

Split/Shared Evaluation and Management Services: 2024 Edition



Recorded Dec 13, 2023

Definitions

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CPT

"Physician(s) and other qualified healthcare professional(s) may act as a team in providing care for the patient, working together during a single E/M service."

CMS

"E/M services furnished in a facility setting..." "a split or shared visit refers to an E/M visit performed by both a physician and an NPP in the same group practice."

"In the non-facility (for example, office) setting, the rules for "incident to" billing apply under this circumstance." p. 468

CMS adopting CPT® definitions

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"However, given these recent changes in the CPT guidelines for split (or shared) visits and our interest in reducing coding and billing administrative burden on health professionals to continue to alignment with revised overarching guidelines for E/M visits, we are reconsidering our policy for defining "substantive portion" as it applies to split or shared visits." p. 475

2024: Continuing to allow either time or MDM to determine substantive portion

Location

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- CPT - Doesn't mention location (facility, non-facility settings)

Will need to look at individual payer requirements

- CMS - Facility settings only

Use split/shared only in a facility setting for Medicare patients. For Medicare patients in the office, if the service meets incident to guidelines, may bill under the physician. If it doesn't meet incident to guidelines, bill under the NPP: may not bill split/shared in place of service 11

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Medical decision making review

Three elements:

- Number and complexity of problems addressed
- Amount and/or complexity of data to be reviewed and analyzed
- Risk of morbidity and/or mortality from patient management

CPT determines the substantive portion differently for two categories of data

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MDM: Substantive portion based on number and complexity of problems and risk - CPT

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"... performance of a substantive part of the MDM requires that the physician(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. "

- If using problems and risk, "has performed"
- CPT silent on required documentation; does this imply attestation is allowed?

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7 Substantive portion based on number and complexity of problems - CMS

*"Although we continue to believe there can be instances where MDM is not easily attributed to a single physician or NPP when the work is shared, we expect that whoever performs the MDM and subsequently bills the visit would **appropriately document** the MDM in the medical record to support the billing of the visit." p. 475*

- CMS says billing practitioner would “appropriately document” but doesn’t define that in the rule

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8 What CPT® says about data

"If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan.

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What CPT® says about data

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Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP."... performance of a substantive part of the MDM requires that the physician(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. "If the code selection is based on total time on the date of the encounter, the service is reported by the professional spent the majority of the face-to-face or non-face-to-face time performing the service." p. 6 CPT

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What CPT® says about data

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- If using number of problems, most data elements and risk to determine MDM and select the level of service, these "do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan."
- If using independent interpretation of tests or discussion of test results or patient management to determine MDM and select the level of service these "must be personally performed by the physician or other QHP if these are used to determine the reported code level."

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Substantive portion based MDM

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CPT

Quote from slide 7: ...*"made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan..."*

- **Made and approved**

CMS

From slide 13 "...*whoever performs the MDM and subsequently bills the visit would appropriately document the MDM in the medical record ...*" p. 475

- **Performs and documents**

Check you MAC

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CHECK YOUR MAC pre 2024: NGS: "In order to bill the service as the "substantive" provider, the physician's documentation would need to describe the physician's work as exceeding the NPP's work in completing the service. In either reviewing the NPP's history and/or exam findings and in formulation a medical decision, the physician's performance and documentation would need to exceed the NPP's efforts and documentation of the split/shared service."

<https://www.ngsmedicare.com/ja/evaluation-and-management?lob=96664&state=97224&rgion=93623&selectedArticleId=330568>

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Comments: work ahead

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- Will CPT clarify these rules in upcoming CPT Assistant issues?
- What will private payers allow and require?

Must do:

- Check your MAC. For Medicare, I recommend not using attestation statements unless your MAC specifically allows it.”
- CMS will release a transmittal and update their manual in the spring.

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Citations

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- CPT 2024 Professional Ed. AMA. Page 6
- CMS 2024 PFS Final Rule

NPP= non-physician practitioner

QHP= qualified health care professional

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Thank you

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