

Split/Shared Visits

CMS Definition of Split/Shared Visits

- A split (or shared) visit refers to an E/M visit that is performed (“split” or “shared”) by both a physician and an NPP who are in the same group. CMS is not defining group at this time but will be monitoring claims.
- CMS now allows split/shared visits to be provided to new patients and for initial visits.

Setting

- Facility/Institutional Setting- A setting in which payment for services and supplies furnished incident to a physician or practitioner’s professional services is prohibited. Split/shared rules are not applicable in an office setting as “incident to” rules apply.
- Applicable POS codes: Inpatient facility (POS 21), Emergency Department (POS 23), Outpatient On Campus (POS 22), Outpatient Off Campus (POS 19)

CMS Definition of Substantive Portion	
2022	2023
<ul style="list-style-type: none"> ▪ Two options: <ol style="list-style-type: none"> 1. <u>One</u> of the three key components (history, exam, or MDM). The component must be performed <u>in its entirety</u> by the billing practitioner OR 2. More than half of the total time spent by the physician and NPP performing the split (or shared) visit. ▪ One practitioner must have face-to-face contact with the patient (does not have to be the billing practitioner). 	<ul style="list-style-type: none"> ▪ More than half of the total time spent by the physician and NPP performing the split (or shared) visit. ▪ One practitioner must have face-to-face contact with the patient (does not have to be the billing practitioner). ▪ The substantive portion could be entirely with OR without direct patient contact (face-to-face or non-face-to-face).

Split/Shared Services 2022 vs. 2023		
E/M Visit	2022 Substantive Portion	2023 Substantive Portion
Other Outpatient (facility setting) (Does not apply to office visits)	History, or exam, or MDM*, OR More than half of total time	More than half of total time
Inpatient/Observation/ Hospital/SNF	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

Claim Identification

Modifier -FS must be appended to the appropriate code to indicate a split/shared visit.

Do not use modifier -52 (reduced service).

**For office/outpatient services, E/Ms are selected based on time OR MDM. Since history and exam are no longer used to select the code as a key component, only MDM may be considered. Therefore, the billing practitioner would need to perform MDM in its entirety to be the “substantive portion” in 2022.*

Prolonged E/M Services

Information about Prolonged E/M services may be found in the ASCO webinar "[Prolonged Evaluation and Management Services in 2021](#)" or on [ASCO Practice Central](#).

- The physician or practitioner who spent more than half the total time would bill for the primary E/M visit and the prolonged service code(s).
- The time requirements for the E/M service and the prolonged service code must BOTH be attained.

E/M Visit Family	2022		2023
	Key Component	Time	Time Only
Other Outpatient (facility setting) (Does not apply to office visits POS 11)	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

HCPCS code G2212: 15-minute prolonged service, office/outpatient

CPT codes 99354-99355: 1-hour prolonged service, direct contact, office/outpatient

CPT codes 99356-99357: 1-hour prolonged service, inpatient/observation

CPT codes 99358-99359: 1-hour prolonged service, office/outpatient, different day

Distinct Time

- Per CPT guidelines: only distinct time may be counted (the time spent *separately* by each practitioner).
- If the practitioners jointly meet with or discuss the patient, the time may only be attributed to the practitioner who performed the substantive part of the visit (more than half the total time).

Documentation

- The medical record must identify the physician *and* NPP 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.

Reimbursement

- Payment is made to the practitioner who performs the substantive portion of the visit.
- To report under the physician NPI, a substantive portion of the visit must be performed by the physician. The service cannot be reported under the physician if the substantive portion was performed by the NPP.

Reporting Steps

1

- Determine who provided the substantive portion of the visit.
 - 2022- Either history, exam, or MDM OR more than half the total time.
 - 2023- More than half the total time.

2

- Enter documentation in the patient's medical record.
 - Identify both the physician and NPP that performed the service.
 - Practitioner who performed the substantive portion of the visit must sign and date the medical record.

3

- Select the appropriate CPT^(R) code
 - Append modifier -FS to the selected code.

Reporting Examples

Example 1- Distinct Time Only.

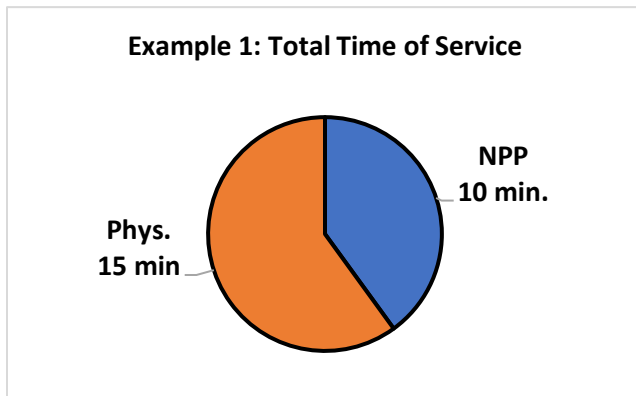
NPP spends **10** minutes with the patient

Physician spends **15** minutes with the patient.

Total time= **25** minutes

The physician spent the substantive portion of the visit with the patient (**more than half of 25 minutes**).

Therefore, the **physician** would report the service.



Example 2- Joint Time

NPP spends **10** minutes with the patient

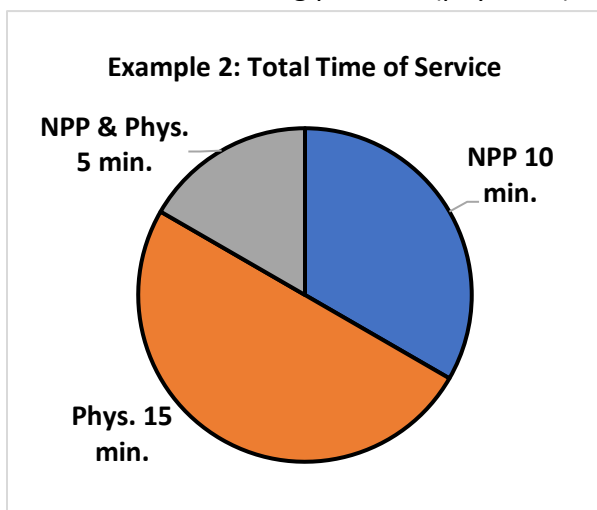
Physician spends **15** minutes with the patient.

Total distinct time: 25 minutes (Physician performed the substantive portion)

The physician and NPP met for **5 minutes** to discuss the patient (joint time).

Total time: 25 minutes of distinct time + **5 minutes** of joint time= **30 minutes**

The physician spent the substantive portion of the visit in distinct time. The **5 minutes** of joint time would be attributed to the billing provider (physician).



Example 3- Outpatient E/M + Prolonged E/M Service

Primary service: CPT code 99215 (40-54 minutes)

NPP time: **20 minutes**

Physician time: **34 minutes**

Total time of service was **54 minutes**.

Add on service: HCPCS code G2212

NPP time: **10 minutes**

Physician time: **20 minutes**

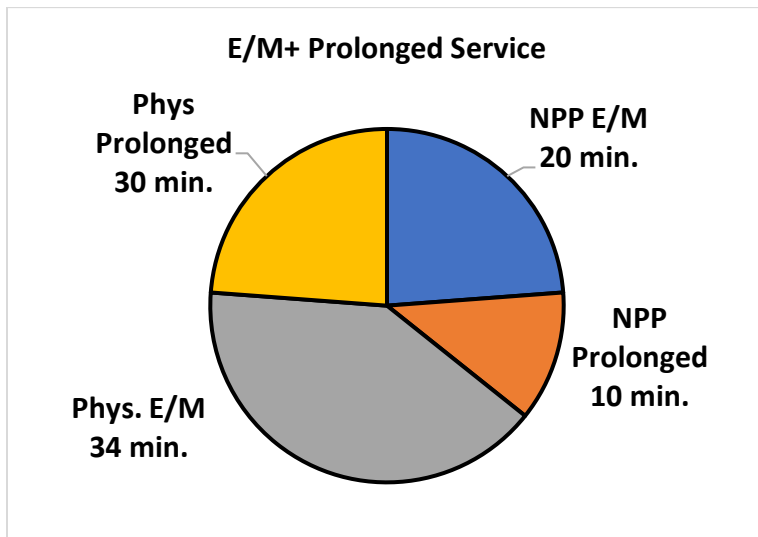
Total time of the prolonged service was **30 minutes** (G2212 x 2)

Primary Service + Add On Service= **84 minutes**

NPP total time: **30 minutes**

Physician total time: **54 minutes**

The physician would report both the primary AND add on service, as they provided the substantive portion of the visit.



Resources

Centers for Medicare and Medicaid Services

[CY 2022 Medicare Physician Fee Schedule Final Rule](#)

Questions

Questions regarding split/shared services can be sent to ASCO at practice@asco.org.