

Policy

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Purpose

This purpose of this policy is to align with the Medicare Benefit Policy Manual. Chapter 15-Covered Medical and Other Health Services outlines the coverage for Concurrent Services.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
ISNP	Institutional Special Needs Plan

Policy

The Medicare Benefit Policy Manual outlines the policies surrounding the coverage of concurrent care.

Concurrent care exists where more than one provider renders services more extensive than consultative services during a period of time. The reasonable and necessary services of each provider rendering concurrent care could be covered where each is required to play an active role in the patient's treatment, for example, because of the existence of more than one medical condition requiring diverse specialized medical services.

In order to determine whether concurrent provider services are reasonable and necessary, the following must be considered:

1. Whether the patient's condition warrants the services of more than one physician on an attending (rather than consultative) basis, and
2. Whether the individual services provided by each physician are reasonable and necessary.

The need for care by providers in the same specialty or subspecialty (e.g., two internists or two cardiologists) would occur infrequently since in most cases both providers would possess the skills and knowledge necessary to treat the patient. If it is determined that the services of one of the physicians are not warranted by the patient's condition, payment may be made only for the other physician's (or physicians') services.

Services Considered Concurrent Care

As a beneficiary of the ISNP, members receive care provided by the clinical care team of the Plan as well as the nursing facility. Services rendered by the Plan or by the nursing facility as a part of their agreements with Medicare and Medicaid may not be separately reimbursable to providers not rendering services as a part of the requirements of the Plan clinicians or nursing facility. The provision of services that are already a part of the ISNP Model of Care or the nursing facility services are considered concurrent care and may not be covered.

1. Remote Physiologic Monitoring

Remote patient monitoring, also referred to as remote physiologic monitoring, is the use of digital technologies to monitor and capture medical and other health data from patients and electronically transmit this information to healthcare providers for their assessment and, when necessary, to provide recommendations and instructions.

As members of the ISNP, beneficiaries are institutionalized with 24 hour access to nursing services. The facility is required to staff the facility to meet the needs of the residents. The facility staff provides vital sign monitoring. As such, the addition of remote physiologic monitoring is duplicative to the services being provided by the nursing facility and therefore not covered.

Remote physiologic monitoring may be covered for members who discharge from the institutional setting to a community setting. These services would be subject to prior authorization.

2. Advanced Primary Care

Advanced Primary Care and its individual components (Principal Care Management, Transitional Care Management, and Chronic Care Management) are considered concurrent care for members enrolled in the ISNP. As a part of the Model of Care, the Plan is required to provide these services. Services rendered by the Plan clinicians include but are not limited to chronic care management, personalized care plan development, comprehensive care coordination, transitional care management, and medication management.

These services may be covered for members who discharge from the institutional setting to a community setting. These services would be subject to prior authorization.

3. Palliative Care

Palliative care is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness. It is within the scope of practice of the clinicians rendering care on behalf of the Plan to provide these services. As such, providers rendering palliative services in addition to the Plan clinicians are not reasonable or medically necessary.

4. Physiatry

Physiatrists diagnose and treat medical conditions that limit mobility and function. All ISNP members have access to primary care, Plan provided clinicians, and skilled therapy services available to them in their facility. Physiatry may not be covered without additional clinical review in either the form of referral or prior authorization to support the addition of this specialty care.

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	6/5/2025	Stefanie Caswell	NEW
2.0	N/A	12/12/2025	Stefanie Caswell	Annual Review, No changes