

Split/Shared Inpatient and Observation Workflow

Created by URMC Office of Integrity and Compliance - Rev. 3/2023

To Bill a Split/Shared Visit Under the Physician:

- E&M visit in the facility setting Inpatient and Observation
- Both providers must be credentialed with the Payers under the same Group Practice NPI
- Both providers see the patient on the same calendar day
- Both providers must actively participate, document and electronically sign the note
- MD to close the visit note for charge capture using the Addend tab

How the note is closed is critical for compliance and charge capture:

- **Addend tab** should be used for shared visits as appropriate to capture full charges billed under the physician
 - **Do Not Attest** an APP note. The Attest tab is only to be used when working with residents and fellows
- Use the **CO-SIGN tab** when signing off with a signature only or minimal additional documentation. Charges will go out under the **APP as billing provider.**

Split/Shared Visit Guideline Tips

- Consultation codes (99252-99255) cannot be used for split/shared between an APP and a Physician
- Procedures cannot be split/shared. Procedures must be billed under the provider that is credentialed, performs, and documents the procedure
- The Teaching Physician Guidelines do not apply to APPs

Substantive Portion: Smartphrase

Smart phrase **.FS** is available in eRecord

- Should be used for all split/shared visit addendums
- Ensures that the beginning of the addendum is properly documented
- Billing provider must document details of the substantive portion he/she personally performed:
 - e.g., Medical Decision Making; at a minimum we recommend enough detail to support the diagnosis and treatment plan or other medical decision.

FS visit billed based on **Medical Decision Making** for example:

“I personally performed a substantive portion of this visit working collaboratively with the APP. Details include...”

FS visit billed based on **Time** – total time on calendar day example:

“I personally performed the majority of time (substantive portion) of this visit. Total time on the calendar day of the encounter (my personal time + non-overlapping independent time of APP) including pre and post visit work was ___minutes.”

Inpatient Work Flow

- APP sees the patient then writes and signs their note.
- If a Physician from the same practice is expected to see the patient, the APP should Cancel the Charge Capture session. (Do not drop a charge for the visit)
- The Physician can either **Addend** the APP's note **or write a separate note**. Start with the **.FS** smart phrase.
- After signing the note the Physician should document the appropriate charge in the charge capture screen and add the **FS** modifier.

Select charges for Testing, Trina [8307761] regarding Progress Notes on 7/13/2020 10:03 AM for Admission on 4/30/2020

Service Date	Diagnoses	Bill Area	Billing Provider	Service Provider	Referring Provider
7/13/2020	Associate	MEDI ENDOCRINOLO	Md, Do Not Use, MD PI	Md, Do Not Use, MD PI	Fichter, Jeffrey R, MD

Select Charges for Recent Notes

Date	Note Type
Mon 07/13/20	Progress Notes

99231 - F/U Inpt 15 min 99231	99232 - F/U Inpt 25 min 99232	(...)	99238 - Discharge <30 min 99238
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The Physician should document the Charge, and be both the Billing and Service Provider.

Questions?

Please contact your Compliance Analyst, UBO Coder, or
email Compliance@URMC.Rochester.edu
with any questions or concerns

MEDICINE *of* THE HIGHEST ORDER

