Split/Shared Substantive Portion Audit Checklist

Stop the 15% Revenue Leak & Protect Physician wRVUs

This checklist is a critical audit tool for **Hospital-Based E/M Visits** (Inpatient, Observation, ED, etc.) performed jointly by a Physician (MD/DO) and a Non-Physician Practitioner (NPP). Failure to meet a single checkpoint below results in the visit being billed under the NPP's NPI, leading to a 15% reduction in Medicare reimbursement and 100% loss of wRVUs for the physician.

Part 1: Foundational Compliance (Must Pass All)

Checkpoint	Status	Notes/Remediation
1. Facility Setting	___ YES	**The visit must occur in a facility setting** (e.g., Inpatient, Hospital Outpatient, Emergency Department). *Split/Shared rules do NOT apply to most non-facility (office) settings.*
2. Same Group	___ YES	Both the Physician and the NPP must be in the **same group practice** (Same Tax ID).
3. Documentation	___ YES	The medical record must clearly **identify both the Physician and the NPP** who performed the service.
4. Billing Provider Signature	___ YES	The provider who performs the **Substantive Portion** (and will bill the service) must **sign and date** the final E/M note.
5. E/M Code Used	___ YES	**Modifier -FS** must be appended to the E/M CPT code for all Medicare split/shared claims.

Part 2: Defining the "Substantive Portion" (Choose ONLY One Method)

Per 2024 Medicare/CMS policy, the practitioner who performs the "Substantive Portion" bills the service. The Substantive Portion is defined as **EITHER** of the following:

METHOD A: Medical Decision Making (MDM)

The Physician/NPP who bills must document a "substantive part" of the Medical Decision Making.

MDM Checkpoint	**Status**	**Documentation Requirement (Must be performed by the Billing Provider)**
6. Management Plan	___ YES	**The Billing Provider must make or approve the management plan** for the number and complexity of problems addressed.
7. Responsibility	___ YES	**The Billing Provider must take responsibility** for the management plan, including its inherent risk of complications, morbidity, or mortality.
8. Critical Component	___ YES	**The documentation must clearly indicate the billing provider's critical involvement** (e.g., *"I personally interpreted the cardiac telemetry and made the decision to initiate IV antiarrhythmics."*)
Audit Warning: The note *must* contain more than simple attestation (e.g., *"I have reviewed and agree."*)—it must show the **Billing Provider's independent work** via MDM.		

METHOD B: Total Time

*The Physician/NPP who bills must document that they spent **more than half of the total time** spent by both practitioners on the date of the encounter.*

Time Checkpoint	Status	Documentation Requirement
9. Total Time Log	___ YES	The note must explicitly state the **total time spent** by the Physician on the E/M service and the **total time spent** by the NPP on the E/M service.
10. Majority Time	___ YES	The **Billing Provider's time must be calculated as being more than 50%** of the combined total time.
11. Qualifying Activities	___ YES	Time counted must only include qualifying CPT activities (e.g., preparing to see patient, reviewing tests, counseling, documenting).
Audit Warning: If time is used, both providers' documented time must support the majority calculation. If the time is **equal**, the physician **does NOT** automatically bill.		

FINAL AUDIT RESULT

If a Physician is billing and has NO unchecked boxes: PASS -- all reimbursement rates and physician wRVUs are protected.

If a Physician is billing and has any unchecked boxes: FAIL -- The visit may be subject to being downgraded/reassigned to the NPP, resulting in an 85% reimbursement rate and 0 wRVUs for the physician.