

Split (or Shared) Evaluation and Management (E/M) Services Centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services (CMS) describe a split (or shared) visit as an evaluation and management service (E/M) that is performed (“split” or “shared”) by both a physician and non-physician practitioner (NPP) who are in the same group. CMS has not defined “group” at this time but will be monitoring claims and considering input from stakeholders regarding the description.

Split/shared visits may be provided to *both* new and established patients, and for initial and subsequent visits in the inpatient hospital and observation setting.

Setting

The split/shared services policies pertain to the facility and institutional 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.

The applicable place of service (POS) codes is: Inpatient facility (POS 21), Emergency Department (POS 23), Outpatient On Campus (POS 22), Outpatient Off Campus (POS 19).

Definition of Substantive Portion

For calendar year 2023, the definition of substantive portion remains the same as in calendar year 2022:

1. One of the three key components (history, or exam, or MDM). The component must be performed in its entirety 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.

Per the 2023 Medicare Physician Fee Schedule Final Rule (MPFS), CMS is delaying the implementation of the definition of “substantive portion” as more than half of the total time ONLY until **January 1, 2024**.

CMS Definition of Substantive Portion	
2023	2024 (Proposed)
<ul style="list-style-type: none"> ▪ Two options (select one): <ol style="list-style-type: none"> 1. One of the three key components (history, exam, or MDM). The component must be performed in its entirety 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 ONLY. ▪ 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 activities). <p>The policy regarding split/shared visits will be finalized in the 2024 MPFS final rule.</p>

Prolonged E/M Services

If the requirements for the both the primary E/M service and the prolonged service are met, 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 (either HCPCS code G2212 or G0316). More information about prolonged E/M services in 2023 can be found in the “Important Updates to Evaluation and Management Services in 2023” on ASCO’s [Coding and Reimbursement page](#).

Reporting

Distinct Time

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).

Modifier

When reporting a split/shared visit to CMS, modifier -FS must be appended to the appropriate code to indicate it’s a split/shared visit. CPT modifier -52 describes a reduced service and should not be used to indicate a split/shared service.

Documentation

To appropriately capture a split/shared visit in the medical record, the physician *and* NPP who performed the visit must be identified. 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 (and therefore receive 100% of the PFS amount), 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

Reporting a split or shared E/M service can be seen as a three-step process:

1	Determine who provided the substantive portion of the visit.	2023: Either history, exam, or MDM OR 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 code	Append modifier -FS to the selected code.

Reporting Examples

Example 1

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

NPP spends **20** minutes with the patient

Physician spends **10** minutes with the patient.

Total time= **30 minutes**

The **NPP** spent the substantive portion of the visit with the patient (more than half of 30 minutes). Therefore, the service must be reported by the **NPP** and NOT the physician. The payment for the service would be 85% of the PFS amount

Example 3

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 (in this case, the **physician**).

Resources

[The Centers for Medicare and Medicaid Services](#)

[Medicare and Medicaid Programs; CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies](#)

[Medicare Claims Processing Manual: Chapter 12 - Physicians/Nonphysician Practitioners](#)

[American Society of Clinical Oncology](#)

[ASCO Practice Central: Coding and Reimbursement](#)

[Guide to 2023 Evaluation and Management Changes](#)