



# Documenting split-shared visits in the hospital setting

November 2, 2010

by Sharon Bolarakis, CPC, CPC-I, CPMA

Reprinted with permission from *JustCoding, Documenting split-shared visits in the hospital setting* by Sharon Bolarakis (HCPro, November 2010).

Physicians often share the work of a patient's visit with a nonphysician provider (NPP). The utilization of NPPs is a cost-effective process for physician practices because it saves money when NPPs do the majority of work when sharing patient care with a physician.

For example, an NPP may start an evaluation and management (E/M) service for a patient by taking a history but the physician completes the E/M service by performing the physical exam and the medical decision-making.

In a hospital setting, an NPP could see a patient in the morning and the physician may visit in the afternoon. You may also consider this a split/shared visit as long as the physician and the NPP see the patient on the same day.

Qualified NPPs who are permitted to assist a physician during a shared visit are:

- Nurse practitioners
- Physician assistants
- Clinical nurse specialists
- Certified nurse midwife

Medicare reimburses services provided by an NPP alone at 85% of the rate it reimburses physicians. However, CMS reimburses visits shared between the physician and the NPP at 100% of the allowed amount to the physician. Remember that services must be within the scope of practice for the NPP.

To obtain the full reimbursement allowed, the physician must document his or her participation in the care of the patient along with the NPP's documentation of his or her portion of the care. If the documentation does not support the physician's presence and the portion of work the physician performed, the NPP should report the care alone.

### **Shared visit guidelines**

Of course, both the physicians and the NPPs must follow CPT and CMS documentation guidelines. Guidelines reference two main types of shared visits; the differences between them may confuse coders. In the hospital inpatient setting, the shared visit encounters are referred to as split-shared visits.

In the office setting the shared visits are referenced as incident-to visits. Follow the appropriate split-shared rules when reporting the inpatient shared visits.

### **Rules for reporting inpatient split-shared**

When reporting an inpatient split-shared visit, remember these rules:

- The split-shared visit rules state that both the NPP and the physician must have a face-to-face encounter with the patient on the day the facility or practice reports the service.
- Both the physician and the NPP should document their participation of the visit in the medical record.
- The physician practice employs the NPP. Do not report a shared visit when a hospital facility or other entity employs the NPP.
- The physician cannot simply state “reviewed and agree” in the record without seeing the patient personally.
- CMS permits hospitals to report new and established patient encounters in the hospital setting as a split-shared visit.

In addition, the physician must perform and document at least some of the three key components of E/M services (i.e., the history, the exam, and the medical decision-making). Review the details of E/M services in your *2010 CPT® Manual*.

### **No shared visits with consultation codes**

Medicare eliminated payment for consultations in January 2009. Many third-party payers also adopted Medicare’s stance and no longer allow payment for the consultation codes. The removal of the consultation codes resulted in a significant loss in reimbursement, especially amongst specialty physicians, such as orthopedics, cardiology, and pulmonology.

The official CPT guidelines do not allow shared visits when reporting consultation codes 99241–99255. This rule has no bearing on whether a facility or practice may report consults in the office or the hospital. Medicare and many private payers do not permit shared visits with consultations.

The deletion of the CPT consultation codes benefits physicians who are appropriately documenting split-shared visits that take place in the hospital setting. The physician and the NPP may now share services previously reported as inpatient consultations. This reporting is advantageous financially, as it allows for more effective use of the NPP on a more regular basis.

You should now report the codes for inpatient consultations with the admission codes or the subsequent care codes that allow the use of split-shared encounters. Physicians working in a physician office did not benefit from the deletion of the consultation codes. The crosswalk guidelines state that either the physician or the NPP should report consultations in the office as new patient visits.

Lastly, when reporting a split-shared encounter in the hospital setting, you may combine the documentation of both the physician and the NPP to report the highest level of service provided. The physician and the NPP do not need to see the patient at the same time, but they do have to see the patient on the same day. The physician should state his or her agreement and link to the NPP's note.

*Editor's note: Bolarakis is a coding and compliance consultant for Navigant (formerly EthosPartners). She performs audits and offers physician education and answers to reimbursement questions. She also answers coding questions for clients and teaches coding classes as a PMCC instructor. E-mail your questions to Senior Managing Editor Michelle A. Leppert, CPC-A, at [mleppert@hcpro.com](mailto:mleppert@hcpro.com).*