





**Understanding Split/Shared Services**  
**Kansas City Chapter AAPC**  
**March 2024**


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**Disclaimer**

We prepared this education as a tool to assist the provider community. Medicare rules change often and are part of relevant laws, regulations and rulings found on the Centers for Medicare & Medicaid Services (CMS) website. We will provide responses to questions based on the facts given, but the Medicare rules will determine final coverage. CMS prohibits recording of the presentation for profit-making purposes.

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**Acronyms**

- E/M Evaluation and Management
- MDM Medical Decision-Making
- NPP Non-Physician Practitioner

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**Objectives**

To review Medicare specific requirements for split or shared E/M services.



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**Agenda**

- We will:
  - Define split/shared services
  - Define group for split/shared services
  - Review how to determine the billing provider
  - Review use of modifier FS



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**Split/Shared Services Overview**



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**What?**  
**What are split/shared services?**



E/M visit in the facility setting where both a physician and NPP perform a portion of the visit.



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**Who?**  
**Who can provide split/shared services?**

- Physician or NPP in the same group
- Both parties must be able to perform and submit for the E/M if provided alone




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**Where?**  
**What are the payable locations?**

<p><b>Facility setting</b></p> <ul style="list-style-type: none"> <li>• Institutional setting where Medicare prohibits payment for services/supplies furnished incident to professional services</li> </ul>	<p><b>Examples include</b></p> <ul style="list-style-type: none"> <li>• Hospital           <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> <li>• Emergency Room</li> <li>• Observation</li> <li>• Critical Care</li> </ul> </li> <li>• Skilled Nursing Facility</li> </ul>
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**CMS Definition of Group**

- CMS does not define group
- You define group for split services
- Examples:
  - Under the same Tax ID
  - Same specialty practice
  - Contracts
  - Collaboration agreements
- Parties determine reimbursement

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**Determine the Billing Provider**

- Provide the substantive portion of the service
- Time
  - Face-to-face time
  - Non-face-to-face time spent in qualifying activities
  - At least one party must have face-to-face with patient
  - Count time once when parties meet to discuss patient
- Element of the service
  - MDM



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**Qualifying Activities**

- Preparing to see the patient (for example, review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)



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**Elements of Service**

- Must provide at least one element
  - History
  - Exam
  - MDM
- 2022 – Perform element and use to choose the level of service
- 2023 – Perform element
- 2024 – MDM



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**Billing Provider versus Level of Service**

- Level of service determined by either
  - 2022
    - Time
    - Elements of service
  - 2023
    - Time
    - MDM
  - 2024
    - Time
    - MDM
- Exception
  - Critical care
  - Emergency department
- Billing provider determined by split/shared rules



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**Prolonged Care**

- Document time
- Use prolonged care time to assist in determining billing provider
- Does not apply to
  - Critical care
  - Emergency department



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### Critical Care

- Time only
- Both parties document time
- Billing practitioner chosen by time



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### Emergency Department

- Level of service chosen
  - 2022 – history, exam, and MDM
  - 2023 – MDM
  - 2024 – MDM
- Billing practitioner chosen by
  - Time
  - Element of service



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### Documentation

- Both parties document their activities
  - Time
  - Elements of service (exception critical care)
- Billing practitioner signs the documentation



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**Modifier FS**

- Required when MD/DO and NPP work together to provide the encounter to patient
- Required regardless of whether billing under NPP or MD/DO
- Informational modifier
- Allowed amount under billing practitioner
- Modifier 52 not appropriate



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**Resources**

- [Correct Billing of Split \(Shared\) Services](#)
- CMS Internet-Only Manual (IOM) Publication 100-04, Medicare Claims Processing Manual, [Chapter 12](#), Physicians/Non-Physician Practitioners, Section 30.6.18



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