



This is the list of services that can be split/shared between a physician and non-physician, per Medicare guidelines:

- Hospital inpatient (**99221-99233**)
- Hospital outpatient (**99218-99220**)
- Hospital observation (**99217-99226**)
- Emergency department (**99281-99288**)
- Hospital discharge (**99238, 99239**)
- Prolonged visits related to the above services (**99354-99365**)
- New patient E/M (99201-99215)

The following restrictions also apply to split/shared services:

- Consult services (99241-99245) can't be split/shared.
- Any E/M service furnished in a skilled nursing facility or nursing facility can't be split/shared.
- Any E/M service furnished in a patient's home or domicile can't be split/shared.

Who can perform "split/shared" services?

Non-physician providers and physicians who are employed by the same entity, or who are part of the same group practice, may perform split/shared services.

Medicare recognizes the following list of non-physician practitioners who can share an E/M service with a physician:

- Certified nurse midwife (CNM)
- Clinical nurse specialist (CNS)
- Nurse practitioner (NP)
- Physician assistant (PA)

Remember: State-specific scope of practice laws still apply to all practitioners in the bullet list above.

Where can "split/shared" services be performed?

Split/shared services are limited to facility-based settings, including the hospital inpatient and outpatient settings. **Remember:** Services furnished in the hospital outpatient (POS 22) will result in two bills being generated for Medicare patients. A professional fee is billed under Part B, while a facility fee is billed under Part A. This means incident-to guidelines don't apply to POS 22, but split/shared guidelines do.

What type of supervision is required for "split/shared" services?

Supervision doesn't apply to split/shared services.