

## Dermatology Coding Alert

### Reader Question: Use Split Visit Rules to Duck 15 Percent Pay Cut

**Question:** I've heard nurse practitioners (NPs) and other providers talk about "splitting" a service with a physician for Medicare patients. How can NPs and physicians "split" visits? And how would you bill for "split" visits?

Michigan Subscriber

**Answer:** A split/shared visit involves two providers and a patient for hospital-based services (e.g., initial hospital visit or subsequent hospital visit). During a split/shared visit, the physician and a qualified nonphysician practitioner (NPP) each perform a substantive portion of an evaluation and management (E/M) service for the same patient on the same calendar date of service.

The supervision requirement for the E/M is considered "general," meaning the physician does not need to be present when the non-physician provider sees the patient. However, the physician must see the patient face-to-face on the same calendar date, perform and document a portion of the E/M, and sign the progress notes. You can only report split visits on E/M codes; the split visit exception doesn't apply to procedure codes.

**Benefit:** When you bill an E/M service as split/shared, you can bill under the physician's National Provider Identifier (NPI), which will garner the practice 100 percent reimbursement for the service. When you bill for services under a qualified NP's NPI, you'll only be able to receive 85 percent of the total reimbursement for the service.

In an office setting, a split visit must first meet "incident-to" requirements, which makes it impossible to bill a split/shared visit performed in the office.