



Attestations in the ED chart

Shared Services
Teaching Physicians
Scribes

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Shared Services

Physician Assistants (PA) and Nurse Practitioners (NP), are referred to as Non-Physician Practitioners (NPP) by CMS.

Any services for which Medicare will pay a physician are also covered when performed by a NPP.

Services of an NPP are reimbursed at 85% of the Medicare allowable.

When the NPP and the MD share in the performance of the E&M service, the claim can be filed under the attending physician's ID number and the service will be reimbursed at 100% of Medicare allowable.

Shared Services 2002 - 2021

- ▶ The physician must have face-to-face contact with the patient, can not simply review and/or co-sign the patient's medical record.
- ▶ The MD must perform and document some portion of the elements of the E&M service (history, physical exam, or medical decision making) in whole or part.
- ▶ A generic attestation may not suffice as documentation to support a shared service.

Shared Services as of 2022

CPT guidelines for E/M services introduced a CPT definition of a shared visit, effective January 1, 2021.

- ▶ A shared or split visit is defined as a visit in which a physician and other qualified health care professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit.

Shared Services 2022 - CMS

- ▶ The CPT E/M Guidelines do not address many issues that arise in the context of PFS payment for shared visits, such as which practitioner should report the visit.
- ▶ To ensure appropriate payment, CMS policy for shared visits, is that the physician may bill for a shared visit **only if they perform a substantive portion of the visit.**

Shared Services 2022

- ▶ As of CY 2022, the substantive portion will be defined as one of the three key components (history, exam, or MDM), or more than half of the total time spent by the physician and NPP performing the shared visit).

Shared Services 2022

- ▶ When one of the three key components is used as the substantive portion in 2022, the practitioner who bills the visit **must perform that component in its entirety in order to bill.**

2002 - 2021 Policy

The MD must perform and document some portion of the elements of the E&M service (history, physical exam, or medical decision making) in whole or part.

Shared Services 2022

- ▶ For example, if history is used as the substantive portion and both practitioners take part of the history, the billing practitioner must perform the level of history required to select the visit level billed.
- ▶ If physical exam is used as the substantive portion and both practitioners examine the patient, the billing practitioner must perform the level of exam required to select the visit level billed.
- ▶ If MDM is used as the substantive portion, each practitioner could perform certain aspects of MDM, but the billing practitioner must perform all portions or aspects of MDM that are required to select the visit level billed.

Final Rule 2022

TABLE 26: Final Definition of Substantive Portion for E/M Visit Code Families

E/M Visit Code Family	2022 Definition of Substantive Portion	2023 Definition of Substantive Portion
Other Outpatient*	History, or exam, or MDM, or more than half of total time	More than half of total time
Inpatient/Observation/Hospital/Nursing Facility	History, or exam, or MDM, or more than half of total time	More than half of total time
Emergency Department	History, or exam, or MDM, or more than half of total time	More than half of total time
Critical Care	More than half of total time	More than half of total time

Final Rule 2023

- After consideration of public feedback, we proposed to delay implementation of our definition of the substantive portion as more than half of the total time until January 1, 2024.
- We continued to believe it is appropriate to define the substantive portion of a split (or shared) service as more than half of the total time, and proposed that this policy will be effective beginning January 1, 2024.

Substantive Portion & 2023 DGs

- When an E/M visit requires a medically appropriate history and/or physical exam, in accordance with its code descriptor, these service element(s) can qualify as the substantive portion, when performed.

- Final Rule 2023

Shared Services 2022 - Claims

- ▶ We proposed to create a modifier to describe shared visits, and that the modifier must be appended to claims for shared visits, **whether the physician or NPP bills for the visit.**
- ▶ FS modifier must be reported on the claim to identify shared visits.

Shared Services 2022 - Documentation

- ▶ To ensure program integrity and quality of care, documentation in the medical record must identify the two individual practitioners who performed the visit.
- ▶ The individual who performed the substantive portion (and therefore, bills the visit) would be required to sign and date the medical record.

Shared Services 2022 - Documentation

- ▶ It may be helpful for each practitioner providing the shared visit to directly document and time their activities in the medical record, to track and attribute time, in order to determine who performed the substantive portion and should therefore bill.
- ▶ However, we believe we should leave it to the discretion of individual practitioners and the groups they work in to decide how time will be tracked.

Shared Services 2022 - Attestations ??????

FR indicates a discrepancy between performance requirements and documentation requirements.

- ▶ MD must perform “substantive portion” of E&M.
- ▶ Per FR, signature and date by billing provider is sufficient for documentation.



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- ▶ Many EDs require attending signature on NPP charts regardless of MD participation.
- ▶ How will coders know which should be billed as shared vs. billed as NPP visits?

Shared Services 2022 - Attestations ??????

- ▶ In the rule, we said that ‘Documentation in the medical record must identify the physician and NPP who performed the visit. The individual who performed the substantive portion of the visit (and therefore bills for the visit) must sign and date the medical record.’
- ▶ Signing and dating the MR and putting their name on the bill affirms that the individual performed the substantive portion, whatever they chose.
- ▶ We did not finalize anything about identifying what they used as the substantive portion.

Shared Services 2022 - Attestations

- ▶ While not required by CPT or CMS policy, use of a shared service attestation by the ED physician will ensure appropriate coding and billing of shared services.
- ▶ Most facilities that use NPPs in the ED already have templated or macro shared service statements in the EHR.
- ▶ *"I have personally performed a substantive portion of this visit, reviewed the PA's Hx, exam and MDM and agree with the assessment and plan as written"*

Shared Services 2022 – Critical Care

- ▶ Prior to 2022, CMS policy did not permit critical care services to be billed as a shared services.
- ▶ “We believe the practice of medicine has evolved toward a more team-based approach to care, and greater integration in the practice of physicians and NPPs, particularly when care is furnished by clinicians in the same group in the facility setting.” - FR 2022

Shared Services 2022 – Critical Care

- ▶ “In considering and reevaluating this policy, we believed it would be appropriate to revise our policy to allow critical care services to be reported when furnished as shared services.”
- ▶ “Therefore, we proposed that critical care visits may be furnished as shared visits.”

Shared Services 2022 – Critical Care

- ▶ The total critical care time provided by a physician and NPP in the same group on a given calendar date would be summed, and the practitioner who furnishes the substantive portion of the cumulative critical care time would report the critical care service.
- ▶ When critical care is furnished as a shared visit, the substantive portion is more than half the total time in qualifying activities that are included in CPT codes 99291 and 99292.
- ▶ Only distinct time should be summed for shared or split visits (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).



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