shared) E/M visits would apply to critical care visits also


Time
FOR
Questions