CME

CINDY HUGHES, CPC, CFPC

REPORTING SPLIT/SHARED SERVICES

Q Under Medicare's new rules for split/shared visits in institutional settings, do all office visits performed jointly by a physician and advanced practice provider (APP) now have to be reported by the APP?

A No. The new guidelines do not apply to E/M services in the office or other non-facility setting. The Centers for Medicare & Medicaid Services said it did not see a need for split (or shared) visit billing in the office setting because "incident-to" regulations apply there.

Under Medicare's incident-to policy, APPs may report services using the physician's name and National Provider Identifier (NPI) if the following are true:

- The patient is established with the physician,
- The service addressed an established problem and was a continuation of a care plan initiated by the physician,
- The physician was in the office and readily available during the portion of the service provided by the APP,
- The APP is an employee (direct or contractual) of the physician's practice.

Physicians may ask their region's Medicare Part B administrative contractor for more guidance on incident-to services, if necessary.

In the office setting (place of service code 11), either the physician or APP could bill a service performed jointly based on the work that the physician or APP personally performed and documented (e.g., medical decision making or total time on the date of the encounter). When a physician joins a visit initiated by an APP, the physician's level of medical decision making (independent of the service documented by the APP) equals that of the combined services, negating the need to meet incident-to regulations.

NURSE VISITS FOR NEWBORNS

Q What is the code for a nurse visit to determine if a newborn is gaining weight?

A If the visit is part of a documented care plan for the patient provided in compliance with the payer's policy for incident-to services, report E/M code 99211 when only a clinical staff member assesses the patient.

If the weight check is due to a diagnosed feeding problem, include the ICD-10 code for the problem (e.g., P92.5, "Neonatal difficulty in feeding at breast"). Otherwise, report encounters for weight check with Z00.110 ("Health examination for newborn under 8 days old") or Z00.111 ("Health examination for newborn 8 to 28 days old") depending on the baby's age. (Newborns are one day old on the day after the date of birth. The date of birth is day zero.) You may also report codes for preterm birth, when applicable.

REMOVING SUTURES PLACED BY ANOTHER PHYSICIAN

Q What are the codes to report removing sutures that were placed by an emergency or urgent care physician (of a different group practice) but removed in the family medicine practice?

A If a physician or other qualified health care professional assesses the injury and removes the sutures (or directs clinic staff to remove them), report an office or other outpatient E/M code and the appropriate ICD-10 code for the injury with the seventh character indicating a subsequent visit (D).

For example, let's say a parent brings in a child (established patient) and you assess the wound and remove the sutures. If you base your level of service on assessment of an acute uncomplicated injury (e.g., no infection or other complicating factors), you would select E/M code 99213. If the child is uncooperative and you spend 30-39 minutes on the visit, you would report 99214 based on your total time on the date of the encounter. FPM

ABOUT THE AUTHOR

Cindy Hughes is an independent consulting editor based in El Dorado, Kan., and a contributing editor to *FPM*. Author disclosure: no relevant financial relationships.

EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

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