

Concurrent Care - Inpatient

Inpatient Concurrent Care - Adult (age 21 years and older)

Effective with date of service January 1, 2007, Louisiana Medicaid reimburses for adult concurrent care. Inpatient concurrent care is defined as the provision of services by more than one physician to a patient on the same day.

Louisiana Medicaid reimburses up to three medically necessary hospital inpatient service visits per day for adult recipients (aged 21 years and older), for providers of different specialties/subspecialties.

Concurrent care services are necessary when a patient's condition and/or diagnosis(es) require the services of more than one physician to assure that the patient receives the appropriate standard of treatment. Concurrent care must be medically necessary, unduplicative, and reasonable.

The intent of the Department is to reimburse one provider per specialty/subspecialty per day per recipient with a maximum of three paid visits. If more than one inpatient service/consultation is paid to a provider of the same specialty on the same date of service, the payment is subject to post payment review and recovery.

- One code from the current initial hospital care code range 99221-99223 can be reimbursed per **inpatient stay** to the admitting provider.
- An attending provider may be reimbursed for **one** inpatient hospital care service per day per recipient. If a patient must be seen by the same provider more than once daily, the level of code billed for that date should reflect all the services rendered that day.
- Inpatient consultation codes (current code range 99251-99255) are included in the three medically necessary hospital inpatient service visits allowed per day.
- An inpatient consultation service and an outpatient visit, including an Emergency Department visit, cannot be reimbursed to the same attending provider for the same date of service, as the consultation no longer meets Louisiana Medicaid criteria for a consultation.

Only one consultation service (current code range 99251-99255) should be reported by a consultant per admission. For a consultation service to be reimbursed, the consultation criteria must be met, as described in the Consultation section of the Professional Services Provider Training manual. Subsequent services during the same admission are reported using "Subsequent Hospital Care" codes (currently 99231-99233), including services to complete the initial consultation, monitor progress, revise recommendations, or address a new problem. (See *Current Procedural Terminology [CPT]* guidelines).

Hospital Discharge Services (currently 99238, 99239) are included in the three inpatient visit limit per day. An attending provider cannot be reimbursed for an inpatient service and a hospital discharge service on the same date of service. Only one provider may be reimbursed for the hospital discharge service code (99238 or 99239) per inpatient stay.