

E&M Coding Education Questions?

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## **FINAL CMS RULE 2023 SPECIAL PROVIDER EDUCATION SERIES**

## **Shared Inpatient Visits** **Effective January 1, 2023**

On January 1 new Medicare evaluation and management (E/M) guidelines are now in effect regarding split or shared services. A split or shared visit is an E/M visit in the INPATIENT setting that is performed in part by both a physician and a nonphysician practitioner (NPP) who are in the same group. Payment is made to the practitioner who performs the substantive portion of the visit.

### **WHO BILLS and HOW DO I BILL FOR THESE SERVICES?**

#### **BILLING BY MEDICAL DECISION MAKING**

Beginning January 1, 2023, substantive portion means more than half of the total time spent by the physician and NPP performing the split or shared visit, *except for critical care visits*, or the substantive portion can be one of the three key E/M visit components (history, exam, or medical decision-making [MDM]).

Making this clear, the practitioner who spends more than half of the total time, or performs the history, exam, or MDM can be considered to have performed the substantive portion and can bill for the split or shared E/M visit.

**For Baptist Health South Florida, our direction is for the billing physician to complete and document the medical decision making (Assessment and Plan) in its entirety.**

the greatest amount of documented time are the billable provider.

***What does that mean?*** Both practitioners need to document their time.

#### **WHAT ACTIVITIES ARE CONSIDERED DURING TIME?**

Except for Critical Care, time now includes both face-to-face and non-face-to-face activities. The following listing of activities can be counted toward total time for purposes of determining the substantive portion:

1. Preparing to see the patient (for example, review of tests)
2. Obtaining and/or reviewing separately obtained history
3. Performing a medically appropriate examination and/or evaluation
4. Counseling and educating the patient/ family /caregiver
5. Ordering medications, tests, or procedures
6. Referring and communicating with other health care professionals (when not separately reported)
7. Documenting clinical information in the electronic or other health record

#### **SHARED VISIT BILLING BY TIME**

##### **TIME: WHO'S TIME?**

When the two practitioners jointly meet with or discuss the patient, only the time of one of the practitioners can be counted. The practitioners with

8. Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
9. Care coordination (not separately reported)

Practitioners cannot count time spent on the following:

- Other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient

For all split or shared visits, **ONLY** one of the practitioners must have a face-to-face (in-person) contact with the patient, but it does not necessarily have to be the physician nor the practitioner who performs the MDM portion and bills for the visit.

The substantive portion can be entirely with **or** without direct patient contact, and is determined by the proportion of total time, not whether the time involves patient contact.

**SPECIAL NOTE:** Inpatient Observation codes will be DELETED for January 1, 2023. These services will now be billed under the Initial Admission/Consult codes: 99221-99223.

## NEW TIMETABLE FOR INITIAL ADMISSION/CONSULTATION ENCOUNTERS

E&M Code for Initial Admission/ Consult/ Observation Encounter	History and Examination	Medical Decision Making (Assessment and Plan)	Time Frame
99221	Medical Appropriate History and/or Examination	Straightforward or Low	40 minutes
99222	Medical Appropriate History and/or Examination	Moderate	55 minutes
99223	Medical Appropriate History and/or Examination	High	75 minutes

**Stay tuned for additional details and educational opportunities from the BHMG Coding Education Team!**