## Policy

*Highmark Blue Cross Blue Shield's medical policy for all of its medical-surgical and Medicare Advantage products are available online in the Provider Resource Center through NaviNet® or at* ***www.highmarkbcbs.com****. An alphabetical, as well as a sectional index, is available on the Medical Policy page. You can search for a medical policy by entering a key word, policy number, or procedure code.*

*In* ***PRN****, the Medicare Advantage icon* M *indicates Medicare Advantage medical policy-related information.*

## Concurrent care guidelines changed

Highmark Blue Cross Blue Shield defines concurrent care as care provided to an inpatient in a hospital, long-term acute care hospital, rehabilitation hospital, or skilled nursing facility, simultaneously by more than one physician during a specified period of time.

Such care is usually provided when:

- Two or more separate conditions require the services of two or more physicians.
- The severity of a single condition requires the services of two or more physicians for proper management of the patient.

The necessity of each physician's particular skills is determined by considering the respective specialties and the diagnosis for which services were provided. If Blue Cross Blue Shield requires additional information to establish medical necessity, hospital records may be requested for review.

These records should:

- Document the attending or ordering professional provider's request for the consultant to see the patient, and
- Include sufficient documentation to indicate the medical necessity for each doctor's professional services.

Concurrent care that does not meet Blue Cross Blue Shield's medical necessity criteria is not eligible for payment. A participating, preferred, or network provider may not bill the member for the denied service unless he or she has given advance written notice, informing the member that the service may be deemed not medically necessary and providing an estimate of the cost. The member must agree in writing to assume financial responsibility, before receiving the service. The signed agreement should be maintained in the provider's records.

### Payment guidelines for concurrent care

- The admitting physician should be primarily responsible for and paid for medical care unless the patient is transferred to the consultant or specialist.

- Blue Cross Blue Shield may pay for concurrent care by physicians of different specialties.
- Blue Cross Blue Shield may not pay for concurrent care by physicians of the same specialty (unless supported by medical record documentation).
- When two or more physicians of the same specialty submit claims for concurrent care, Blue Cross Blue Shield will evaluate each claim based on the conditions that each physician was treating:

  For example:

  - A cardiologist and a general practitioner are treating a patient who has multiple conditions. Blue Cross Blue Shield will pay for concurrent medical care if the physicians are treating different conditions.
  - Two cardiologists are treating a patient for the same condition, for example, myocardial infarction. Blue Cross Blue Shield will not pay for concurrent care (unless supported by medical record documentation).
  - Two cardiologists are treating a patient with multiple conditions, for example, the invasive cardiologist is treating the patient for their coronary artery disease and the electrophysiologist or cardiologist is treating the patient for an arrhythmia. Blue Cross Blue Shield will pay for the concurrent care; however, it may r-equest medical record documentation to support the medical necessity of the concurrent care.

## Astigmatism-correcting intraocular lens not covered

Highmark Blue Cross Blue Shield does not consider an astigmatism-correcting intraocular lens (IOL), procedure code V2787—astigmatism correcting function of intraocular lens—, an eligible prosthetic device, since its purpose is to compensate for the imperfect curvature of the cornea.

If a member chooses to have an astigmatism-correcting IOL inserted after cataract surgery, Blue Cross Blue Shield will deny the lens as non-covered. However, Blue Cross Blue Shield will pay for the surgical procedure.

Blue Cross Blue Shield will also deny any additional pre- and postoperative services beyond those typically provided in conjunction with a cataract extraction with insertion of a standard IOL as non-covered.

If you insert an astigmatism-correcting IOL in your office, you may bill code L8699 for the astigmatism-correcting IOL along with V2787 for the astigmatism-correcting function of the IOL.

Before the surgery, you must obtain a signed agreement from the patient. This agreement must specifically inform the patient that he or she is responsible for the entire cost of the astigmatism-correcting IOL and any additional