

Part B Insider (Multispecialty) Coding Alert

SHARED VISITS: Shared Visits Can Net 15 Percent More on Some E/M Services

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

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. -There is no incident-to billing in the hospital,- says **Mary Falbo, CPC**, president of **Millennium Healthcare Consulting Inc.** in Lansdale, Pa. -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 internist 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: According to **Suzan Hvizdash, CPC, CPC-E/M, CPC-EDS**, physician educator for the **University of Pittsburgh**, here's 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,- Hvizdash says.
- Then, you can add the documentation together to establish a billing level, Hvizdash said during The Coding Institute audioconference -9 Revenue-Boosting Billing Strategies for Incident-To Services.-

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 Transmittal 178 of the Medicare Claims Processing Manual, -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,- the transmittal states.

Ideally, you'll bill a shared visit under the physician's NPI, but you could also bill a shared visit 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,- - Hvizdash said.

Because the note Hvizdash described 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 consults or critical care, Hvizdash said.

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,- Hvizdash said.

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.