Centers for Medicare and Medicaid Services
Split/Shared Visit Policy

CMS Definition of Split/Shared Visits

- A split (or shared) visit refers to an E/M visit that is performed ("split" or "shared") by both a physician and an NPP who are in the same group. CMS is not defining group at this time but will be monitoring claims.
- CMS now allows split/shared visits to be provided to new patients and for initial visits.

Setting

- Facility/Institutional Setting- A setting in which payment for services and supplies furnished incident to a physician or practitioner's professional services is prohibited. Split/shared rules are not applicable in an office setting as "incident to" rules apply.
- Applicable POS codes: Inpatient facility (POS 21), Emergency Department (POS 23), Outpatient On Campus (POS 22), Outpatient Off Campus (POS 19)

CMS Definition of Substantive Portion

- In the 2023 Medicare Physician Fee Schedule Proposed Rule, CMS decided to delay the implementation their definition of the substantive portion as more than half of the total time until January 1, 2024.
- CY 2022 and CY 2023, substantive portion may be defined in one of two ways:

    1. One of the three key components (history, exam, or MDM). The component must be performed in its entirety by the billing practitioner OR

    2. More than half of the total time spent by the physician and NPP performing the split (or shared) visit.

- One practitioner must have face-to-face contact with the patient, but it does not have to be the billing practitioner.

E/M Visit	Definition of Substantive Portion (2022-2023)
Other Outpatient (facility setting) (Does not apply to office visits)	History, or exam, or MDM*, OR More than half of total time
Inpatient/Observation/ Hospital/SNF	History, or exam, or MDM, OR More than half of total time
Emergency Department	History, or exam, or MDM, OR More than half of total time
Critical care	More than half of total time

Claim Identification

Modifier -FS must be appended to the appropriate code to indicate a split/shared visit. Do not use modifier -52 (reduced service).

*For outpatient services in 2022, E/Ms are selected based on time OR MDM. Since history and exam are no longer used to select the code as a key component, only MDM may be considered. Therefore, the billing practitioner would need to perform MDM in its entirety to be the "substantive portion" in 2022.

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Prolonged E/M Services

- The physician or practitioner who spent more than half the total time would bill for the primary E/M visit and the prolonged service code(s).
- The time requirements for the E/M service and the prolonged service code must BOTH be attained.

Information about Prolonged E/M services may be found in the ASCO webinar "Prolonged Evaluation and Management Services in 2021" or on ASCO Practice Central.

	Prolonged E/M Services (2022-2023)	
E/M Visit Family	Key Component	Time
Other Outpatient (facility setting) (Does not apply to office visits POS 11)	Combined time of both practitioners must meet the threshold for reporting HCPCS G2212.	Combined time of both practitioners must meet the threshold for reporting HCPCS G2212.
Inpatient/Observation/Hospital/ Nursing Facility	Combined time of both practitioners must meet the threshold for reporting CPT 99354-9 (60+ minutes > typical).	Combined time of both practitioners must meet the threshold for reporting CPT 99354-9 (60+ minutes > typical).

Distinct Time

- Per CPT guidelines: only distinct time may be counted (the time spent *separately* by each practitioner).
- If the practitioners jointly meet with or discuss the patient, the time may only be attributed to the practitioner who performed the substantive part of the visit (more than half the total time).

Documentation

- The medical record must identify the physician *and* NPP who performed the visit.
- The individual who performed the substantive portion of the visit (and therefore bills for the visit) must sign and date the medical record.

Reimbursement

- Payment is made to the practitioner who performs the substantive portion of the visit.
- To report under the physician NPI, a substantive portion of the visit must be performed by the physician. The service cannot be reported under the physician if the substantive portion was performed by the NPP.

Reporting Steps

1
- **Determine who provided the substantive portion of the visit.**
  - 2022-2023: Either history, exam, or MDM OR more than half the total time.

2
- **Enter documentation in the patient's medical record.**
  - Idenitfy both the physician and NPP that performed the service.
  - Practitioner who performed the substantive portion of the visit must sign and date the medical record.

3
- **Select the appropriate CPT code**
  - Append modifier -FS to the selected code.

Examples

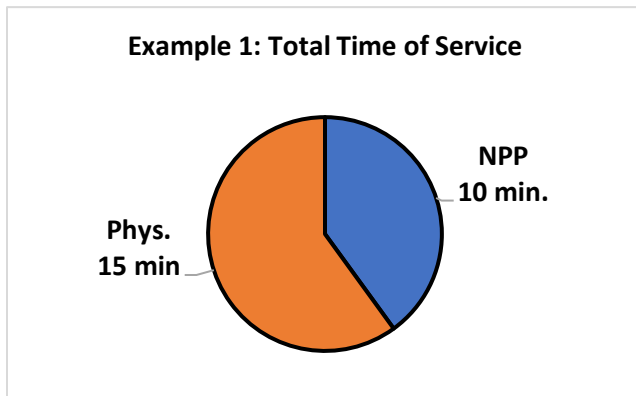**Example 1- Split/Shared Service Based on Time.**

NPP spends **10** minutes with the patient
Physician spends **15** minutes with the patient.
Total time= **25** minutes
The physician spent the substantive portion of the visit with the patient (**more than half of 25 minutes**).
Therefore, the **physician** would report the service.

Example 1: Total Time of Service

Example 2- Split/Shared Service Based on Time (Distinct Time and Joint Time)

NPP spends **10** minutes with the patient
Physician spends **15** minutes with the patient.
Total distinct time: **25 minutes** (Physician performed the substantive portion)

The physician and NPP met for **5 minutes** to discuss the patient (joint time).
Total time: 25 minutes of distinct time + **5 minutes** of joint time= **30 minutes**

The physician spent the substantive portion of the visit in distinct time. The **5 minutes** of joint time would be attributed to the billing provider (physician).

Example 2: Total Time of Service

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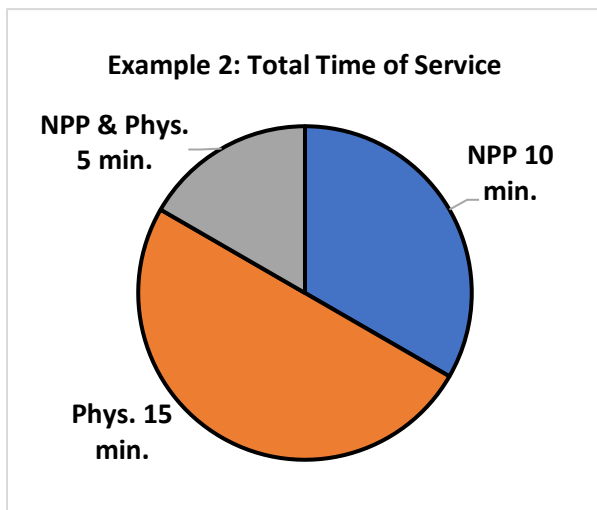
Example 3- Outpatient E/M + Prolonged E/M Service

Primary service: CPT code 99215 (40-54 minutes)
NPP time: **20 minutes**
Physician time: **34 minutes**
Total time of service was **54 minutes.**

Add on service: HCPCS code G2212 (15-minutes)

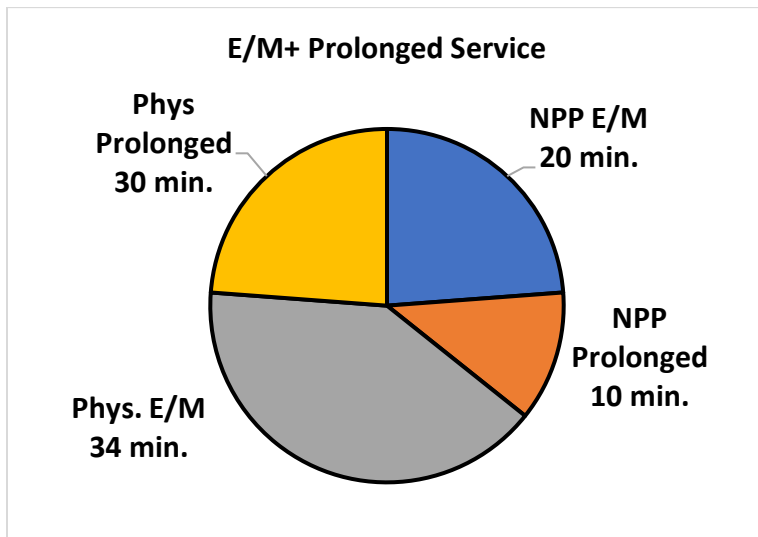NPP time: **10 minutes**
Physician time: **20 minutes**
Total time of the prolonged service was **30 minutes** (G2212 x 2)

Primary Service + Add On Service= **84 minutes**
NPP total time: **30 minutes**
Physician total time: **54 minutes**

The physician would report both the primary AND add on service, as they provided the substantive portion of the visit.

Resources

Centers for Medicare and Medicaid Services
CY 2022 Medicare Physician Fee Schedule Final Rule