Split (or Shared) Evaluation and Management (E/M) Services

Centers for Medicare and Medicaid Services

Updated April 2024

The Centers for Medicare and Medicaid Services (CMS) describes a split (or shared) visit as an evaluation and management service (E/M) that is performed "split" or "shared" by both a physician and non-physician practitioner (NPP) who are in the same group. CMS has not defined "group" at this time but will be monitoring claims and considering input from stakeholders regarding the description.

Split/shared visits may be provided to *both* new and established patients, and for initial and subsequent visits in the inpatient hospital and observation setting.

Setting

The split/shared services policies pertain to the facility and institutional setting, in which payment for services and supplies furnished "incident to" a physician or practitioner's professional services is prohibited. Split/shared rules are not applicable in an office setting as "incident to" rules apply.

The applicable place of service (POS) codes is: Inpatient facility (POS 21), Emergency Department (POS 23), Outpatient On Campus (POS 22), Outpatient Off Campus (POS 19).

Definition of Substantive Portion

For calendar year 2024, CPT ® guidelines were updated to clarify instruction on determining the "substantive portion." In the 2024 Physician Fee Schedule Final Rule, CMS decided to align the definition of substantive portion with CPT guidelines for split (or shared) services.

Substantive portion for code selection may be based on total time or medical decision-making (MDM).

1. Time: The service would be reported by the physician or qualified health care professional spending the majority of the face-to-face-or non-face-to-face time performing the service.
2. MDM: A substantive part of the MDM must be performed by the reporting provider as defined by CPT.
    a. The provider must make or approve the management plan for the number and complexity of problems addressed at the encounter. AND
    b. The provider must take responsibility for the treatment plan including the risk of complications and/or morbidity or mortality of patient management.

If data is used to determine level of service, the independent interpretation of tests and discussion of management plan or test interpretation must be performed by the reporting provider. Other data elements can be performed by either provider.

CMS Definition of Substantive Portion	
Prior to 2024	**2024**
▪ Two options (select one): 1. One of the three key components (history, exam, or MDM). The component must be performed in its entirety by the billing practitioner OR 2. More than half of the total time spent by the physician and NPP performing the split (or shared) visit. ▪ One practitioner must have face-to-face contact with the patient (does not have to be the billing practitioner).	Two options (select one): 1. More than half of the total time spent by the physician and NPP performing the split (or shared) visit ONLY. 2. Substantive portion of MDM must meet CPT guideline criteria.

Prolonged E/M Services

If the requirements for the both the primary E/M service and the prolonged service are met, the physician or practitioner who spent more than half the total time would bill for the primary E/M visit and the prolonged service code (either HCPCS code G2212 or G0316). More information about prolonged E/M services in 2023 can be found in the "Important Updates to Evaluation and Management Services in 2023" on ASCO's Coding and Reimbursement page.

Reporting

Distinct Time

If the practitioners jointly meet with or discuss the patient, the time may only be attributed to the practitioner who performed the substantive part of the visit (more than half the total time).

Modifier

When reporting a split/shared visit to CMS, modifier -FS must be appended to the appropriate code to indicate it's a split/shared visit. CPT modifier -52 describes a reduced service and should not be used to indicate a split/shared service.

Documentation

To appropriately capture a split/shared visit in the medical record, the physician *and* NPP who performed the visit must be identified. The individual who performed the substantive portion of the visit (and therefore bills for the visit) must sign and date the medical record.

Reimbursement

Payment is made to the practitioner who performs the substantive portion of the visit. To report under the physician NPI (and therefore receive 100% of the PFS amount), a substantive portion of the visit must be performed by the physician. The service cannot be reported under the physician if the substantive portion was performed by the NPP.

Reporting Steps

When reporting a split or shared E/M service, consider three steps:

1. **Determine who provided the substantive portion of the visit.**
   - Either MDM OR more than half the total time.
2. **Enter documentation in the patient's medical record.**
   - Identify both the physician and NPP that performed the service.
   - Practitioner who performed the substantive portion of the visit must sign and date the medical record.
3. **Select the appropriate CPT code**
   - Append modifier -FS to the selected code.

Reporting Examples

Example 1

NPP spends **10** minutes with the patient

Physician spends **15** minutes with the patient.

Total time= **25 minutes**

The **physician** spent the substantive portion of the visit with the patient (more than half of 25 minutes). Therefore, the **physician** would report the service.

Example 2

NPP spends **20** minutes with the patient

Physician spends **10** minutes with the patient.

Total time= **30 minutes**

The **NPP** spent the substantive portion of the visit with the patient (more than half of 30 minutes). Therefore, the service must be reported by the **NPP** and NOT the physician. The payment for the service would be 85% of the PFS amount

Example 3

NPP spends **10** minutes with the patient

Physician spends **15** minutes with the patient.

Total Distinct time: **25** minutes (Physician performed the substantive portion)

The physician and NPP met for 5 minutes to discuss the patient (joint time).

Total Time: 25 minutes of distinct time + 5 minutes of joint time= 30 minutes

The **physician** spent the substantive portion of the visit in distinct time. The 5 minutes of joint time would be attributed to the billing provider (in this case, the **physician**).

Resources

The Centers for Medicare and Medicaid Services

Medicare and Medicaid Programs: CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies

Medicare Claims Processing Manual: Chapter 12 - Physicians/Nonphysician Practitioners

American Society of Clinical Oncology

ASCO's Coding and Reimbursement webpage

Guide to 2023 Evaluation and Management Changes