
CODING CORNER

By: Michael Ferragamo

CODING TIPS FOR SHARED MEDICAL VISITS

Recently several questions have been asked about shared or split patient visits...what they entail and how they should be billed? Split/shared visits are a Medicare innovation since October 25, 2002, and occur when the work of an E/M visit and service is shared between a physician (urologist, urogynecologist, gynecologist etc.) and a non-physician provider, NPP, (physician assistant, PA, nurse practitioner, NP, clinical nurse specialist, CNS, or a midwife). Shared/split visits exist only between a physician and a non-physician provider. For a shared visit each party must render a face to face service to the patient and perform a particular part of an E/M service: history, physical examination, or medical decision making. Documentation of each part of their work performed on the same day must appear in the medical records under their signature. The level of coding is based on the combination of the work performed by both the MD and NPP.

Shared /split visits are allowed to be done in office or hospital areas. A claim is submitted as one billing/charge, as one encounter, on the same day, and to qualify both the MD and NPP must provide part of an E/M service. To bill a shared visit in the office "incident to" rules (patient initially examined by the physician on a separate encounter and a plan of care established) must be in effect and billing can be made in the physician's name and numbers with payment at 100% of the global fee. If "incident to" requirements have not been met, billing in the office should be made in the NPP's name and numbers with payment at 80-85% of the global fee for the office E/M services.

In an outpatient hospital or outpatient clinic or office owned by the facility and provided to the physicians without an office fee or rent, place of service (POS), POS 21 (inpatient hospital), 22 (on-campus outpatient hospital), 23 (emergency room hospital), and 24 (ambulatory surgical center), "incident to" rules will never apply. Therefore, in the above locations shared/split E/M visits can be used, performed, and coded in the name of the physicians at 100% global without concern of the "incident to" rules.

Physician and NPP shared visits can be billed for:

Established office patient	99211-99215	under "incident to" rules
Initial hospital visit	99221-99223	
Subsequent hospital visits	99231-99233	
Hospital observation	99218-99220	
Subsequent observation	99224-99226	
Prolonged service codes	99354-99357	
Emergency room visits	99281-99285	
Hospital discharge visit	99238-99239	
Hospital clinic or office visit	99201-99215	

Question: Can new patients in hospital office or other outpatient visits be coded as shared/split visits?

Answer: Because "incident to" criteria can be applied only in the office and a non-facility clinic, the patient must be established. A hospital outpatient clinic/office is considered a hospital or facility setting and not a non-institutional private office setting." Incident to" regulations do not apply in these latter settings and new patient hospital office or other outpatient visits (99201-99205) can be reported as split or shared visits in the hospital outpatient clinic /office.

NOTE: Split/shared visits are not applicable when billed for consultations, office new patients, critical care, skilled nursing homes visits, nursing home visits, and billing on time or for procedures.

Remember shared/split visits are only applied to an MD and NPP. Shared/split visits do not apply to two physicians. Patients must have Medicare as their insurance carrier. Private carriers may have different rules for shared visit so always check with the carrier when billing /coding for non-Medicare carriers.

Example # 1

NPP documents a level 2 E/M **office visit**

MD's documentation bumps to a level 3

When "incident to" criteria are not met, bill level 3 office shared visit in NPP's name and numbers and receive 85% of the E/M global fee.

When "incident to" criteria are met, bill level 3 office shared visit in the MD's name and numbers and receive 100% of the global fee.

Example # 2

NPP documents a level 2 E/M hospital/clinic outpatient office visit

MD documentation bumps to a level 3 E/M

"Incident to" regulations do not apply to any hospital related service. Therefore, bill a level 3 in MD's name and numbers for the shared visit.

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