



National Hospice and Palliative Care Organization  
**Palliative Care Resource Series**

**SPLIT/SHARED VISITS  
PALLIATIVE CARE – PART B ONLY**

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## SPLIT/SHARED VISIT DEFINED

An evaluation and management service performed in the hospital inpatient/hospital outpatient or emergency department that is shared between a physician and a non-physician practitioner (NPP) from the same group practice. It is important to note that the definition does not include a SNF/NF.

## SPLIT/SHARED CRITERIA

- Physician must provide a face-to-face encounter with the patient
- Physician must document at least one element of the history, exam and/or medical decision making component that he/she personally performed
- Physician signature (legible) to justify involvement in the patient care
- Non-physician practitioner's (e.g., ARNP, CNS, PA) service must be within scope of practice
- Non-physician practitioner also documents a face-to-face encounter
- Both practitioners currently enrolled in the Medicare program
- Code selection is made based on the combined documentation of the non-physician practitioner and physician

## SPLIT/SHARED BILLING AND CODING

- Applies only to evaluation and management services
- Hospital (inpatient and outpatient) and emergency department only
- Level of service based on combined documentation
- Billed by either the physician or the non-physician practitioner

## COMMON SPLIT/SHARED VISIT SCENARIOS

### Hospital inpatient/outpatient/emergency room setting:

- When a hospital inpatient/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.
- If there was no face-to-face encounter between the patient and the physician (e.g., even if the physician participated in the service by reviewing the patient's medical record) then the service may only be billed under the NPP's NPI.
- Payment will be made at the appropriate physician fee schedule rate based on the NPI entered on the claim.
- When the E/M is shared between a physician and non-physician practitioner (e.g., ARNP, CNS, PA) from the same group practice, and the physician provides any face-to-face portion of the E/M encounter, service may be billed under either's NPI.
- Physician documentation of something from at least one key component **personally performed and documented:**
  - ◆ History,
  - ◆ Exam, and/or
  - ◆ Medical decision making (impression/plan)

## FAQS: SPLIT/SHARED VISITS

**Does the physician have to sign the medical record when providing a shared/split visit with a non-physician practitioner (e.g., ARNP, CNS, PA)?**

- Both parties must document and sign the work they perform.

## POINTS TO REMEMBER: SPLIT/SHARED VISITS

- Shared/Split services may be billed by either the physician or the non-physician practitioner (e.g., ARNP, CNS, PA)
- Physician must have a face-to-face encounter with the patient in order to bill
- Each must document & sign own documentation
- Services may occur jointly, or at separate times of the day
- No supervision requirement
- Critical Care and Procedures cannot be shared/split
- Allowed in the hospital setting only (inpatient, outpatient and emergency room)
- Not allowed in hospice as the only services of a NP that can be billable are those performed in the role of the hospice attending physician

## UNACCEPTABLE DOCUMENTATION OF SPLIT/SHARED E&M SERVICE

- "I have personally seen and examined the patient independently, reviewed the PA's Hx, exam and MDM and agree with the assessment and plan as written" signed by the physician
- "Seen and examined" signed by the physician
- "Seen and examined and agree with above (or agree with plan)" signed by the physician
- "As above" signed by the physician
- Documentation by the NPP stating "The patient was seen and examined by myself and Dr. X., who agrees with the plan" with a co-sign of the note by Dr. X
- No comment at all by the physician, or only a physician signature at the end of the note

## FINAL NOTES ON SPLIT/SHARED SERVICES

- There must be documentation of the face-to-face portion of the E/M encounter between the patient and the physician.
- Medical record should also clearly identify the part(s) of the E/M service which were personally provided by the physician, and which were provided by the NPP.
  - ◆ Each signs their own individual entry.
  - ◆ The NPP cannot dictate for the physician.
- In the absence of such documentation, the service may only be billed under the NPP's provider number.
- In the hospital, this applies to the
  - ◆ initial history and physical examination/admission note,
  - ◆ discharge summary, and
  - ◆ subsequent hospital visits.

## Resources and Links

### ■ IOM Publication 100-04, Chapter 12, Section 30

IOM Publication 100-04, Chapter 12, Section 30.6.13 (H) states that, *"A split/shared E/M visit is defined by Medicare Part B payment policy as a medically necessary encounter with a patient where the physician and a qualified NPP each personally perform a substantive portion of an E/M visit face-to-face with the same patient on the same date of service. A substantive portion of an E/M visit involves all or some portion of the history, exam or medical decision making key components of an E/M service."*

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