

2022 Medicare Rules for Facility-Based Split/Shared Visits

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There has been much discussion and controversy over the new CMS position on billing for split/shared services in facility settings.

As originally proposed, and starting in January 2022, if the service was shared among providers (such as physicians and physician assistants), the provider who performed the substantive portion of the visit would be the provider in whose name the service should be billed.

This has been a particular hot point in groups, such as hospital employed groups, where a significant portion of the services have traditionally been performed by physician assistants but billed in the name of the physician because the physician was still present for some portion of those services. Note this type of situation is not amenable to incident to billing because incident to billing is not available for facility visits.

As a result of significant comment and controversy, there is a transition exception available for calendar year 2022 only. That exception allows the service to be billed in the name of the provider who performs a key component of the visit (history, exam or medical decision making), but the billing provider must fully document that service.

In addition, the facility that is doing the billing must agree to follow that protocol, because there are still two other key components and there could be a dispute about that as well.

For physicians compensated on a productivity basis, these WRVUs may be important and this 2022 transitional role should be carefully understood.

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