Split Shared/Consulting Services…to Split Share or Consult is the Question

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Nicole S. Huff, DHA, MBA, CHC, CHSP
Chief Compliance & Privacy Officer
St. Luke's University Health Network
Bethlehem, PA

Andrea Riccelli, CPC, COC, CHC, CPC-I
Manager, Provider Services Compliance
St. Luke's University Health Network
Bethlehem, PA

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Objectives

- Discuss split shared and consulting E/M clinical case scenarios
- Review an audit plan
- Split/Shared or consulting services for providers in same specialty

Learning Objectives

Consult & Split Shared

Effective January 1, 2010

- Medicare no longer recognizes consultation codes regardless of what other third party payers recognize.
- New modifier: AI –"Principal Physician of Record" - used with inpatient hospital admission codes and initial nursing facility visit code.

Consult: Hospital vs. Office

Hospital

- Admission code (99221-99223)
- **Cannot** bill consult codes for Medicare patients

Office

- New patient codes (99201-99205)
- Established patient codes (99212-99215)
- **Cannot** bill consult codes for Medicare patients

Keep In Mind

- **New Patient**
  - No professional services received from a physician or physician group practice
    - E/M Services
    - Face-to-Face (i.e., surgical procedure)
  - No visits from any provider in same physician specialty
  - Physicians in the **same specialty and subspecialty**. For, Medicare E/M services, the same specialty is determined by the physician's or practitioner's primary specialty enrollment in Medicare.
  - Within previous three (3) years

- **Established Patient**
  - Professional services received from physician/NPP
  - Physician of same specialty within group practice
  - Within previous three (3) years

- **Setting of Service**
  - Office or other outpatient setting
  - Hospital Inpatient
  - Emergency Department (ED)
  - Nursing Facility

Physician Specialty Codes

01	General Practice		36	Nuclear Medicine
02	General Surgery		37	Pediatric Medicine
03	Allergy/Immunology		38	Geriatric Medicine
04	Otolaryngology		39	Nephrology
05	Anesthesiology		40	Hand Surgery
06	Cardiology		41	Optometry
07	Dermatology		44	Infectious Disease
08	Family Practice		46	Endocrinology
09	Interventional Pain Management		48	Podiatry
10	Gastroenterology		66	Rheumatology
11	Internal Medicine		72	Pain Management
12	Osteopathic Manipulative Medicine		76	Peripheral Vascular Disease
13	Neurology		77	Vascular Surgery
14	Neurosurgery		78	Cardiac Surgery
16	Obstetrics/Gynecology		79	Addiction Medicine
17	Hospice and Pallative Care		81	Critical Care (Intensivists)
18	Ophthalmology		82	Hematology
19	Oral Surgery (dentists only)		83	Hematology/Oncology
20	Orthopedic Surgery		84	Preventive Medicine
21	Cardiac Electrophysiology		85	Maxillofacial Surgery
22	Pathology		86	Neuropsychiatry
23	Sports Medicine		88	Unknown Provider
24	Plastic and Reconstructive Surgery		90	Medical Oncology
25	Physical Medicine and Rehabilitation		91	Surgical Oncology

* list is not all inclusive

Office Split/Shared

- Split/Shared evaluation management (E/M) encounter between a physician and a non-physician practitioner
  - Nurse practitioner (NP), physician assistant (PA), clinical nurse specialist (CNS) and certified nurse midwife (CNM)
- Service is considered to have been performed "incident to" if the requirements for "incident to" are met and the patient is an established patient.
- If "incident to" requirements are **not** met - bill under the NPP's UPIN/PIN and payment of 85% will be made.
- Incident-to billing is not allowed for new patient visits.

"Incident To"

- Services must be part of patient's normal course of treatment.
- Physician **personally performed an initial service** and remains **actively involved** in the course of treatment.
- Document the essential requirements for incident to service in patients' records
- Direct supervision is required.
  - Physician doesn't have to be physically present in the room.
  - Physician must be in the office suite readily available to render assistance, if necessary.

Hospital Split/Shared

- Medically necessary encounter with a patient where the physician and a qualified non-physician practitioner (NPP) each personally perform a substantive portion of an E/M visit, 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, physical exam or medical decision making key components of an E/M service.
  - The physician and NPP both must be in the same group practice or employed by the same employer.
- Applies only to selected E/M visits and settings
  - Hospital inpatient, hospital outpatient, hospital observation, emergency department, hospital discharge, office and non-facility clinic visits, and prolonged visits associated with these E/M visit codes.
- Does not apply to critical care services or procedures
- Bill under either the physician's or the NPP's UPIN/PIN number

Understanding the Revenue Pitfalls

Office Visit Scenario 1

Referral for Subspecialty

- Dr. A is primary specialty Cardiology only.
- Dr. B is primary specialty Cardiology and subspecialty Electrophysiology.
- Both doctors are in same group practice

If Dr. A refers patient to Dr. B for subspecialty of Electrophysiology, can Dr. B bill a new patient visit?

Office Visit Scenario 2

Subspecialty Refers to Primary Specialty

- Dr. Wiseguy and Dr. Get**It**Right are both orthopedic primary specialists in the same group practice.
- Only Dr. Wiseguy has a subspecialty in sports medicine.

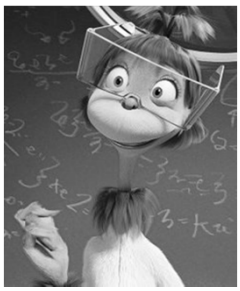
Can Dr. Wiseguy, who treated the patient initially for sports medicine services, refer this patient to Dr. Get**It**Right for surgery?

Office Visit Scenario 3

Second Opinion Referral

Dr. Suzie treats a patient but the physician would like for the patient to receive a second opinion from Dr. Q-Tip, who is a partner in the same group practice.

Can Dr. Q-Tip bill for a new patient visit?



Office Split/Shared Scenario 1

- Mr. McGee, physician assistant (PA), is seeing an established patient in the office.
- Dr. How steps into examining room with the PA to perform part of exam and review plan with patient.

Is this a split/shared visit?

Office Split Shared Scenario 2

- Ms. Betty, certified nurse practitioner , is seeing an established patient in office located on first floor.
- Ms. Betty calls the physician to ask him/her to review the patient's progress note for collaboration. The physician documents additional orders and plan of care.

Is this a split/shared visit?

Hospital Split/Shared

Ms. Betty evaluates a 70-year-old patient admitted for chronic obstructive bronchitis and progressing shortness of breath. Ms. Betty documents the service and provides the attending physician with an update on the patient's status. The following day, the physician makes rounds and concurs with the patient's current plan of care.

Can the physician bill for split/shared visit in a hospital setting?

Hospital Split/Shared Scenario 2

Ms. Cox, a hospital employed certified nurse practitioner, treats a patient on the telemetry unit in the morning. Dr. Jeffery, an independent physician, rounds the unit later that afternoon and evaluates the same patient assigned to Ms. Cox.

How does Ms. Cox and Dr. Jeffery bill for treating the same patient on the same day?

Hospital Consult Scenario

Mr. Jones was admitted to an inpatient unit to receive psychiatric treatment as the primary diagnosis. The patient also requires treatment for his/her diabetes management. The psychiatrist is not able to treat the diabetes. Therefore, psychiatrist consults with an internal medicine provider. The internal medicine provider evaluates and treats Mr. Jones for diabetes as an inpatient.

How should the internal medicine provider bill for the diabetes management services?

Audit Plan

- Identify risks
- Assign qualified auditors to complete tasks
- Review external audit reports
- Design audit tool/process to prevent inappropriate claim submissions or billing errors
- Review claim denials and appeals
- Ongoing education/training
- Data mining
  - Trends
  - High utilization of certain CPT codes
- Communicate audit results and corrective action plans to senior management, physician leadership and others

Contact

- Nicole S. Huff, DHA, MBA, CHC, CHSP'
- nicole.huff@sluhn.org
- 484-526-3288

- Andrea Riccelli, CPC, COC, CHC, CPC-I
- andrea.riccelli@sluhn.org
- 484-526-3232

References

- **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf**
- http://www.cms.gov/manuals/downloads/clm104c26.pdf
- **http://www.wpsmedicare.com/j5macpartb/departments/enrollment/specialty_codes.shtml**
- **Medicare Claims Processing Manual – Chapter 12 Physicians in Group Practice (Rev. 1, 10-01-03)**
- **https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r178cp.pdf**
- **https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf**