

The Difference with Split Shared or Incident-to

In many practices, E&M visits are “shared” or “split” between a physician and an APP, such as an ARNP and PA. In these situations, if the documentation meets the CMS requirements and guidelines, then the visit can be billed under the physician’s provider number (NPI), as opposed to the APP’s NPI.

There is significant difference between the two circumstances; Location/patient setting, New or established patient and Physician participation and documentation. See the chart below:

Split/Share and Incident-to	
Split/ Share	Incident-to
Inpatient setting	Office setting
<ul style="list-style-type: none"> • Patient can be seen by the NPP and billed under the physician’s name and NPI. • Both provider’s must personally perform face-to-face substantial portion of the E&M visit. • If the physician’s documentation is not, the visit can not be coded/billed under the physicians’ name. 	<ul style="list-style-type: none"> • For established patient with established plan of care (POC) only. • Services and documentation must support the established plan of care. Once a new problem is presented, visit is no longer considered incident-to. • Supervision and established POC guidelines must be met, if not, must be billed under NPP’s NPI number.

Different Rules for Different Settings

When a physician office E&M visit is split or shared between a physician and an APP, the E&M code may be billed under the physician’s name and provider number, if the patient is an **established patient with an established problem** and the incident-to rules are met. In a physician office setting, use codes 99211-99215 for an established patient with an established plan of treatment

(Note: Medicare clarifies that incident-to billing is not allowed for new patient visits).

Required Documentation for Split Share

The billing physician **MUST** provide any **face-to-face portion of the E&M encounter** (on the same day as the APP’s portion) and their documentation must support the substantial face-to-face portion was performed (The physician’s co-signature is just NOT sufficient).

The **provider must personally perform one** of the key components of an E&M service:

- **History**
- **Exam**
- **Medical Decision Making**



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INCIDENT-TO VISITS

Q. When billing Medicare for services that are provided 'incident to' by an APP, does the supervising physician have to sign the APP's progress notes?

A. It is recommended by First Coast Medicare, that the physician co-sign the APP's progress notes as the physician's signature lends credence to the 'incident to' requirements having been met, as well as the fact that the physician supervised the APP's work.

Note: A service that is billed as 'incident to' is one that is furnished as an incidental but integral part of the physician's professional services in the course of the diagnosis or treatment of the patient's injury or illness.

Q. We are a physician clinic and our physician has left. We currently have two APPs providing services. A physician in another office sponsors and supervises the APPs. Can we bill the APP services as incident to the physician in the other office?

A. No. Services provided in the office must meet the incident to requirements, one of which is that the billing provider must be present in the office suite. In the situation you describe, bill the services under the NPI of the APPs. You can find more information on the incident to requirements in the CMS IOM Publication 100-04, Chapter 12, Section 30.6.1, and 100-02, Chapter 15, Section 60.

Q. If the physician is not in the office, but available by phone, can the APP bill under the incident to guidelines?

A. No. If the physician is not in the office suite, the service does not qualify under the incident to guidelines. The APP would bill for the service under his/her provider number.

SPLIT-SHARE VISITS

Q. Can we bill inpatient subsequent visits as a shared/split visit?

A. Yes. Bill a shared/split visit only if the visit meets the documentation requirements. For a split share visit, both the MD/DO and the APP must document and sign the portion of the visit they performed.

Q. Is it necessary to have the physician sign the medical record when the APP and physician provide a split shared visit? Can the APP document that the physician agrees?

A. Under a shared/split visit situation, both parties must document and sign the work they perform. A notation of "seen and agreed" or "agree with above" would not qualify the situation as a split shared visit because these statements do not support a face-to-face contact with the physician.

Q. The physician and the APP performed part of the Evaluation and Management (E&M) service for the patient. The doctor left the documentation of the visit to the APP. Is this a split shared visit?

A. No. To bill a split share visit, both the physician and the APP must document the work they performed and sign their part of the medical record

Example of ACCEPTABLE substantial documentation for split shared visits?

- "I performed a history and physical examination of the patient and discussed his management with the APP. I reviewed the APP note and agree with the documented findings and plan of care."
- "I saw and evaluated the patient. I reviewed the APP's note and agree, except that picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs."
- "I saw and evaluated the patient. Agree with APP's note but lower extremities are weaker, now 3/5; MRI of L/S Spine today."