# SPLIT-SHARED BILLING POCKET GUIDE

Split-shared billing is only allowed in hospital settings ( POS 19, 21, 22, 23).  Physician offices (POS 11) may not split--share bill and should follow incident-to billing guidelines.  See the **NPP Billing Tip Sheet** for further guidance.

## Outpatient  99202-99215

**Who performed "substantive" portion and bills?**

1. Clinician who performed MDM in its entirety*; or

2. Clinician who provided >50% of total visit time

**What code is billed?** Select the code using MDM or Time (see **tip sheet** for outpatient  E/M leveling).

**\*Note:**  When MDM is used to determine the substantive portion, the billing clinician must perform all portions or aspects of MDM required to select the visit level billed.  *Remember to document any data that you reviewed and the management plan for problems that you addressed.*

For example, to bill 99204 based on MDM, the billing clinician must document that he/she performed 2/3 MDM elements required to support the code.

In cases where the non-billing clinician contributes to the MDM elements such that a higher level code can be billed (i.e., 99205), the billing clinician must review and note the additional elements and acknowledge they have been incorporated into the assessment of MDM complexity.

**SEE SIDE 2 FOR CASE EXAMPLE**

## Inpatient, Observation, Consultations, ED

**Who performed "substantive" portion and bills?**

1. Clinician who performed at least 1 of 3 key elements in its entirety (History, Exam, MDM)*; or

2. Clinician who provided >50% of total visit time

**What code is billed?**  Select the code using traditional 3 key components (History, Exam, MDM); or Time when greater than 50% of the face to face time is spent in counseling/ coordination of care (see **tip sheet** for leveling E/M services).

**\*Note:**  When 1 of the 3 key elements is used to determine the substantive portion, the billing clinician must perform that component in its entirety in order to bill.

For example, to bill 99222 based on physical exam, the billing clinician must document that he/she performed a comprehensive exam in its entirety.

In cases where the non-billing clinician's service support a higher level code, the billing clinician needs to review and note the additional elements and acknowledge they have been incorporated into the assessment of MDM complexity.

## Critical Care 99291-99292

**Who performed "substantive" portion and bills?**  Clinician who provided >50% of total critical care visit time

**What code is billed?**  Select code based on time (see **tip sheet**).

## Rules and Best Practices

1. Split-shared billing is only allowed in facility settings. Physician offices (POS 11) may use Incident-to billing.

2. NPP and Physician must be employed by the same group  or have a service agreement.

3. Each clinician provides a signed and dated note which describes their contribution.

4. Physician should use .nppsplitsharedvisit statement if addending to the NPP's note.

5. NPPs should insert .TIMEATTEST to document NPP time if billing by time.

6. For critical care, Physicians should use .SPLITSHARED_CRITICALCARE.

7. 1 clinician must see patient face to face (does not have to be the billing clinician)

8. Billing Clinician must add Modifier FS during charge selection.

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## Outpatient  99202-99215  CASE EXAMPLE

**Case:**  An 86 year old woman presents in clinic as disoriented, with complaints of falling and hurting her wrist.  The NPP performs an exam, obtains history from the patient's daughter, reviews notes from the urgent care center, and orders wrist x-rays. The NPP reviews the x-ray results and suggests that surgery might be required while documenting examples of surgical risks to the patient.  The Physician reviews NPP notes, agrees with NPP's suggestion for surgery and the associated patient or procedure risk factors, and discusses surgical options with the surgeon. The NPP contributed 30 distinct minutes and saw patient in-person. The Physician contributed 20 distinct minutes and did not see patient in-person.

**NPP documentation:** The NPP documents her contribution to the visit.  If time will be used to determine substantive portion or select CPT code to bill, NPP should insert **.TIMEATTEST—**"*I spent a total of \*\*\* minutes in care of this patient on …*"

**Physician's documentation as an addendum to the NPP's note using the SmartPhrase  .splitsharednppvisit** (highlighted text represents language inserted by the physician):

> *This encounter was done in conjunction with APP Sara Smith.  I provided the substantive portion of this visit personally performing the {History/Exam/MDM} in its entirety.  I verify that the notes documented by the APP are correct. Additionally, I am documenting that I acknowledge the history was obtained by the patient's daughter, reviewed the urgent care note, and agree with the NPP's assessment of the wrist x-rays and that surgery is required.  Finally, my impression and plan related to this encounter is that wrist fusion is needed after discussing the case with surgeon Dr. Kim, and patient is considered high risk due to the risks such as bleeding, and infection associated with major surgery.*

*Optional >* **ATTEST TIME:**   I spent a total of  20 minutes of non-overlapping time on the visit.  The total APP/MD visit time was 50 minutes.  Substantive Time:  I {did/did not spend more than half of the total visit time.   **Note:  .ATTEST TIME only needs to be completed if time will be used to determine the substantive portion or to select the code for billing.**

**1)  Who performed substantive portion and bills?**

⁎ Time:  The NPP can bill as she contributed 30 minutes which is more than 50% of the total time spent on the service (50 minutes), OR

⁎ MDM:  The Physician who performed the MDM can bill.

**2)  What code is billed?**

⁎ Time:   CPT code 99204 can be billed as 50 minutes in combined time was spent on the visit, OR

⁎ MDM:  Using Physician's MDM contribution ONLY, CPT code 99204 is supported. If you add the NPP's contribution, CPT code 99205 is supported.  In order to bill 99205, the Physician must document that he/she reviewed the NPP's assessment and how that was taken into consideration in the MDM.