

Reference Sheet

What: Shared or split services are Evaluation and Management (E/M) services performed jointly between a physician and a non-physician practitioner (NPP), in the same group/same specialty, in a facility setting.

Why: Shared services reported by physicians are paid at 100% of the physician fee schedule and services reported by NPPs are paid at 85% of the physician fee schedule. CMS is mandating that in order to bill under the physician, the physician must perform a substantive portion of the E/M service

Who: Physician and a qualified health care professional (CPT)/non-physician practitioner (CMS). Physician assistant or nurse practitioner: someone with E/M in their scope of practice.

How: Report the service under the clinician who provides the substantive portion of the service

- Identify the physician and NPP who participated in the visit
- The individual who performed the substantive portion of the visit must sign and date the medical record
- Use modifier FS Split: shared Evaluation and Management service

CMS Split/Shared Services Rules

Hospital, nursing facility	POS
Inpatient	21
ED	23
Nursing facility	31, 32, 54, 56

Outpatient	POS
Includes provider-based clinics, departments of hospitals, observation	
Off campus-outpatient hospital	19
On campus-outpatient hospital	22

What about POS 11, office? Shared services not allowed in POS 11

Time: Office visits in outpatient setting: 99202--99215		Key components: Office visits in outpatient setting: 99202--99215	
Substantive portion determined by	Select level of service by	Substantive portion determined by	Select level of service by
<ul style="list-style-type: none"> • Practitioner who spends > 50% of the time • One of the practitioners must have a face-to-face service with the patient 	<ul style="list-style-type: none"> • Use activities listed in the CPT book that may be included in code selection • If practitioners jointly see the patient or discuss the patient, count that time once, not twice • Each practitioner documents the time spent in the record • Report the service under the practitioner who spent > 50% of the time 	<ul style="list-style-type: none"> • To bill under the physician's NPI, physician must perform one of the key components in its entirety • Since history and exam are no longer key components, suggest use MDM • Physician performs and documents MDM in its entirety • One of the practitioners must have a face-to-face service with the patient 	<ul style="list-style-type: none"> • Medical decision making, as defined in the CPT book

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CMS Split/Shared Services Rules

Substantive portion in 2023 for hospital and nursing facility services (CMS proposes to extend these in 2024)

Time: Inpatient care, observation care, nursing facility		Key components: Inpatient care, observation care, nursing facility	
Substantive portion determined by	Select level of service by	Substantive portion determined by	Select level of service by
<ul style="list-style-type: none"> Practitioner who spends > 50% of the time One of the practitioners must have a face-to-face service with the patient 	<ul style="list-style-type: none"> Use activities listed in the CPT book that may be included in code selection If practitioners jointly see the patient or discuss the patient, count that time once, not twice Each practitioner documents the time spent in the record Report the service under the practitioner who spent > 50% of the time. Mandated nursing home visits may not be billed as split/shared 	<ul style="list-style-type: none"> To bill under the physician's NPI, physician must perform one of the key components in its entirety Physician does not need to document any of the other two key components One of the practitioners must have a face-to-face service with the patient 	<ul style="list-style-type: none"> Medical decision making, as defined in the CPT book Use the combined documentation of both practitioners to select the level of service Mandated nursing home visits may not be billed as split/shared

Time: Emergency department visits		Key components: Emergency department visits	
Substantive portion determined by	Select level of service by	Substantive portion determined by	Select level of service by
<ul style="list-style-type: none"> Practitioner who spends > 50% of the time One of the practitioners must have a face-to-face service with the patient 	<ul style="list-style-type: none"> Cannot use time to select the level of service for ED visits because ED visits don't have typical time 	<ul style="list-style-type: none"> To bill under the physician's NPI, physician must perform one of the key components in its entirety Physician does not need to document any of the other two key components One of the practitioners must have a face-to-face services with the patient 	<ul style="list-style-type: none"> Medical decision making, as defined in the CPT book Use the combined documentation of both practitioners to select the level of service