

Incident-To and Split/Shared Billing

The AAN recognizes that each member of the neurology care team is essential to high-quality patient care and is committed to providing advanced practice providers (APPs) with clinical and professional resources to ensure their success in neurology practice. There are a few ways that neurology practices may bill for the care APPs provide to neurology patients. Understand the differences between “incident-to” and “split/shared” billing.

Incident-To

- **Reimbursement:** 100% of Medicare Physician Fee Schedule allowable charges
- **Practitioner(s):** APP
- **Setting:** Outpatient office setting only

Split/Shared

- **Reimbursement:** 100% of Medicare Physician Fee Schedule allowable charges
- **Practitioner(s):** APP and Physician
- **Setting:** Hospital setting (inpatient, outpatient department or emergency department)

SHARED/SPLIT BILLING

- Shared/split billing requires an APP and physician both document their participation in the patient’s care demonstrating they both performed a substantive portion of an E/M visit face-to face with the same patient on the same date of service.
 - “Substantive” is defined as “all or some portion of the history, exam, or medical decision-making key components of an E/M service”. Make sure you are following the *2021 revised guidelines* for office or other outpatient E/M services.
 - The APP and physician involved in the encounter should both document their participation in care, demonstrating how they performed distinct services. They should use individual times to calculate total time for the visit and proceed with billing according to 2021 E/M guidelines.
- Shared/split billing is only applicable to physicians and APPs working in the same group practice or for the same employer.
- Shared/split billing visits do not apply to consultations, critical care services, procedures, or Skilled Nursing Facility (SNF) visits.
- Reimbursement is at 100% of Medicare Physician Fee Schedule allowable charges.
- Approved for use in the hospital setting only (inpatient, outpatient department or emergency department).

INCIDENT-TO BILLING

- Incident-to billing requires an APP provide follow up care to a patient that received physician-initiated care on a prior date of service.
 - The APP must be an employee or independent contractor, and a physician must be present to offer direct onsite supervision.
- Under incident-to billing, care must reflect the continuing, active and collaborative participation in management of care between the physician and APP at regular intervals.
- Medicare claims are billed under the physician’s National Provider Identifier (NPI), although Medicare does not require the physician to sign every note.
- Reimbursement at 100% of Medicare Physician Fee Schedule allowable charges.
- Approved for outpatient use only (no hospital or emergency department settings).

Check out AAN’s *E/M resources* and *advanced practice providers* for more information.

Have questions? Email practice@aan.com.