

Internal Medicine Coding Alert

You Be the Coder: Co-managed Care in Hospital

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: What kind of reimbursement is available for co-managed care in the hospital? Are there special codes and documentation requirements for this?

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Answer: When a patient is being treated by two or more physicians while in the hospital, the patient is said to be under concurrent care. Although Medicare and most private insurance companies will reimburse for concurrent care, it is important that the physicians involved are managing separate problems, according to **Susan Calloway-Stradley, CPC, CCS-P**, a coding and reimbursement consultant and educator in North Augusta, S.C.

There are no special codes for reporting concurrent care, the physician just bills for the particular evaluation and management service provided. Each physician, however, should be reporting different primary diagnosis codes to indicate that he or she is managing a separate problem. In addition, the documentation in the patients record clearly must define the separate issues being handled by each provider.

If the services being provided by the physicians are critical care services, then Medicare allows only one physician to bill for a given hour of critical care, although a second physician can report a subsequent hospital care code. Physicians should not make the mistake of thinking that just because their patient is in the intensive care unit they cannot bill for concurrent care because the patient must be receiving critical care services. Both Medicare and CPT acknowledge that not all patients in the intensive care unit are critically ill.

Finally, the physician must be careful to distinguish between concurrent care and a consultation, particularly if he or she has been asked to do a preoperative evaluation of the patient. Sections 15506(E) and (F) of the Medicare Carriers Manual specifically state that consultations for preoperative clearance for a new or established patient by any physician at the request of a surgeon will be paid as long as the requirements for billing the consultation codes are met. If the physician who performs a preoperative consultation later assumes responsibility for the management of a portion or all of the patients condition(s) during the postoperative period, then the appropriate subsequent hospital care codes (not follow-up consultation codes) should be billed for the concurrent care he or she is providing.

