

RPA Opposes Proposed CMS Changes to Split/Shared Services Policy Affecting MDM

As part of the rulemaking cycle for the 2022 Medicare Fee Schedule (MFS), CMS included in its July 2021 [proposed rule](#) policy changes affecting split/shared visits (described below). Among these was a proposal that would redefine the “substantive portion” of a shared visit as more than half of the total time spent by the physician and the advanced practitioner performing the visit, regardless of medical decision making (MDM). RPA adamantly opposed implementation of this provision in our [comments](#) on the proposed rule, and in the 2022 final rule (released in November 2021) CMS delayed implementation of the revised definition until 2023.

CMS outlined its rationale for the change by stating that MDM is not easily attributable to a single physician or advanced practitioner and that time is a more precise factor than MDM to use as a basis for deciding which practitioner performs the substantive portion of the visit. RPA argued that the revised definition would vastly undervalue the physician’s knowledge, judgement, and leadership role in delivering care to Medicare beneficiaries, and would greatly diminish the importance of MDM in this effort. Additionally, RPA noted that these changes would especially constrain care delivery to patients with kidney disease and would also run counter to the implementation of the value-based care models in kidney care currently being advanced by the Agency.

For the remainder of 2022, RPA will advocate for the primacy of MDM in split/shared visits in an effort to dissuade CMS from implementation in 2023. Toward this end, RPA has already engaged with other internal medicine groups and subspecialty organizations to develop a collaborative approach in opposition to new definition of ‘substantive portion’ of a shared visit.

Description of Split/Shared Services (Current Policy, Prior to January 1, 2023)

A split/shared E&M visit is defined by [Medicare Part B payment policy](#) as a medically necessary encounter with a patient where the physician and a qualified advanced practitioner each personally perform a substantive portion of a face-to-face with the same patient on the same date of service. A substantive portion of an E&M visit involves all or some portion of the history, exam, or medical decision-making key components of an E&M service. The following guidance applies to billing for split/shared services:

- This policy applies to inpatient and outpatient E&M services (excluding office visits);
- These interactions may occur jointly or at independent times throughout the day but must be during the same calendar day;
- Both the physician and advanced practitioner must each personally perform part of the visit, and both must document the part(s) they performed;
- The physician must document at least one element of the history, exam and/or MDM of the E&M service;
- Billing for split/shared services requires the advanced practitioner to have a business relationship with physician;

- The E&M service is billed under the physician if she/he provides and documents any face-to-face portion of the encounter;
- If physician does not provide any face-to-face services, the advanced practitioner's national provider identifier (NPI) should be used;
- Billing for split/shared services does not apply to Critical Care services or any other time-based codes/services;
- Modifier -FS must be reported on claims for split/shared visits, to identify that the service was a split/or shared visit.