Attestations in the ED chart

Shared Services
Teaching Physicians
Scribes

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Shared Services

Physician Assistants (PA) and Nurse Practitioners (NP), are referred to as Non-Physician Practitioners (NPP) by CMS.

Any services for which Medicare will pay a physician are also covered when performed by a NPP.

Services of an NPP are reimbursed at 85% of the Medicare allowable.

When the NPP and the MD share in the performance of the E&M service, the claim can be filed under the attending physician's ID number and the service will be reimbursed at 100% of Medicare allowable.

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Shared Services 2021

The physician must have contact with the patient and not simply review and/or co-sign the patient's medical record.

The MD must perform and document some portion of the elements of the E&M service (history, physical exam, or medical decision making) in whole or part.

A generic attestation may not suffice as documentation to support a shared service.

2021 only!
New rules for 2022!

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Shared Services Attestations 2021

To qualify as a shared visit, both the physician and the PA must each personally perform part of the visit, and both the physician and the PA must document the part(s) that he or she personally performed.

Per Palmetto GBA.

The following is an example of medical record documentation by the physician which would not be considered adequate to support a split/shared visit:

- "I have personally seen and examined the patient independently, reviewed the PA's History, exam and MDM and agree with the assessment and plan as written" signed by the physician

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Shared Services Attestations 2021

Per WPS,

With the IOM requirements and CMS moving to reduce the provider's documentation burden, WPS GHA would consider the following are examples of medical record **documentation by the physician to adequately to support a split/shared visit**. The information below is specific to WPS GHA and does not apply to the Comprehensive Error Rate Testing (CERT), the Recovery Auditor (RAC), and other Medicare contractors.

- "I have personally seen and examined the patient independently, reviewed the PA's Hx, exam and MDM and agree with the assessment and plan as written" signed by the physician

NGS and CGS have updated their policy to match WPS

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Shared Services 2022

The new CPT guidelines for E/M services introduced a CPT definition of a shared visit for the first time, effective January 1, 2021.

A shared or split visit is defined as a visit in which a physician and other qualified health care professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit. When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care professional(s) assessing and managing the patient on the date of the encounter is summed to define total time. Only distinct time should be summed for shared or split visits (ie, when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

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Shared Services 2022

The CPT E/M Guidelines do not address many issues that arise in the context of PFS payment for shared visits, such as which practitioner should report the visit.

To ensure appropriate payment, CMS policy for shared visits, is that the physician may bill for a shared visit only if they perform a substantive portion of the visit.

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Shared Services 2022

For CY 2022, the substantive portion will be defined as one of the three key components (history, exam, or MDM), or more than half of the total time spent by the physician and NPP performing the shared visit).

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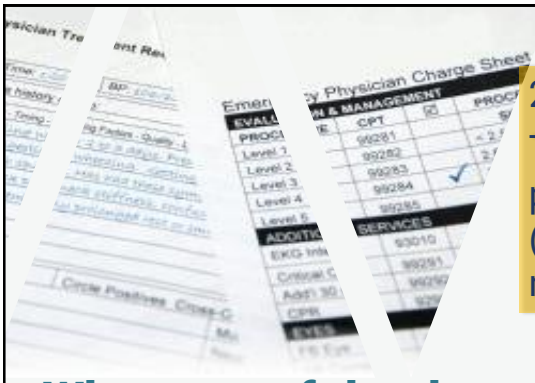

2002 - 2021 Policy

The MD must perform and document some portion of the elements of the E&M service (history, physical exam, or medical decision making) in whole or part.

When one of the three key components is used as the substantive portion in 2022, the practitioner who bills the visit must perform that component in its entirety in order to bill.

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Shared Services 2022

- **For example, if history is used as the substantive portion and both practitioners take part of the history, the billing practitioner must perform the level of history required to select the visit level billed.**
- **If physical exam is used as the substantive portion and both practitioners examine the patient, the billing practitioner must perform the level of exam required to select the visit level billed.**
- **If MDM is used as the substantive portion, each practitioner could perform certain aspects of MDM, but the billing practitioner must perform all portions or aspects of MDM that are required to select the visit level billed.**

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Shared Services 2022

- If MDM is used as the substantive portion, each practitioner could perform certain aspects of MDM, but the billing practitioner must perform all portions or aspects of MDM that are required to select the visit level billed.

Number of Diagnoses or Treatmen
A
Problems to Exam Physici
Self-limited or minor (stable, improved or worsening)
Est. problem (to examiner); stable,
Est. problem (to examiner); worsen
New problem (to examiner); no add workup planned
New prob. (to examiner); add. work

Amount and/or Complexity of Data to Be Reviewed	
Data to Be Reviewed	**Points**
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Risk of Complications and/or Morbidity or Mortality		
	Diagnostic Procedure(s) Ordered	Managment Options Selecte
	•Laboratory tests requiring venipuncture •Chest x-rays •EKG/EEG •Urinalysis •Ultrasound, e.g. echo •KOH prep	•Rest •Gargles •Elastic bandages •Superficial dressings
minor	•Physiologic tests not under stress, e.g. pulmonary function tests •Non-cardiovascular imaging studies with contrast, e.g. barium enema •Superficial needle biopsies •Clinical laboratory tests requiring arterial puncture •Skin biopsies	•Over-the-counter dr •Minor surgery with identified risk factor •Physical therapy •Occupational therap •IV fluids without ad tives
s with on, or	•Physiologic tests under stress, e.g. cardiac stress test, fetal contraction stress test •Diagnostic endoscopies with no identified risk factors •Deep needle or incisional biopsy •Cardiovascular imaging studies with contrast and no identified risk factors, e.g. arteriogram, cardiac cath •Obtain fluid from body cavity, e.g. lumbar puncture, thoracentesis, culdocentesis	•Minor surgery with identified risk factor •Elective major surg (open, percutaneou or endoscopic) with identified risk facto •Prescription drug management •Therapeutic nuclear medicine •IV fluids with additi •Closed treatment of fracture or dislocati without manipulatio

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Shared Services 2022

Substantive portion = more than half of the total time spent

Is this applicable to the ED?

E/M Visit Code Family	2022 Definition of Substantive Portion	2023 Definition of Substantive Portion
Other Outpatient*	History, or exam, or MDM, or more than half of total time	More than half of total time
Inpatient/Observation/Hospital/Nursing Facility	History, or exam, or MDM, or more than half of total time	More than half of total time
Emergency Department	History, or exam, or MDM, or more than half of total time	More than half of total time
Critical Care	More than half of total time	More than half of total time

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Shared Services 2022 - Claims

We proposed to create a modifier to describe shared visits, and that the modifier must be appended to claims for shared visits, whether the physician or NPP bills for the visit.

After consideration of the public comments, we are finalizing as proposed that, for services furnished beginning in CY 2022, we will require a modifier to be reported on the claim to identify shared visits.

Modifier yet to be determined.

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Shared Services 2022 - Documentation

To ensure program integrity and quality of care, documentation in the medical record must identify the two individual practitioners who performed the visit. The individual who performed the substantive portion (and therefore, bills the visit) would be required to sign and date the medical record.




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Shared Services 2022 - Documentation

CY 2020 Final Rule finalized policy that any individual who is authorized under Medicare law to furnish and bill for their professional services, whether or not they are acting in a teaching role, may review and verify (sign and date) the medical record for the services they bill, rather than re-document notes in the medical record made by physicians, residents, nurses, and students (including students in therapy or other clinical disciplines), or other members of the medical team (85 FR 84594 through 84596). We emphasized that, while any member of the medical team may enter information into the medical record, only the reporting clinician may review and verify notes made in the record by others for the services the reporting clinician furnishes and bills.

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- We continue to believe that we should only require the reporting clinician to review and verify medical records documenting the services provided by themselves and other individuals during an E/M visit for which they bill, because the reporting clinician assumes responsibility for those services by signing off on the medical record.

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Shared Services 2022 - Documentation

It may be helpful for each practitioner providing the shared visit to directly document and time their activities in the medical record, to track and attribute time, in order to determine who performed the substantive portion and should therefore bill.

However, we believe we should leave it to the discretion of individual practitioners and the groups they work in to decide how time will be tracked

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Shared Services 2022 - Documentation

For shared visits, we continue to believe that documentation in the medical record needs to identify the two individual practitioners who shared the visit.

Therefore, after consideration of public comments, we are finalizing as proposed that documentation in the medical record must identify the two individual practitioners who performed the visit.

The individual who performed the substantive portion (and therefore, bills the visit) must sign and date the medical record.

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Shared Services 2022 - Attestations ?????????

FR indicates a discrepancy between performance requirement and documentation requirement.

- MD must perform "substantive portion" of E&M.
- Per FR signature and date by billing provider is sufficient for documentation.

? Many EDs require attending signature on NPP charts regardless of MD participation.

? How will coders know which should be billed as shared vs. billed as NPP visits?

? Will payers allow 100% of allowable without MD documentation of work performed?

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Shared Services 2022 – Attestation Options

- "I provided a substantive portion of the care of this patient."
- "I provided a substantive portion of the care of this patient. I personally performed the _____ for this encounter. (Insert History or Exam or Medical Decision Making)"
- "I provided a substantive portion of the care of this patient. I personally provided more than half of the total time dedicated to treatment of this patient."
- "I provided a substantive portion of the care of this patient. I personally performed the _____ for this encounter. (Insert History or Exam or Medical Decision Making)" Followed by documentation of the Hx, exam or MDM to the extent needed to support the assigned E&M code.

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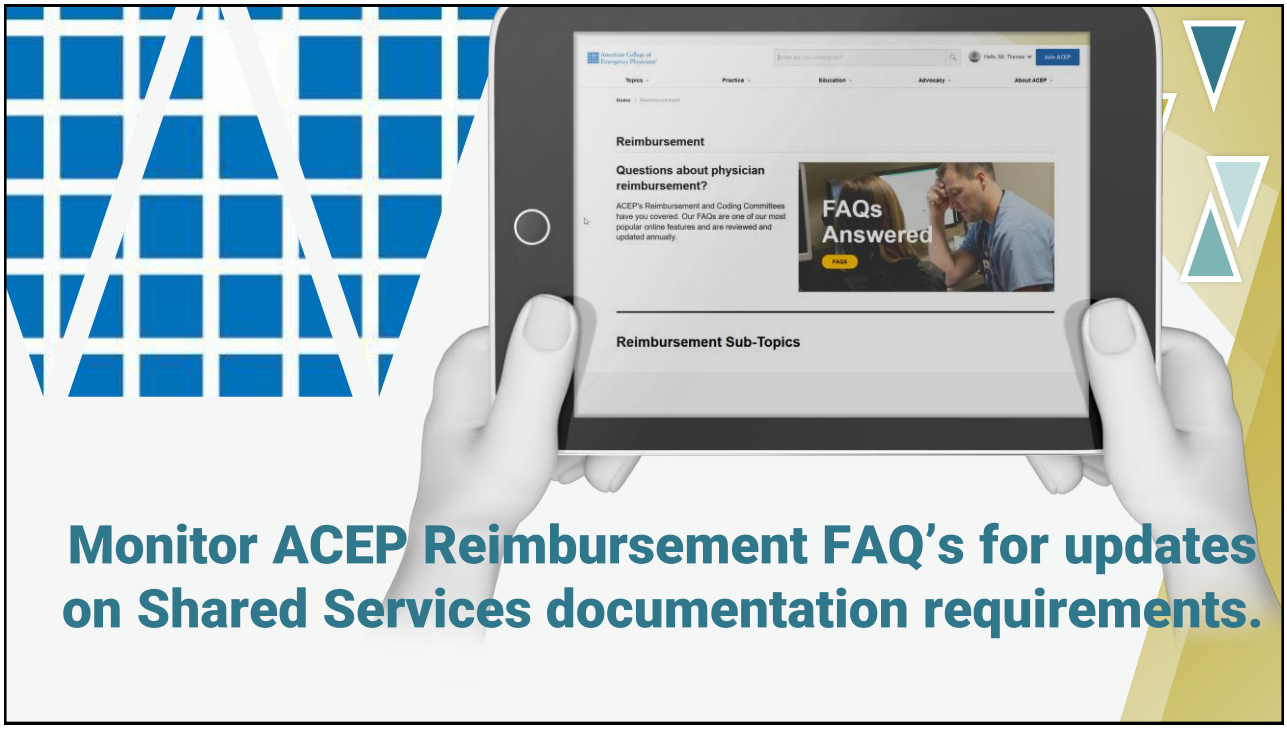

Monitor ACEP Reimbursement FAQ's for updates on Shared Services documentation requirements.

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Shared Services 2022 – Attestation?? - CMS Update

- In the rule, we said that 'Documentation in the medical record must identify the physician and NPP who performed the visit. The individual who performed the substantive portion of the visit (and therefore bills for the visit) must sign and date the medical record.'
- Signing and dating the MR and putting their name on the bill affirms that the individual performed the substantive portion, whatever they chose (for 2022, the only year they have a choice in what the substantive portion can be).
- We did not finalize anything about identifying what they used as the substantive portion. Still, it would be good to encourage folks to talk to their local MAC to make sure the MAC doesn't want them to identify what they used as the substantive portion.

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Shared Services 2022 – Critical Care

- **Under current CMS policy, critical care services cannot be billed as a shared services.**
- **"We believe the practice of medicine has evolved toward a more team-based approach to care, and greater integration in the practice of physicians and NPPs, particularly when care is furnished by clinicians in the same group in the facility setting."**
- **"In considering and reevaluating this policy, we believed it would be appropriate to revise our policy to allow critical care services to be reported when furnished as shared services. "**
- **"Therefore, we proposed that critical care visits may be furnished as shared visits."**

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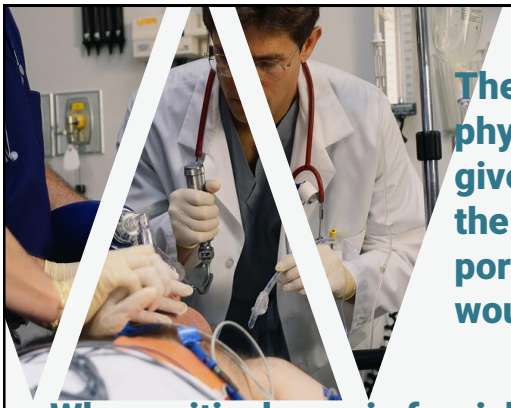

The total critical care time provided by a physician and NPP in the same group on a given calendar date would be summed, and the practitioner who furnishes the substantive portion of the cumulative critical care time would report the critical care service.

When critical care is furnished as a shared visit, the substantive portion is more than half the total time in qualifying activities that are included in CPT codes 99291 and 99292.

The billing practitioner would first report CPT code 99291 and, if 75 or more cumulative total minutes were spent providing critical care, the billing practitioner could report one or more units of CPT code 99292.

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Shared Services, Telemedicine and the PHE

CMS modified the supervision requirements for PA services performed in the office setting, "the presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider."

ACEP asked if we could meet the face to face requirements for a shared visit in the same way.

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Shared Services, Telemedicine and the PHE

- In an email response, CMS confirmed that we could report ED E&M visits as a shared service if the attending physician has an audio/video interaction with the patient.
- This interaction would need to be documented by the attending MD.
- The service would be coded with the MD as the provider to be paid at 100% of the allowable.

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Critical Care Visits and Same-Day Emergency Department Visits

The CPT 2022 states that critical care and other E/M services may be provided to the same patient on the same date by the same individual.

Current CMS Policy - *Hospital ED services are not paid for [on] the same date as critical care services when provided by the same physician to the same patient.*

Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.6.9.B.,

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Critical Care Visits and Same-Day Emergency Department Visits

For 2022

- If the physician documents that the E/M service was provided prior to the critical care service at a time when the patient did not require critical care,
- the service is medically necessary,
- the service is separate and distinct, with no duplicative elements from the critical care service provided later in the day, **practitioners may bill for both services**.
- Practitioners must use modifier -25 on the claim when reporting these critical care services.

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