

*North Carolina*  
**State Health Plan**  
for Teachers and State Employees and  
NC Health Choice for Children  

---

www.shpnc.org

**Professional Inpatient Benefits**

**Policy Number: ME0485**

**Active policy, not scheduled for routine review.**

**Definition:**

Professional inpatient hospital medical care is treatment of a condition not requiring surgery.

**Coverage:**

**Physician Visits**

1. One visit of hospital care per day may be allowed for each day of hospitalization (from admission through discharge) except when the severity of the patient's condition is documented by the attending physician as requiring additional visits. Additional visits may be approved on a case-by-case basis upon the recommendation of the Claims Processing Contractor.
2. Consultation services are covered when medically necessary and are requested by the attending physician.
3. When a patient is admitted for medical treatment and during the admission is subsequently referred to another physician for surgery, medical benefits are provided for the hospital days prior to the referral date.
4. If, during a hospital admission for necessary medical treatment, surgery is provided by another doctor for a wholly distinct and unrelated condition, both medical and surgical benefits are payable on the same day.
5. If, during a hospital admission for necessary medical treatment, a patient receives related surgical procedures such as paracentesis, biopsy, endoscopy, operative preparation for x-ray examination or other diagnostic procedures for which benefits are available under the surgical section of the Plan, both medical and surgical benefits are payable.
6. If a patient is treated by two or more physicians at the same time for different diagnoses or conditions (concurrent care), benefits are provided to both or all of the physicians.

**Approval Procedures:**

1. Prior approval is not required.
2. Preadmission certification and length-of-stay approval are required for all inpatient hospital admissions. When another health plan is primary, length of stay approval is waived.

**Limitations and Exclusions:**

1. If a patient receives both medical and surgical treatment from the same doctor for the same condition, the charges for the medical care will be combined with the surgical fee and benefits paid as the surgical procedure.
2. A pre-surgical inpatient consultation by a surgeon while the patient is under the care of a medical doctor is to be regarded as part of the charge for the surgery, and no medical benefits payable.
3. If a patient is treated by two or more physicians for the same condition at the same time (co-attending care), benefits are provided only for the care rendered by the primary (attending) physician.
4. If a patient is treated by two or more physicians at the same time for different diagnoses or conditions (concurrent care), benefits are provided to both or all physicians.

5. Benefits are not provided for a consultation where co-attending care is involved.
6. Consultations which are required by hospital rules and regulations are not covered.
7. Benefits are provided on an individual consideration (IC) basis for joint physician care. Joint physician care is defined as care rendered by two or more physicians at the same time for a patient who is critically ill or has an unusually significant therapeutic or diagnostic problem in which consultative care or concurrent care is indicated. The patient's medical records should include identification of the primary (attending) physician, documentation of the patient's significant and unusual critical condition requiring joint physician care, and associated orders by the primary physician for any consultations or joint care.
8. Benefits for oral surgical consultations are limited to one consultation per diagnosis or condition.
9. Standard consultation services for medical procedures without complications, such as preoperative medical consultations on all patients having surgery who have no evidence of significant medical disease, are not covered.
10. Benefits for covered services are limited to the treatment of injury or illness. There are no benefits for services associated with "interesting medical findings."
11. Inpatient admissions for diagnostic testing which can be performed safely on an outpatient basis are not covered.
12. No benefits are payable for directly or indirectly related services or procedures which are experimental or investigational as determined by the Executive Administrator and Board of Trustees upon the advice of the Claims Processing Contractor.
13. Services provided by surgeons who are not employed by or under contract to a hospital are not covered.

**Authority:**

G.S. 135-42(b)  
G.S. 108A-70.21(b)  
G.S. 135-40.1(4) (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.1(7.1) (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.6(2)a (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.6(2)c (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.6(2)f (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.6(7)a (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.6(7)b (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.7(5) (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.7(9) (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.7(12) (statute effective through 06/30/2008 for Predecessor Plan)  
G.S. 135-40.7(15) (statute effective through 06/30/2008 for Predecessor Plan)

**Complete Review of Policy:**

December 1989  
March 2005

**Revised:**

January 1998  
December 2008