

CMS Proposes Further Delay in Split/Shared Billing Changes



On July 13, 2023, the Centers for Medicare and Medicaid Services (CMS) announced the proposed rule to **further delay the use of the time-based methodology for billing split/shared visits until “at least” January 1, 2025.**



SullivanCotter can help you prepare for the upcoming changes



Split/Shared Billing Timeline

Pre-2022

- Encounter could be billed by the physician as long as they met the definition:
- Is performed in the **hospital or ED** setting
 - Is shared between a physician and APP employed by the **same entity**
 - Requires the **physician to see the patient**
 - **Includes a medically necessary contribution by the physician** (i.e., H&P or medical decision-making)

2022

- CMS stated their intention to make **significant adjustments to split/shared visit policies** that would go into effect 1/1/23, including:
- Ability to bill **critical care services** as split/shared visits
 - **Use of the Modifier (-FS)** in shared visit encounters
 - Encounter billed using a **time-based methodology**
“The practitioner who provides the substantive portion of the visit (more than one-half of the total time spent) will bill for the visit”
 - **July 7:** Proposed rule suggested to allow for **either medical decision-making or time-based methodology** in 2023
 - **November 1:** The proposed rule stands as final

2023

July 13: Proposed rule suggested use of either medical decision-making or time-based methodology “at least” through 2024

2024

Organizations can use **either medical decision-making or time-based methodology**

2025

CMS proposed that on **January 1, 2025**, organizations will be required to use the **time-based methodology**

Source: Calendar Year (CY) 2024 Medicare Physician Fee Schedule Proposed Rule. CMS.gov. (July 13, 2023). Retrieved July 17, 2023, from <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-proposed-rule>

SullivanCotter recently polled a group of Large Clinic® leaders about the changes to split/shared billing and found the following:

- **Only 64%** of organizations have **started using the –FS modifier** despite the requirement to use it as of January 1, 2023
- **69%** of organizations have made **changes to care models** due to the upcoming split/shared changes
- **Only 6%** of organizations have made **changes to physician compensation plans** to prepare for the upcoming split/shared changes



Source: June 2023 Large Clinic® Conference poll results

Organizations are looking closely at three areas in order to plan for the pending changes:

Education and Compliance



- Provide education on changes and appropriate billing approach
- Ensure compliance documentation

Care Team and Culture



- Understand providers' current roles
- Define responsibilities of care team

Financial



- Analyze current billing and documentation practices
- Develop projections for future state
- Assess compensation plan implications

Challenges to Consider:



Lack of understanding of changes



Provider disconnect to cost of care



Provider preference and/or historical behaviors and mindset



Organizational bylaws and state practice act



Compliance concerns



Impact on physician compensation/production



Organizations can use this time to identify the areas most impacted by the future changes and find opportunities for improved access and throughput by optimizing the care team

Contact us for help preparing for the upcoming changes

Learn More:

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