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Shared Visits

A Shared Visit applies to E/M services in which both the physician and the PA participate, allowing the combined service to be billed under the physician's NPI, with reimbursement at 100% of the Physician Fee Schedule.¹ The shared visit concept does not apply to procedures or critical care services or nursing home visits. The PA and physician must be employed by the same entity. Shared visits can be applied to initial and subsequent hospital visits, as well as visits in the Emergency Dept. In the office/clinic, a shared visit only applies to an established patient.

*"When an E/M service is a shared/split encounter between a physician and a non-physician practitioner (NP, PA, CNS or CNM), the service is considered to have been performed "incident to" if the requirements for "incident to" are met **and the patient is an established patient.**"^{1,2}*

The physician must provide some face-to-face time with the patient, and document findings in the chart. Simply co-signing the PA's note is not sufficient. The documentation provided must clearly indicate that the patient was seen by the physician.

The patient must be seen by the PA and the physician on the same calendar day. However, this does not mean at the same time. A shared visit example from the Medicare manual states:

"If the NPP (non-physician practitioner) sees a hospital inpatient in the morning and the physician follows with a later face-to-face visit with the patient on the same day, the physician or the NPP may report the service."³

Documentation Requirements: Your local Medicare Administrative Contractor may have some guidance on the share visit documentation requirements. For an example of what is required, as well as what is considered unacceptable, refer to the following article posted by WPS Medicare: [Inpatient Split/Shared Evaluation and Management \(E/M\) Services](#).

¹ Medicare Claims Processing Manual, Chapter 12, Section 30.6.1 (B)
<http://www.cms.hhs.gov/manuals/Downloads/clm104c12.pdf>

² Medicare Transmittal 1776 <http://www.cms.gov/transmittals/downloads/R1776B3.pdf>

³ Medicare Claims Processing Manual, Chapter 12, Section 30.6.1 (B)