

Commercial Reimbursement Policy

Subject: **Standby Services – Professional**

Policy Number: **C-09005**

Policy Section: **Evaluation and Management**

Last Approval Date: **07/20/2022**

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

Disclaimer

These 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 a member's Anthem Blue Cross (Anthem) 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

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These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. 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. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan 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

Exemptions

There are no exemptions to this policy.

Policy History

07/20/2022	Biennial review approved: minor language changes
06/24/2020	Biennial 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	Biennial review approved: coding section removed; administrative language changed
05/03/2016	Annual review approved: no substantial changes
05/05/2015	Annual review approved: minor language changes; related codes were formatted as a table
05/06/2014	Annual review: no material changes
05/07/2013	Annual 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	Annual review approved: no changes
05/03/2011	Annual review approved: no changes
05/04/2010	Annual review approved: no changes
05/04/2009	Initial Committee approved and effective

References and Research Materials

This policy has been developed through consideration of the following:

- AMA CPT®, 2021 Professional
- Optum Encoder Pro, 2022
- Centers for Medicare and Medicaid Services (CMS)

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

Scope of License – Professional

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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