

OVERVIEW OF MEDICARE BILLING RULES FOR SPLIT/SHARED E/M SERVICES

Evaluation and Management (E/M) Scenarios	Billing/ Reporting	Medicare Reimbursement	Evaluation and Management (E/M) Documentation Guidelines (1995 or 1997 version) and Other Comments
Physician performs the E/M service (regardless of place of service)	Must be billed using the physician's UPIN/PIN (NPI, when effective)	100% of physician fee schedule	The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must a notation supplementing or confirming the information recorded by others.
NPP performs the E/M service (regardless of place of service)	Must be billed using the NPP's UPIN/PIN (NPI, when effective)	85% of the physician fee schedule	The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must a notation supplementing or confirming the information recorded by others.
<u>Split/Shared E/M Encounter – APPLIES ONLY TO SELECTED E/M VISITS AND SETTINGS</u>			
<p>Encounter between a physician and a non-physician practitioner (NP, PA, CNS or CNM) NPP is employed by the physician or they share the same employer Not applicable to medical students, nurses, residents Not applicable to consultations, procedures and critical care services A split/shared E/M visit cannot be reported in the SNF/NF setting</p>			<ul style="list-style-type: none"> ▪ Service must be medically necessary . ▪ Service must be within the scope of practice and licensure of the NPP. ▪ The NPP service and the physician services may occur jointly or at independent times on the same calendar day. ▪ Both the NPP and physician should each document what each personally performed. The total documentation by both the NPP and the physician should support the level of service reported.
<p><u>Office/Clinic Setting - "Incident to" is met and patient is an "established patient"</u></p> <p>Medicare "Incident to" Criteria</p> <ul style="list-style-type: none"> ▪ Physician must personally perform the initial service and remain actively involved in the course of treatment ▪ Physician must be present in the office suite ▪ NPP must be directly employed by the physician, physician group, or entity that employs the physician(s). NPP may also be leased or independent contractor. ▪ "Incident to" applies to the office/clinic setting. <u>"Incident to" is not applicable in the hospital setting.</u> 	Can be billed using the physician's or NPP's UPIN/PIN (NPI, when effective)	100% of physician fee schedule if billed using physician's UPIN/PIN or 85% of physician fee schedule if billed using NPP's UPIN/PIN/NPI	<p>The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must a notation supplementing or confirming the information recorded by others.</p> <p><u>Split/Shared Visit</u> If there is no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service only by reviewing the patient's medical record) then the service may only be billed under the NPP's UPIN/PIN.</p>
<p><u>Office/Clinic Setting – When "Incident to" is not met</u></p> <p>NPPs should bill under their own name/number when:</p> <ul style="list-style-type: none"> ▪ Seeing new patients ▪ Seeing established patients with new problems ▪ Physician not physically present in office suite 	Must be billed using the NPP's UPIN/PIN (NPI, when effective)	85% of physician fee schedule	The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must a notation supplementing or confirming the information recorded by others
<p><u>Hospital Inpatient/Outpatient/Hospital Observation/Hospital Discharge/Emergency Department Setting</u></p> <p>E/M encounter is shared between a physician and a NPP from the same group practice and the physician provides any face-to-face substantive portion of the E/M encounter with the patient.</p>	Can be billed under either the physician's or the NPP's UPIN/PIN (NPI, when effective)	Payment is made at the applicable physician's fee schedule rate based on the UPIN/PIN/NPI entered on the claim (Physician 100% and NPP 85%)	<p>The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must a notation supplementing or confirming the information recorded by others.</p> <p><u>Split/Shared Visit</u> If there is no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service only by reviewing the patient's medical record) then the service may only be billed under the NPP's UPIN/PIN.</p>
<p><u>Consultations</u> Effective 01/01/06, a consultation cannot be billed as a split/shared visit (regardless of the place of service i.e., office, hospital inpatient, hospital outpatient).</p> <ul style="list-style-type: none"> ▪ Intent of consultation service is that a physician or qualified NPP or other appropriate source is asking another physician or qualified NPP for advice and opinion in evaluating a patient. ▪ Consult must be performed either by physician or by NPP. 	Must be billed using the physician's UPIN/PIN if performed by the physician. If performed by the NPP, must be billed using the NPP's UPIN/PIN (NPI, when effective)	Payment is made at the applicable physician's fee schedule rate based on the UPIN/PIN/UPIN entered on the claim (Physician 100% and NPP 85%)	The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must a notation supplementing or confirming the information recorded by others

(For additional information, please refer to reverse side)

Examples of Documentation for Split/Shared Visits

Acceptable Documentation from Physician:

- “Seen and agree. Heart and lungs normal.” Followed by the physician’s legible signature.
- “Agree with above. Lungs clear.” Followed by the physician’s legible signature.

Unacceptable Documentation from Physician:

- “Above noted. Proceed with cardiac catheterization as planned.” Followed by the physician’s legible signature.

This documentation fails to establish the face-to-face encounter by the physician with the patient.

Use of Scribe(s)

(Per Cigna Government Services Medicare Part B Bulletins, Sept/Oct. 2001 and Oct. 25, 2004)

“A scribe should be merely that, a person who writes what the physician dictates and performs. This individual should not act independently and Medicare makes no payment for this activity. It is acceptable for a physician to use a scribe, however current documentation guidelines must be followed. The physician is ultimately accountable for the documentation.”

“If a nurse or mid-level provider (PA, NP, CNS) acts as a scribe for the physician, the individual writing the note (or history or discharge summary, or any entry in the record) should note “written by xxx, acting as scribe for Dr. yyy. Then, Dr. yyy should co-sign, indicating that the note accurately reflects work and decisions made by him/her.”

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This information is general in scope and is intended to provide an overview of Medicare's guidelines regarding E/M services and the split/shared visit concept. For additional information specific to these issues, refer to your local Medicare carrier and CMS publications and websites. We encourage recipients of this information to contact legal counsel for advice and direction on specific matters of concern.

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