

Concurrent Care

Policy ID:	HHO-DE-MP-1062
Approved By:	
Provider Notice Date:	N/A
Original Effective Date:	N/A
Annual Approval Date:	08/2022
Last Revision Date:	08/19/2021
Products:	Medicaid
Application:	
Page Number(s):	1 of 2

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

COVERAGE

Concurrent care is that care provided to an inpatient in a hospital, long-term acute care hospital, rehabilitation hospital or skilled nursing facility, simultaneously by more than one doctor during a specified period of time.

POLICY POSITION

Concurrent care may be considered medically necessary when ONE of the following indications is met:

- Two or more separate conditions require the services of two or more doctors; or
- The severity of a single condition requires the services of two or more doctors for proper management of the patient.

The necessity of each doctor's particular skills will be determined by considering the respective specialties and the diagnosis for which services were provided. If additional information is required to establish medical necessity, hospital records may be requested for review.

These records should:

- Document the attending/ordering professional provider's request for the consultant to see the patient; and
- Include sufficient documentation to indicate the medical necessity for each doctor's professional services.

Services that do not meet the above criteria will be considered not medically necessary.

Concurrent care services for the following reasons are considered not medically necessary:

- Services that exceed normal frequency or duration for a given condition without documented circumstances requiring additional care; or

- Services by one physician duplicating or overlapping those of another provider without recognizable distinction.

Place of Service: Inpatient

Reference

1. Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15, §30. Rev. 147, Issued: 08/26/2011.

POLICY UPDATE HISTORY

9/20/2021	Clinical Policy Review Committee – Medicaid Business Unit
12/10/2020	Clinical Policy Management Committee – Highmark Commercial DE