

Payment Policy | Concurrent Care



EFFECTIVE DATE: 03/01/2004
POLICY LAST UPDATED: 03/19/2013

OVERVIEW

This policy documents requirements associated with concurrent care services.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Inpatient medical care visits are covered.

Concurrent inpatient medical care is the provision of medical visits to the same member by more than one physician on the same day. If the visits are not required due to different expertise, then the care is considered duplicative, and not separately reimbursed.

- The multiple providers involved in the patient's care must be of different specialties, or in the case of physicians of the same specialty, they must have different sub-specialties or expertise.
- Cross coverage by a physician (same or like specialty) in the same or covering group practice as the attending physician is not considered concurrent care, and will be considered one visit for reimbursement purposes.
- All other rules regarding the global surgical period apply.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Concurrent medical visits occur when the attending physician requests the services of another physician for a consultation, and that physician, of a different specialty, or in the case of the same specialty, a different sub-specialty, continues to manage, or advise in the management of, the patient along with the attending. Concurrent care exists when more than one physician renders services during a period of time. The reasonable and necessary services of each physician rendering concurrent care are covered if each physician is required to play an active role in the patient's treatment. This occurs, for example, because of the existence of more than one medical condition requiring diverse specialized medical services.

COVERAGE

Not applicable.

CODING

Correct coding requires multiple physicians of the same group or covering group who are filling the role of a single physician providing more than one visit per day to report only one hospital visit code per day (i.e. providing coverage or multiple visits, but are not providing services requiring different expertise).

99231, 99232, 99233, 99307, 99308, 99309, 99310

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update Jun 2013

Provider Update May 2008

Policy Update Jun 2007

REFERENCES

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R147BP.pdf>

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

