

Following the Business of IR course, this document serves as a reference to clarify key billing concepts and common areas of confusion encountered in clinical practice.

Consultation Codes

In common parlance, IR physicians are often asked to "consult" on a patient, either in the inpatient or outpatient setting. While physicians often use the term "consult" as a colloquialism for an evaluation and management (i.e., "E/M") service, the rigidly defined consultation CPT codes (99242-99255) are no longer accepted by most payers (including Medicare) and there are very few if any payers that continue to recognize them. Instead of reporting these codes, physicians should use the appropriate office or outpatient evaluation and management (E/M) codes for new and established patients (99202-99205 and 99212-99215) or hospital-based inpatient and observation E/M codes, including initial hospital care codes (99221-99223) and subsequent hospital care codes (99231-99233).

APP Employment and Billing Overview

Advanced Practice Providers (APPs) such as nurse practitioners and physician assistants may bill for services under their own National Provider Identifier (NPI) and are typically reimbursed at a reduced rate when doing so. In these situations, APPs may be employed either by the hospital or by the physician group. However, in order to bill services as incident to or as split (shared) visits, the APP must be employed by the physician or physician group.

Incident-To Billing (Non-Facility Setting)

Incident-to billing applies only in the non-facility (office) setting and does not apply in hospital outpatient departments or inpatient settings. To qualify for incident-to billing, the APP must be employed by the physician, the patient must be established, and the visit must address existing problems as part of a plan of care that was initiated by the physician, who must also remain actively involved in the patient's ongoing management.

Split (Shared) Visits (Facility Setting)

Split (shared) visit billing applies only in facility settings, such as inpatient, observation, or emergency department encounters, and requires that the APP be employed by the physician or physician group. If the APP is employed by the hospital and is not part of the

physician group, split (shared) billing does not apply. In split (shared) visits, the work of the physician and APP is combined for the encounter, and the service is billed under the NPI of the provider who performed the majority of the substantive work for the visit, in accordance with current CMS guidelines.