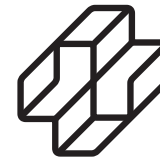


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Coding Q&A

By Jennifer Swindle, RHIT, CCS-P

When a nurse practitioner (NP) and a physician both see a patient on the same day in an inpatient setting, how must these split/shared services be reported to the payer? May they be reported on all types of evaluation and management (E/M) services, including initial admission, subsequent visits, and inpatient consultations? What are the documentation requirements?

A: Split/shared services may be reported on all types of inpatient E/M services, including admissions, subsequent visits, and, as of March 29, consults. This change to allow split/shared consults mirrors the Centers for Medicare & Medicaid Services' move away from covering consultative services as a separate category, instead including them as a regular E/M service. Split/shared services can also be reported on hospital emergency department services.

A split/shared service occurs when both the NP and the physician see the patient on the same day and "share" the visit. The NP must be performing a physician service and not be an employee of the hospital, and the physician must perform some portion of the face-to-face service with the patient. The advantage of reporting a split/shared service is that it may be billed under the physician's national provider identifier (NPI), which means it is paid at 100 percent of the physician fee schedule. Payment for a midlevel provider is at 85 percent of the physician fee schedule when the NP provides the service exclusively.

Documentation must show that the split/shared service was medically necessary and that both the NP and the physician provided a substantive portion of the face-to-face E/M. It must include all or some portion of the history, exam, or medical decision making as these are the key components of the E/M. It also

must state that the NP and physician are part of the same group practice. To report the split/shared service under the physician's NPI, a face-to-face encounter between physician and patient must be documented, and the physician must personally document at least one element of history, exam, or medical decision making that the physician performed, and legibly sign the medical record. It is not enough for the physician to just "sign-off" on documentation supplied by the NP or provide a "seen and agree" statement. Documentation of all service elements from both the NP and the physician are then combined to determine the correct level of service. ☎

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Do you have a coding question? Send it to Carole Bolster at cbolster@hfma.org.