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CHAPTER 5: PROFESSIONAL SERVICES

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## SECTION 5.1: COVERED SERVICES

PAGE(S) 2

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**Concurrent Care - Inpatient**

Inpatient concurrent care is the provision of services by more than one physician to the same recipient on the same day. Concurrent care services are necessary when a recipient's condition and or diagnosis (es) require the services of more than one physician to assure the recipient receives the appropriate standard of treatment. In all cases, concurrent care must be medically necessary, unduplicative, and reasonable.

In order to qualify for concurrent care, the recipient must:

- Have a condition(s) or a diagnosis(es) which requires the services of a physician(s) whose specialty/subspecialty is different from that of the primary care physician in the majority of cases, and
- Have a condition of such severity and/or complexity that the medical community would consider the rendering of concurrent care to be reasonable and warranted and upheld by peer review.

Recipients 21 years of age and older are allowed up to three medically necessary inpatient hospital service visits per day from providers of different specialties/subspecialties. Reimbursement is allowed for only one provider per specialty/subspecialty with a maximum of three paid visits per day per recipient for all providers.

General guidelines:

- Concurrent care for simple outpatient surgical procedures and uncomplicated diagnoses is not covered.
- The recipient's hospital record must be available for review, should it be necessary to substantiate the need for concurrent care.
- If the surgeon's role is assumed by a provider, the global surgery period policy (GSP) and pre and post-op editing supersedes this policy.
- Only one service from the current CPT listing of 'initial hospital care' procedure code range can be reimbursed per **inpatient stay** to the "admitting" provider. For initial inpatient encounters by physicians other than the admitting physician, subsequent hospital care codes or inpatient consultation codes, if appropriate, are to be used.

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**SECTION 5.1: COVERED SERVICES****PAGE(S) 2**

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- Only one inpatient hospital care service or inpatient consultation is allowed per day by each concurrent care provider as described above. If a recipient 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. When consultations are billed, the consultation policy is to be followed.
- Hospital discharge services 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 shall be reimbursed for the hospital discharge service per inpatient stay.

**NOTE:** Concurrent care policy does not apply to state-funded foster children.