

Split/shared & Incident to “cheat sheet”

Hospital setting shared visits, billing under the MD when working with a PA/NP:

- E/M service is jointly provided by the PA/NP and MD on the same day
- MD must have a face to face visit with the patient on the same day
Recommend documenting the physical exam to show a face to face visit happened
- Both PA/NP and MD must record/sign their portion of the work provided
This can be an addendum to the PA’s note, must be same day as PA’s note
The following examples are listed on Medicare’s website as not adequate to support a split/shared visit:

“Agree with above”

“Discussed with NPP. Agree”

“Seen and agree”

“Patient seen and evaluated”

NOTE: Above can also be used in the clinic setting

Clinic/office incident-to visits, billing under the MD when PA/NP provided the E/M service:

Incident-to does not apply to provider based clinics

- Must have a physician in the office providing direct supervision
Direct supervision=in the designated office and immediately available to provide assistance and direction.
- Supervising physician does not have to see the patient
- Must be an established patient, established problem
- Record must reflect the physician initiated the treatment plan at the initial visit and ongoing involvement by the physician
This rule is not clearly defined by Medicare

Best Practice: include in mid-level documentation:

Dr. X was present in the office providing direct supervision

NOTE: If above not met bill under PA/NP