COMPLIANCE ALERT

TO: Faculty, Non-Physician Practitioners, and UFJHI/PI Billing Staff

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SUBJ: Reissue - Shared/Split Billing Between PAs/ARNPs and Physicians
(Medicare Transmittal 1776-October 25, 2002)

DATE: September 18, 2014 (original issue date November 1, 2002)

This Compliance Alert is being reissued to update letterhead, author, and to clarify and shorten the information contained within. The Medicare rules have not changed since this Compliance Alert was originally issued on November 1, 2002.

Effective Immediately: The following new rules apply to performing, documenting and billing for evaluation and management (E/M) encounters that are shared/split between a physician and a PA/ARNP for Medicare patients only.

Note: THESE RULES DO NOT APPLY TO SERVICES INVOLVING RESIDENTS AND DO NOT CHANGE IN ANY WAY THE EXISTING TEACHING PHYSICIAN PARTICIPATION AND DOCUMENTATION REQUIREMENTS FOR SERVICES INVOLVING RESIDENTS.

The shared/split billing concept is applicable only to Evaluation and Management services which are not time-based.

I. HOSPITAL-BASED INPATIENT/HOSPITAL-BASED OUTPATIENT/EMERGENCY DEPARTMENT SETTING:

When a hospital inpatient/hospital outpatient/emergency department E/M encounter is shared/split between a physician and a PA or ARNP from the same group practice the E/M encounter may be billed under the physician’s name and provider number if and only if:
a. The physician provides any face-to-face portion of the E/M encounter (even if it is later in the same day as the PA or ARNP’s portion); and

b. The physician personally and contemporaneously documents in the patient’s record the physician’s face-to-face portion of the E/M encounter with the patient.

If the physician does not personally perform and personally and contemporaneously document a face-to-face portion of the E/M encounter with the patient, then the E/M encounter cannot be billed under the physician’s name and provider number and may be billed only under the PA’s or ARNP’s name and provider number. Specifically, if the physician merely reviewed the patient’s medical record and did not otherwise participate face-to-face with the patient, then the service may only be billed under the PA’s or ARNP’s name and provider number. Simply writing a brief teaching physician attestation statement that one would write when a resident is involved in the service is not sufficient. For example the statement “I saw and examined the patient with the PA and agree with the PA’s assessment and plan” would not be sufficient.

II. NON-HOSPITAL-BASED OUTPATIENT CLINIC/OFFICE SETTING:

When a non-hospital outpatient clinic/office E/M encounter is shared/split between a physician and an PA or ARNP the E/M encounter may be billed under the physician’s name and provider number if and only if:

a. The patient is an established patient;

b. The “incident to” rules are met. (Note: Medicare has clarified that “incident to” billing is not allowed for new patients/first visits).

If the patient is not an established patient or the “incident to” rules are not met, then the E/M encounter cannot be billed under the physician’s provider number and may be billed only under the PA’s or ARNP’s provider number.

This means that a physician cannot combine the E/M services of a PA or ARNP and a physician for a NEW patient on a FIRST visit E/M encounter and bill under the physician’s name and provider number.

IF YOU HAVE QUESTIONS, CALL BEFORE YOU BILL.

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