



On November 2, 2021, the Centers for Medicare and Medicaid Services (CMS) released the final rule for the 2022 Physician Fee Schedule with updates related to split/shared visits that have the potential to alter the existing workflows of physicians and advanced practice providers (APPs) related to billing for these encounters. The changes are effective on January 1, 2022, and January 1, 2023, and are meant to improve patient access, reduce redundancy, and better recognize the roles of advanced practice providers on care delivery teams.

The 2022 modifications allow providers to utilize either time-based accounting or traditional split/shared medical decision-making methodologies. In addition, providers can now use split/shared visits for critical care services and require that a new billing modifier be added for all shared visits.

In 2023, split/shared visits can only be submitted using a time-based accounting methodology – which is described by CMS as the "practitioner who provides the substantive portion of the visit (more than half of the total time spent) would bill for the visit."¹



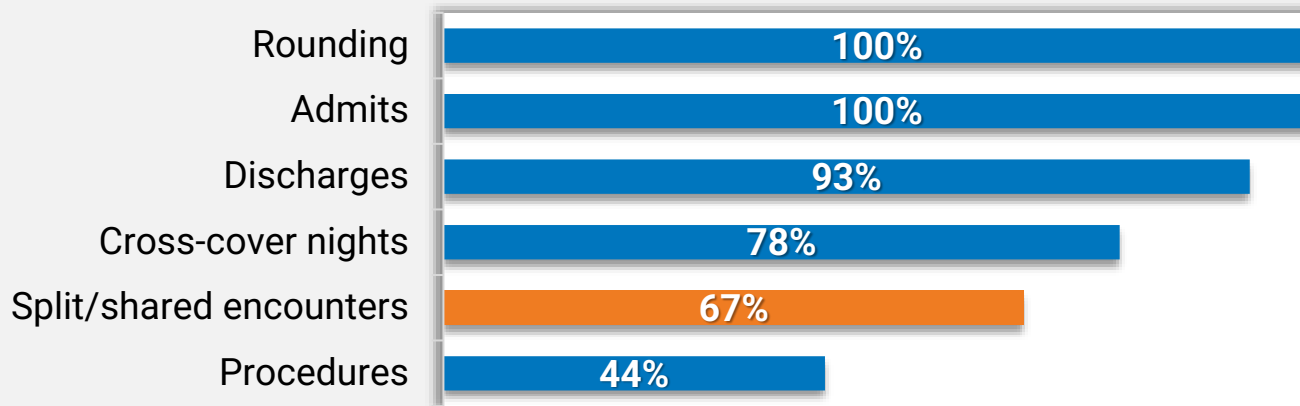
The upcoming changes to split/shared encounter attribution will likely have material impact on both physician and APP productivity starting in 2023 and will be reflected in 2024 survey data

What are the current rules related to split/shared visits?

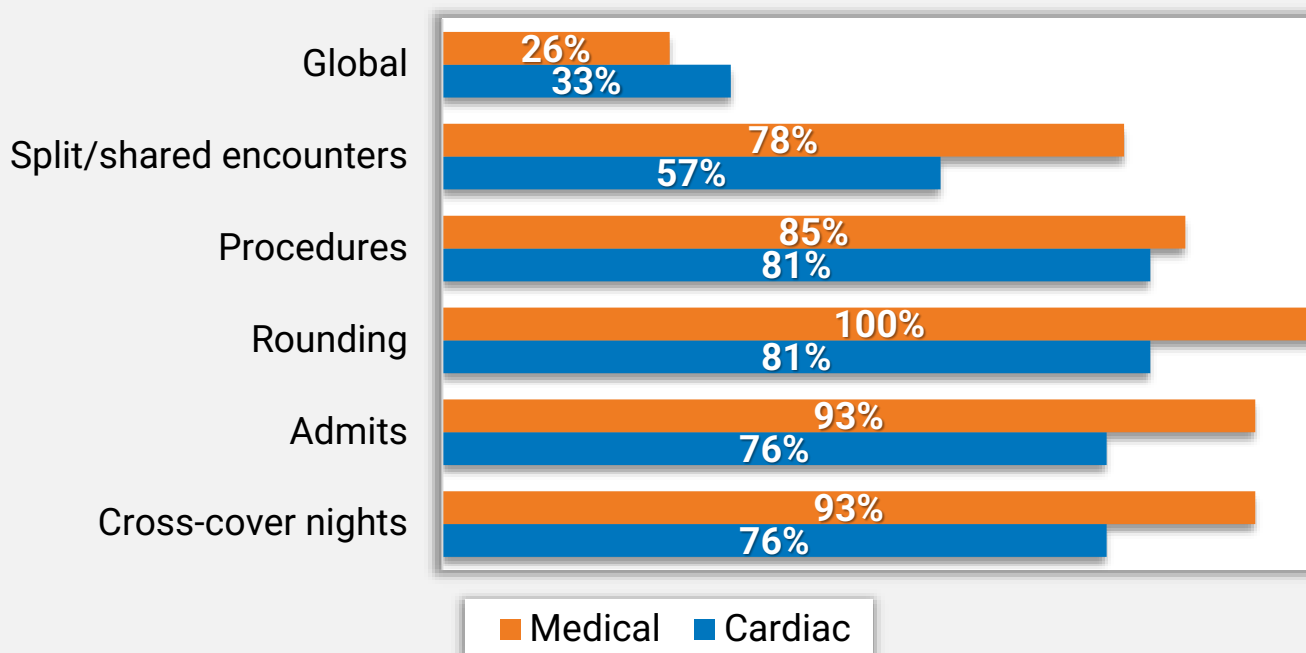
*"A split/shared E/M visit is defined by Medicare Part B payment policy as a **medically necessary encounter with a patient where the physician and a qualified non-physician provider (NPP) each personally perform a substantive portion of an evaluation and management (E/M) visit face-to-face with the same patient on the same date of service.** A substantive portion of an E/M visit involves all or some portion of the history, exam or medical decision-making key components of an E/M service. The physician and the qualified NPP must be in the same group practice or be employed by the same employer."*²

The use of split/shared visits is common today and the changes have the potential to disrupt inpatient care delivery

Percentage of Organizations Utilizing Hospitalist APPs for Duties³



Percentage of Organizations Utilizing Critical Care APPs for Duties³



Sources:
¹Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule." Centers for Medicare and Medicaid Services. Published November 2, 2021. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule>
²"Medicare Claims Processing Manual Publication #100-04." Centers for Medicare and Medicaid Services. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912>.
³SullivanCotter 2021 Advanced Practice Provider Organizational Survey

Questions to ask about your care team in preparation for 2023:

- How often are split/shared encounters used by your inpatient teams?
- What type of patient visits utilize split/shared encounters the most (e.g., admissions, rounding, discharges)?
- What is the current composition of your hospital's medicine and critical care teams (e.g., number of physicians, APPs, residents, fellows, nurses, pharmacists)?
- Are there patient types who could be seen only by the APP thus allowing the physician to see other patients?

Looking to gain additional insight?

Learn more about how these changes could impact your inpatient care teams and understand potential solutions to ensure a smooth transition to the new methodology in 2023.

See how the performance of your inpatient APPs compares to peers.



Participate in SullivanCotter's 2022 APP Organizational Survey

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