



2021 Policy Memo 6

Concurrent Professional Care

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Concurrent care takes place when two or more providers render medical and/or surgical services to the same patient during the same period of hospital confinement. Concurrent professional care may be covered if a Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) consultant concurs that supplementary skills by separate providers were medically necessary on the case. BCBSKS reserves the right to review claims as necessary. Contracting providers will write off charges in cases where review consultants determine that concurrent care was not medically necessary (see Policy Memo No. 1 and No. 5). There is one exception: If the patient has been notified by the physician that BCBSKS may deny the service but continues to insist the service be rendered anyway, the physician can bill the patient for these services if the patient was informed in advance and a signed waiver form is kept on file at the provider's place of business. (The waiver form is no longer required with claims submission. Use the GA modifier for all electronic and paper claims.) For further information, see Policy Memo No. 1, Section IX.

The medical necessity for concurrent care services must be substantiated by the medical records.

I. Instances When Concurrent Care Policy Applies

Two or more providers rendering medical (non-surgical) services to the same patient on the same day.

Two or more providers rendering any combination of surgical and medical services to the same patient on the same day.

Any case where consultation is followed by daily care by the consulting provider in addition to continuing care by the attending provider.

II. Instances Where Concurrent Care Policy Does Not Apply

(The services below may be separately charged in all cases, whether surgical or non-surgical.)

- A. Radiology services
- B. Pathology services
- C. Diagnostic endoscopies
- D. Single consultation (one per hospital confinement)
- E. Assistant surgery (when medically necessary)
- F. Administration of anesthesia, other than topical anesthesia

III. Reporting of Concurrent Care on Claims

Diagnoses or conditions requiring concurrent care should be specified and explained to include documentation of medical necessity.