



## Internet-Only Manual Updates (IOM) for Critical Care, Split/ Shared Evaluation and Management Visits, Teaching Physicians, and Physician Assistants

MLN Matters Number: MM12543 **Revised**

Related Change Request (CR) Number: 12543

Related CR Release Date: **March 4, 2022**

Effective Date: January 1, 2022

Related CR Transmittal Number: **R11288CP  
and R11288BP**

Implementation Date: February 15, 2022

**Note: We revised this Article due to a revised CR 12543. The CR revision didn't affect the substance of the Article. We did update the CR release date, transmittal numbers, and the web addresses of the CR. All other information is the same.**

### Provider Types Affected

This MLN Matters Article is for physicians, Physician Assistants (PAs), and hospitals billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

### Provider Action Needed

In this article, you'll learn about CMS revisions to Medicare manuals for:

- Critical care services
- Split (or shared) Evaluation and Management (E/M) visits
- Teaching Physician Services
- Physician Assistant (PA) billing and payment

Make sure your billing staff knows about these changes.

### Background

CR 12543 updates:

- Chapter 12 of the Medicare Claims Processing Manual
- Chapter 15 of the Medicare Benefit Policy Manual

These policy updates are due to the [Consolidated Appropriations Act, 2021](#) and the [CY 2022 PFS Final Rule](#).

We summarize the revisions to [Medicare Claims Processing Manual, Chapter 12](#) as follows:

- [Sections 30.6.12.1 through 30.6.12.8](#) show changes related to critical care services. Note that you may bill hospital E/M visits the same day as critical care services in certain circumstances. [Sections 30.6.12.6](#) and [30.6.12.8](#) discuss documentation requirements for such billing.
- [Section 30.6.13.H](#) shows that Skilled Nursing Facility (SNF) E/M visits may be billed as split (or shared) visits if they meet the rules for split (or shared) visit billing, discussed in our other manual sections, except for SNF E/M visits that are required to be performed in their entirety by a physician.
- [Section 30.6.18](#) provides information on split (or shared) visits.
- [Sections 30.6.12.7](#) and [30.6.18](#) informs you that new modifiers -FS and -FT are required for reporting split (or shared) visits and critical care services unrelated to global surgical procedures, respectively.
- [Section 100.1](#) has language to say teaching physicians may use only Medical Decision Making (MDM) for purposes of E/M visit level selection when billing Medicare under the PFS for office/outpatient E/M visits under the primary care exception. This is effective on January 1, 2022.
- [Section 100.1.4](#) clarifies for purposes of selecting visit level, only count time spent by the teaching physician performing qualifying activities listed by CPT (with or without direct patient contact on the date of the encounter). This includes the time the teaching physician is present when the resident is performing such activities
- [Section 110.4](#) informs that a PA's National Provider Identifier (NPI) number can now be reported directly by a PA for direct payment to the PA when billing for their professional services. No longer must a PA's employer or independent contractor report a PA's NPI to bill for a PA's personal, professional services.

The key change to the [Medicare Benefit Policy Manual, chapter 15, section 190](#) is:

- [Section 190](#) removes the Employment Relationship requirements previously under paragraph D that required a PA's employer or independent contractor to bill for a PA's personal professional services. Effective January 1, 2022, PAs can bill the Medicare program directly under their NPI and, be paid directly for their personal, professional services.

## More Information

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We issued CR 12543 to your MAC as the official instruction for this change. It consists of 2 transmittals. The [first transmittal](#) has the changes to the Medicare Claims Processing Manual. The [second transmittal](#) has the changes to the Medicare Benefit Policy Manual. Please see companion CR 12550 for additional information regarding billing critical care visits in association with global surgery.

For more information, [find your MAC's website](#).

## Document History

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Date of Change	Description
March 4, 2022	We revised the Article due to a revised CR 12543. The CR revision didn't affect the substance of the Article. We did update the CR release date, transmittal numbers, and the web addresses of the CR. All other information is the same.
January 18, 2022	Initial article released.

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