2022 Split Shared Services Changes (CMS)

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Outreach & Education Services

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Split Shared Services (NPP + Physician)

A split shared visit is a medically necessary encounter where both the physician and NPP each perform a substantive portion of an E/M visit on the same date of service with the same patient, but only one practitioner bills

CMS refined several longstanding Split Shared E/M visit policies for 2022

2022 CMS Split Shared Changes:

1. Updated Split Shared Visits definition: facility setting/same group
2. Additional Services Eligible for Split Shared Billing (Critical Care, New, Initial, SNF, Prolonged)
3. Updated Billing rules: substantive portion, face-to-face rules, new **Split Shared Modifier FS**
4. Prolonged Services may be Split Shared (billing methodology)

Unchanged:

- Consultations and Procedures may not be split shared

Split Shared Services

Change #1: Updated Split Shared Visits definition: facility setting/same group

2022 Updated Definition:

- A Split/Shared service is an E/M visit in the facility setting that is performed in part by both a physician and an NPP who are in the same group, in accordance with applicable laws and regulations.
  - *Meets conditions of coverage and payment such that the E/M visit could be billed by either the physician or the NPP if it were furnished independently by only one of them*

Split Shared E/M: CMS Limiting to Facility Setting Beginning 2022

- **Facility** = Split Shared Visits Allowed in institutional settings such as hospitals (POS 21) & hospital based clinics (POS 19, 22) such as DCAM clinics and the South Shore Senior Center

- **Physician Office (i.e. SL, RE, Orland, etc)** = Split Sharing will no longer apply in physician offices (POS 11). Instead, "Incident-to" billing will apply when an NPP works with a physician who bills for the visit, rather than billing under the NPP's own provider number. *Note: NPPs may still see patients independently as appropriate, and bill under their own NPI*

  - ***"Incident-to" Billing Rules (POS 11, Physician Office)*** (NPP works with MD who bills visit):
    1. Patient's initial visit is performed by Physician who remains actively involved in treatment
       - NPP sees return patients for established problems (i.e. problems that are *not* new or worsening)
         - Note: NPP may see the patient for a new problem, but would bill under their own NPI instead of Incident-to under the Physician's NPI
    2. Direct supervision of NPP staff required: Physician must be present to render assistance if necessary (does not need to be in the same room)

Split Shared Services

Change #1: Updated Split Shared Visits definition: facility setting/same group

Split Shared E/M: Group Clarification 2022

- **"Same Group" Requirement Unchanged:**
  - NPP and Physician are still required to be in the same group
  - UCM = Same Employer
    - e.g. BSD vs. UCM employment (note that some departments may cover individuals in different groups via a master or other agreement)
    - If employment is not the same, the service may not be split shared and the rules for Different Groups apply

- **Clarification on "Different Groups" (Independent billing):**
  - if a physician and NPP who are in *different groups* each furnish part of an E/M service, but not all of the visit then a service by neither practitioner is considered billable
    - ➢ the physician must conduct and complete their own visit/documentation and may not rely on the NPP's
  - If the NPP and Physician are in *different groups*, CMS clarifies practitioners can bill **independently** but only if they specifically and fully furnish the service
    - ➢ Services billed by either the Physician, NPP or both must meet medical necessity and should not be duplicative

- **Other Unbillable Shared Services:**
  - two physicians each in their own private practice see the same patient but neither fully furnish a billable service

Split Shared Services

Change #2: Additional Services Eligible for Split Shared Billing

Beginning January 1st, CMS will ***also*** allow the below **bolded** visit types, some of which were not previously allowed due to incident to billing rules* in certain settings:

- **New*** and Established patients (remember: hospital/facility settings only in 2022)
- **Initial*** and Subsequent visits
- **Critical Care Services,**
- **Certain SNF visits,** (does not apply to visits the physician is required to perform in their entirety)
- **Prolonged Services** (excludes those related to ED and Critical Care visits)
- Emergency Department
- Observation Care
- Discharge Management

NOTE: Split-shared billing is still not allowed for procedures or consultations (99241-99255).

Split Shared Services

Change #3: Updated Billing Rules for substantive portion, face-to-face rules, and new FS modifier

Only the provider who performed the **substantive portion** can bill the Split Shared service

- Beginning 2022, the definition of Substantive Portion will temporarily apply until the **final definition is adopted in 2023**

	2022	2023
Who Can Bill the Split Shared Service	***Non Critical Care:*** a) Whomever performs one of three key components (Hx, Exam, or MDM) ***or*** b) Whomever spends more than half the total visit time ***Critical Care:*** Whomever spends more than half the total visit time	***All Services:*** Whomever spends more than half the total visit time
Leveling	MDM or Time may still be used to level the Split Shared visit, regardless of the "substantive portion" methodology used	
Face-to-Face Requirement	Beginning in 2022, one of the practitioners must have had face-to-face (in-person) contact with the patient but this does not necessarily have to be the physician, nor the practitioner who performs the substantive portion and bills for the visit ➢ this means the substantive portion can be comprised of time that is with or without direct patient contact	

Split Shared Services

Change #3: Updated Billing Rules for substantive portion, face-to-face requirement, new FS modifier

Substantive Portion Examples:

A. Using Key Component method (Hx, Exam, MDM)

- When one of the three components is used, the billing practitioner must have performed that component in it's entirety to bill
  - for example, if MDM is used as substantive portion both practitioners could perform aspects of the MDM but the billing practitioner must have performed all portions of MDM that were required to select the visit level billed

- Outpatient Example (MDM is the billable component): APN Lee completes the HPI & examines the patient + Dr. Jones performs *all of the elements of MDM required to meet a 99213*
  Dr. Jones bills for the visit as criteria for substantive portion was met

B. Using Time method (More than half of the total time)

- Example: APN Lee provides ***20 mins of Critical Care*** + Dr. Jones provides ***45 mins of Critical Care*** | Total Time = ***65 mins***
  Dr. Jones may bill for the visit as she provided more than half of the 65 total minutes

Count any overlapping or joint practitioner time *only once*:

- For example: APN & Physician separately spend 20 & 30 mins ***= 50 mins*** plus spend 10 minutes discussing pt ***= 10 mins*** (not 20)
  Total = 60 minutes

Split Shared Services – Updated Billing Rules, cont.

Claims Modifier Required in 2022

Beginning in 2022, CMS will require a new Split Shared **Modifier FS** to be added to ALL split shared services to better identify via claims data.

Documentation Requirements:

1. Documentation should support the medical necessity of the involvement of both providers and level of service billed
2. Time based visits: time spent by the Physician and NPP must be documented and summed to define total visit time
3. Documentation must reflect that billing practitioner performed at least 1 required E/M element (the substantive portion), and that the patient was seen face-to-face by a clinician
    - *Best practice: each clinician should document what they separately contributed*

Additionally:

- Medical Record must identify the two individuals who performed the visit (already occurs at UCM via note workflow)
- The provider who did the substantive portion must sign and date (already occurs at UCM when both providers sign)

Split Shared Attestation Statements

- Billing practitioner: use ***.splitsharednppvisit*** which includes substantive portion and time prompts
    - ➢ Statement will need to be optimized to align with 2022 changes

- Non-billing practitioner: use **.TIMEATTEST** when leveling by time (or determining substantive portion by time)

Note: the use of Teaching Physician attestation statements is never acceptable for split shared visits

Split Shared Services

Change 4: Prolonged Services May Be Split Shared (billing methodology)

Prolonged Services: G2212, 99354-99359

TABLE 27: Reporting Prolonged Services for Split (or Shared) Visits

E/M Visit Code Family	2022		2023
	If Substantive Portion is a Key Component…	If Substantive Portion is Time…	Substantive Portion Must Be Time
Other Outpatient*	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
Emergency Department	N/A	N/A	N/A
Critical Care	N/A	N/A	N/A

Acronyms: E/M (Evaluation and Management).
*Office visits will not be billable as split (or shared) services.

Prior CMS Rule = Prolonged Services may not be split shared

2022 Change = Prolonged Services may be split shared (except Critical Care/ED)

Determining who bills the Split Shared Prolonged Service

- **Time as substantive portion**
  - Step 1: Physician and NPP will add their time together *including* prolonged time
  - Step 2: Whomever provided more than half of the total time, including the prolonged time reports the Primary Service Code and the Prolonged Services add-on code (time threshold for reporting prolonged must be met)

- **Key component as substantive portion (2022 only)**
  - **Outpatient E/M Same Day G2212:** *when the combined time of both practitioners meets the threshold for reporting G2212,* prolonged services can be reported by the practitioner who reports the split shared Primary Service using key component method (note that for leveling purposes: 99205 & 99215 may still only be leveled by time to bill G2212)
    - Threshold = for an initial unit of G2212, there must be at least *15 minutes beyond* the time of Level 5 OP E/M

  - **Other than Outpatient E/M i.e. 99354-99359** (except Critical Care/ED)
    - *when the combined time of both practitioners meets the threshold for reporting prolonged E/M services other than Outpatient E/M,* prolonged services can be reported by the practitioner who reports the split shared Primary Service using key component method
      - Threshold = typically *60 minutes beyond* the typical time of the Primary Service

Split Shared Services Wrap-Up

1. The substantive portion for ***non*** Critical Care E/M services may be determined by:
   - In 2022: History, Exam, or MDM ***or*** whomever spends more than half the total time (time only for Critical Care)
   - In 2023: the substantive portion for ALL services will be defined as "more than half of the total time"

   Note: Providers may choose to use the same workflow they use today for non-Critical Care E/M which is the key component as substantive portion, ***however, keep in mind that in 2023 this option will no longer apply***

2. One of the practitioners must have face to face contact with the patient but it does not necessarily have to be the billing provider. The substantive portion can be comprised of time that is with or without direct patient contact

3. Split Shared Visits apply to facility settings only (i.e. Hospital, SNF), and not non-institutional settings like a Physician Office (POS 11) where incident-to payment applies

4. Critical Care, New Patient, Initial, and Prolonged Services may now be split shared

Modifier Required 2022: Any split shared services will require new Split Shared **Modifier FS**, including split shared Critical Care. Modifier instructions will be shared once workflow is finalized.

Next Steps

1. Look out for updates to Split Shared attestation statements to accommodate 2022/2023 changes

2. Look out for more information on the workflow for Split Shared Modifier FS

For questions in the meanwhile, reach out to:

- Compliance compliance@bsd.uchicago.edu

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UChicago Medicine

Contacts/Resources

Reporting Mechanisms

It is your responsibility to promptly report any compliance concerns, and suspected or actual violations that you may be aware of.

- Contact the Office of Corporate Compliance directly at (773) 834-4588 or PHA: 773-834-2995 or you may email us at: compliance@bsd.uchicago.edu or PHA: lwarren@bsd.uchicago.edu
- Report directly to your immediate supervisor, departmental manager, the Department of Human Resources, or Legal Affairs at (773) 702-1057/ 24 Hour Pager #: 7602
- Call the Compliance Resource Line at (877) 440-5480, or internally at (773) 834-3222

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Applicable Policy: Compliance 10-01 "Reports of Compliance Concerns and Violations"

Compliance Resource Line

With our non-retaliation policy, you may feel comfortable reporting any suspected or actual violations that you may be aware of or concerned about

(877) 440-5480 or PHA: (833) 484-0055

PURPOSE

The Compliance Resource Line may be used to obtain answers to questions relating to compliance and to report suspected or potential misconduct, violations of the Medical Center's compliance policies, or violations of the law.

Toll Free # with voicemail and no caller id	**All calls investigated**	**Callers are covered by non-retribution, non-retaliation policies**

Callers who wish to remain anonymous are informed that in some circumstances, their concerns cannot be adequately addressed unless certain information is revealed that may also reveal the caller's identity.

OCC Resources (Website)

- OCC Policies and Guidances

INTERNAL RESOURCES

OCC Newsletter - October 2021
(Archived) OCC Newsletter - August 2021
(Archived) OCC Newsletter - July 2021
Code of Conduct
Compliance Policies
Critical Care Tip Sheet
Non-Physician Practitioner (NPP) – Billing Guidance
Non-Physician Practitioner (NPP) – Billing Tip Sheet
EHR Documentation Compliance Guidance (Updated 6/9/21)
Fraud and Abuse Primer
Fraud and Abuse Resource Reference (February 2019)
Modifier 22 Increased Procedures Tip Sheet
Modifier 25 Minor Procedures Tip Sheet
Guide to Attestation Statements
Teaching Physician and Medical Student Documentation Instructions
EM Tip Sheet (excluding outpatient services)
Cataract Tip Sheet
No Surprise Billing Act Decision Tree

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Resources

- **OCC Website:** …… http://compliance.bsd.uchicago.edu/
- **Compliance Resource Line** ……..(877) 440-5480, or at (773) 834-3222

  PHA: (833) 484-0055, or at (708) 915-5678

- **Krista Curell 2-9785**……Executive Vice President
- **Tracy Volel 4-4733** ……Chief Compliance Officer
- **Leslie Warren 4-2995** ……..Associate Compliance Officer
- **Tomicia James-Miller 4-1143** ……..Director, Audit Services
- **Tasha Osafo 4-3047** …….Director, Compliance Education, Risk and Data Services
- **Mia London 4-3858** ……...Program Manager, Education and Outreach

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