

CHAMPVA POLICY MANUAL

CHAPTER: 3
SECTION: 5.4
TITLE: MEDICAL GROUPS

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(b)

RELATED AUTHORITY: 32 CFR 199.6 and 199.17(p)(6)

I. EFFECTIVE DATE

August 26, 1985

II. POLICY

A. Allowable charges for services rendered by members of a group of professional providers who conduct their practices in a joint facility for the purpose of diagnosing and/or treating patients, etc., will be determined on essentially the same basis as allowable charges for physicians in solo practice. The amount of reimbursement made under CHAMPVA will not be affected by any salary arrangements or other arrangements for the disposition of income made within the group.

B. Where all the members of a medical group make the same standard charge for similar services, the group has what is, in effect, a group charge. However, where the members of the group do not routinely make the same charges for similar services, the actual charges of each physician must be used in the determination of the prevailing charges.

C. All claim payments for professional provider services (medical groups or physicians in solo practice) are subject to the maximum payment methodologies outlined within CHAMPVA PM Chapter 3 – Payments. Reimbursement cannot exceed the maximum allowable charge authorized or billed amount under any circumstances.

END OF POLICY