

2022 CMS Split-Shared Services

Per CMS: A split (or shared) visit refers to an E/M visit that is performed by **both** a physician and an NPP who are in the **same medical group or same group practice**.

Documentation in the medical record should clearly identify the **EACH** professionals who engaged in the encounter, as well as the **SUBSTANTIVE** care (key component or time) rendered.






The individual providing the substantive portion **must sign and date** the medical record. A split/shared visit must be billed under the NPI of the individual **who performed the substantive portion of the visit**.

Per CMS, **Modifier FS** is required on the claim to identify split/shared services.

*NPP- Non-physician provider (i.e., nurse practitioner or physician assistant)

Basics of the Rules

Place & Type of Service (POS)	Criteria per CMS: * Be a facility * Prohibited from using incident to services	May include: Inpatient Facility Outpatient Facility Observation ED	Critical Care Prolonged Services Nursing home (except MD specified services)
Qualifying Encounters	New and Established Encounters Initial and Subsequent Services		
Same Employment	Both the physician and the midlevel provider should be employed by the same Tax ID Number (TIN)		
2023 Changes	2022 has been deemed by CMS as a "Transition Year" as further changes will apply for 2023		

				
E&M: Key Components	E&M: Time-Based Services	Critical Care	Teaching Physician Services	Prolonged Services
The max level of service reported, with key components (history, exam, MDM), is the highest supported by the component documented by the reporting provider. Ex: MD performed a Detailed exam. The encounter could not exceed that level if it is reported under the MD	Time spent by the physicians and other QHP(s) assessing and managing the patient on the date of the encounter is summed to define the total time. Only time of one provider and management time (distinct time) of the patient may be counted.	CC can be provided as S/S when furnished by more than one provider of different specialties on the same day to the same patient. CC can also be split between the surgeon and a CC provider notated by use of a FT modifier on the CC services	ONLY the teaching physician's total time is counted including qualifying activities (personally or precepting) as listed by AMA CPT with or without direct patient contact. Time-based and prolonged are prohibited for resident use in Primary Care Exception Areas.	Whether billing with key components OR time, prolonged services can be reported by the practitioner who reports the primary service by combining the time of both practitioners to meet the threshold.

Commercial carriers may vary

Variations in the Rules

SOURCES:

<https://public-inspection.federalregister.gov/2021-23972.pdf>



www.namas.co
email: namas@namas.co
1-877-418-5564