

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 13.6  
TITLE: **INPATIENT CONCURRENT CARE**

---

---

**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(3)(ii) and (vi)

**TRICARE POLICY MANUAL:** Chapter 1, Section 4.8

---

---

### I. EFFECTIVE DATE

March 3, 1992

### II. PROCEDURE CODE(S)

Effective January 1, 1992 the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visits codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for CHAMPVA claims processing for claims submitted on or after January 1, 1992.

### III. DESCRIPTION

Concurrent care exists when services more extensive than consultative services are provided by more than one individual professional provider during the same period of time.

### IV. POLICY

A. If, during the same admission, a beneficiary receives care from more than one individual professional provider, the services of the providers may be covered if the beneficiary's condition is of sufficient severity to justify the concurrent care.

B. If the providers are of the same specialty, the claim must be submitted to medical review to assure that the beneficiary's condition is of a severity to justify the concurrent care.

C. In the absence of such a determination, benefits are payable only for the services of the attending provider.

D. If the patient receives medical care and surgical/maternity care from the same provider during the same hospitalization, only the type of care with the higher total charge is covered.

E. If the patient receives medical care and surgical/maternity care from different providers for the same diagnosis, see A and B, above. If the care is provided by different providers for different diagnoses, the services are covered if medically necessary.

F. Claims for inpatient concurrent care, by providers of the same or different disciplines, related to inpatient mental health admissions which have been certified by the CHAMPVA Center (or designee) do not require medical review. These type of claims may be reimbursed by the CHAMPVA Center according to the reimbursement methodology in place for the institution where services are rendered, since the concurrent care is considered to be part of the overall approved treatment plan (see [Chapter 3, Section 1.1](#), Claims Processing - General).

**\*END OF POLICY\***