

## Commercial Reimbursement Policy

Subject: **Standby Services- Professional**

Policy Number: **C-09005**

Policy Section: **Evaluation and Management**

Last Approval Date: **07/17/2024**

Effective Date: **07/20/2022**

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Anthem does not allow reimbursement for standby or hospital-mandated on-call services unless provider, state, or federal contracts and/or mandates indicate otherwise.

Reimbursement is allowed for the specific service or procedure rendered by the provider following the standby period.

Nonreimbursable:

- The standby services, when the standby period ends with the provider rendering a specific procedure or service

- The prolonged attendance code (standby service) in addition to the initial Evaluation and Management of a normal newborn or delivery/birthing room resuscitation code
- Hospital-mandated in-hospital or out-of-hospital on-call services

### Related Coding

Code	Description	Comments
99026	Hospital mandated on call service; in-hospital, each hour	Not eligible for reimbursement
99027	Hospital mandated on call service; out-of-hospital, each hour	Not eligible for reimbursement
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	Not eligible for reimbursement
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	Eligible for reimbursement
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	Eligible for reimbursement

### Policy History

07/17/2024	Review approved: no changes
07/20/2022	Review approved: minor language changes
06/24/2020	Review approved: administrative changes were made; condensed and made minor language changes to the policy section; added CPT® codes 99026 and 99027 to the related coding table; updated definition per CPT®
06/01/2019	Policy template updated: added definitions section and related coding table
07/13/2018	Review approved: coding section removed; administrative language changed
05/03/2016	Review approved: no substantial changes
05/05/2015	Review approved: minor language changes; related codes were formatted as a table
05/06/2014	Review approved: no material changes
05/07/2013	Review approved: updated policy name to <i>Standby Services</i> ; language updated to align with CPT® language; moved references to before the disclaimer
05/01/2012	Review approved: no changes
05/03/2011	Review approved: no changes
05/04/2010	Review approved: no changes
05/04/2009	Initial approval and effective

## References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2024

## Definitions

Standby Services	Professional physician services that are requested by another physician, or health care provider, that involve prolonged attendance without direct (face-to-face) patient contact. Care or services may not be provided to other patients during this period.
General Reimbursement Policy Definitions	

## Related Policies and Materials

Bundled Services and Supplies - Professional
Scope of License - Professional

## Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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