

Part B Insider (Multispecialty) Coding Alert

Shared Visits: Report Shared Visits Properly to Avoid Being A CERT Statistic

Medicare allows NPP, physician to combine forces on some hospital services

If CMS's latest CERT report is any indication, Part B practices could use a quick refresher on how to report split/shared visits properly to avoid paybacks or underpayments (See cover story for more on this). Consider the following tips to ensure that you report these services appropriately.

In the office setting, incident-to billing is a vital part of the practice's reimbursement machine: Under incident-to rules, qualified nonphysician practitioners (NPPs) can treat certain patients and still bill the visit under the physician's National Provider Identifier (NPI).

The hospital setting, however, is a different story, since incident-to billing is not allowed in the hospital. But shared/split visit billing is an option. Shared-visit billing is not exactly incident-to, but it is a way to bill for services that are provided jointly by the physician and a qualified NPP. If the encounter meets shared-visit guidelines, you'll be able to report the entire visit under the physician's NPI--thereby garnering you 15 percent more pay for the same service.

Face Time Is a Must

In a nutshell: The following example demonstrates how the typical shared visit works:

- The NPP visits and examines a patient. The NPP documents her work establishing medical necessity.
- At a different time, the doctor sees the patient. The physician documents her work. This can be immediately after or even before the NPP's visit, but it has to be on the same day.
- Then, you can add the documentation together to establish a billing level.

Benefit: In many shared visits, the NPP conducts the preliminary interview and exam, and then the physician sees the patient. To bill a shared visit under the physician's NPI, he must provide and document a face-to-face service.

According to CMS Transmittal 1875, "When a hospital in-patient/hospital outpatient or emergency department E/M is shared between a physician and an NPP from the same group practice and the physician provides any face-to-face portion of the E/M encounter with the patient, the service may be billed under either the physician's or the NPP's NPI number. However, if there was no face-to-face encounter between the patient and the physician, the service may only be billed under the NPP's NPI."

When? There might be instances where the MD's note may not include the face-to-face encounter that is required. Maybe he only writes that he "looked at the CT scan and made recommendations." Because the note doesn't fully illustrate the physician's contact with the patient, you should bill this visit under the NPP's NPI.

Shared billing is an option only for select hospital E/M services--you cannot bill shared visits for critical care.

Make Sure Physician Is Available

Under shared-visit rules, the NPP can treat patients in the hospital in accordance with his scope of practice and hospital privileges granted. During these visits, general supervision requirements apply. The physician must be accessible at all times by telephone or some other means of communication.



When submitting your shared-service claims, be sure that you remember to:

- clearly identify both providers in the medical record
- link the physician's encounter notes to the NPP's
- include legible signatures from the physician and the NPP.

Tip: The documentation must prove the doctor provided at least one element of the encounter for you to bill under the physician's NPI.

Examples: CMS offers the following two examples of a shared visit in Transmittal 1875:

"The NPP sees a hospital inpatient in the morning and the physician follows with a later face-to-face visit with the patient on the same day, the physician or the NPP may report the service."

"In an office setting, the NPP performs a portion of an E/M encounter and the physician completes the E/M service. If the 'incident to' requirements are met, the physician reports the service. If the 'incident to' requirements are not met, the service must be reported using the NPP's NPI."