COMMERCIAL REIMBURSEMENT POLICY

Standby and On-Call Services

Active

Section: Evaluation and Management
Policy Number: 005
Effective Date: 03/01/24

Description

This policy addresses coding and reimbursement for standby and on-call services.

Definitions

Standby Services - Services provided by a physician or other qualified healthcare professional (QHP) at the request of another individual that involve prolonged attendance without direct (face-to-face) patient contact.

Policy Statement

Standby

Standby services, code 99360, are not separately reimbursable. Standby is considered incidental regardless of what is or is not billed with that service. This includes anesthesia standby, which occurs when an anesthesiologist or CRNA is present in case their services are required for anesthesia, but otherwise performs no medical intervention. Refer to *Commercial Anesthesia Services – 001 Anesthesia Reimbursement Policy.*

On-Call

Hospital mandated on-call services (99026, 99027), in or out of hospital, are not separately reimbursable**.**

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	N/A		
ICD-10 Diagnosis:	N/A		
ICD-10 Procedure:	N/A		
CPT/HCPCS:	99026	99027	99360
Revenue Codes:	N/A		

Resources

Current Procedural Terminology (CPT®)
Medicare Claims Processing Manual Chapter 12 Section 30.6.15.3

Policy History

03/24/2015	Initial Committee Approval
11/07/2019	Annual Policy Review
01/26/2021	Annual Policy Review
04/26/2022	Annual Policy Review
02/28/2023	Revised
11/28/2023	Revised
02/27/2024	Annual Policy Review