

EVALUATION AND MANAGEMENT SHARED SERVICES GUIDELINES

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Who may bill Evaluation and Management Shared Services? When an E/M service is a shared/split encounter between a physician and a non-physician practitioner (Nurse Practitioner (NP), Physician Assistant (PA), Certified Nurse Specialist (CNS), or Certified Nurse Midwife (CNM)), it may be billed as a shared service.

When a hospital inpatient/hospital outpatient or emergency department E/M visit is shared between a physician and a non-physician practitioner from the same group practice and the physician provides at least one element of the face-to-face portion of the E/M service with the patient, the service may be billed under either the physician's or the non-physician practitioner's name.

Please reference CMS Guidelines on shared services for relevant codes. CMS states the shared service concept does not apply to critical care, procedural services or E/M services performed in the skilled nursing facility (SNF).

However, 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 only reviewing the patient's medical record) then the service may only be billed under the non-physician practitioner's name.

Examples of Shared Visit Scenarios

1. If the non-physician practitioner sees a hospital inpatient in the morning and the physician follows with a later face-to-face visit with the patient on the same day, the physician or the NPP may report the service in their name.
2. In an outpatient setting, the non-physician practitioner performs a portion of the E/M encounter and the physician completes the E/M service. The physician or the NPP may report the service in their name.
3. If a non-physician practitioner sees the patient and discusses the plan of care with the physician (the physician doesn't see the patient), then the service will be reported in the name of the non-physician practitioner.

Billing Guidelines

- 1. The documentation of both providers must support the level of service billed.**
- 2. A tie in or co-signature by the MD attached to a Non-MD provider's note will not support a shared visit.**
- 3. The MD must document at least one element of the E/M component**
4. If you are billing a shared visit from a combination of the physician and non-physician documentation you should report the service with Billing Provider as the physician's name and Service Provider as the non-physician practitioner's name. This needs to be indicated in the charge editor window within charge capture.
5. Both the non-physician practitioner and the physician must electronically sign their own documentation. Provider #1 (Billing Provider) and Provider #2 (Service Provider) will be used for internal tracking to report back to the departments.

<https://www.cms.gov/manuals/downloads/clm104c12.pdf>