

Table Attachments

V-2

Payment Guidelines for Concurrent Care:

- The admitting doctor should be primarily responsible and paid for medical care unless the patient is transferred to the consultant or specialist.
- Payment may be made for concurrent care by doctors of different specialties.
- Payment may not be made for concurrent care by doctors of the same specialty (unless supported by medical record documentation.)
- When two or more doctors of the same specialty submit claims for concurrent care, each claim should be evaluated based on the conditions that each doctor was treating.

Examples

1. A cardiologist and a general practitioner are treating a patient who has multiple conditions. Payment will be made for concurrent medical care if they are treating different conditions.
2. Two cardiologists are treating a patient for the same condition e.g., myocardial infarction. Payment will not be made for concurrent care (unless supported by medical record documentation.)
3. Two cardiologists are treating a patient with multiple conditions e.g., the invasive cardiologist is treating the patient for their CAD and the electrophysiologist/cardiologist is treating the patient for an arrhythmia. Payment will be made for concurrent care. (Medical record documentation supporting the medical necessity of the concurrent care must be available upon request.)
4. Once it is determined that the patient requires the active services of more than one physician, the individual services must be examined for medical necessity, just as where a single physician provides the care. For example, even if it is determined that the patient requires the concurrent services of both a cardiologist and a surgeon, payment may not be made for any services rendered by either physician which, for that condition, exceed normal frequency or duration unless there are special circumstances requiring the additional care.