

Standby Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This reimbursement policy addresses reimbursement for standby services and hospital mandated on call services.

Current Procedural Terminology

Per Current Procedural Terminology (CPT®) definition, code 99360 is used to report physician or other qualified health care professional standby services that are requested by another individual that involves prolonged attendance without direct (face-to-face) patient contact. Care or services may not be provided to other patients during this period. This code is not used to report time spent proctoring another individual. It is also not used if the period of standby ends with the performance of a procedure subject to a surgical package by the individual who was on standby.

Reimbursement Guidelines

Centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services (CMS) does not reimburse for physician standby services. These services are considered by CMS to be included in the payment to a facility as part of providing quality care and are not separately reimbursable

Standby Services

In accordance with CMS, UnitedHealthcare Community Plan does not reimburse physician or other qualified health care professional standby services submitted with CPT code 99360. If a specific service is directly rendered to the patient by the standby physician or other qualified health care professional (i.e., tissue examination of frozen section biopsy), the service or procedure would be reported under the appropriate CPT code (i.e., 88331).

Mandated Hospital On Call Service

UnitedHealthcare Community Plan does not reimburse for hospital mandated on call services billed under CPT codes 99026 and 99027 because they do not involve direct patient contact.

State Exceptions

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| California | CPT 99360 may be billed for detention time with the following documentation requirements: The procedure requiring the physician's full-time attendance, the medical necessity for the physician's immediate presence, a detailed report of the tasks performed, and the duration of the actual time spent with the patient. Please see the CA Medicaid Manual for additional information: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/eval_m00o03.doc |
| Florida | According to State Regulations, Physician standby services are reimbursed for cesarean section standby only. A physician standby service (procedure code 99360) is reimbursable in addition to the history and exam of the normal newborn infant (code 99460) only if: <ul style="list-style-type: none"> • Criteria for standby were met (30 minutes or more). • Delivery was by cesarean section. Physician standby service (procedure code 99360) is not reimbursable in addition to attendance at delivery (procedure code 99464). |
| Missouri | NICU codes are to be used in addition to codes 99360 and 99465 or 99464 as appropriate, when the physician is present for the delivery and newborn resuscitation is required. |
| North Carolina | Due to State Regulations, 99360 Physician standby services is listed as covered with billed with an ICD-10 code indicating a high risk delivery. |
| Pennsylvania | Due to State Regulations, 99360 Physician standby services is listed as covered for situations such as operative standby, standby for frozen section, cesarean/high risk delivery or monitoring EEG services. |
| Rhode Island | Due to State Regulations, Physician standby is covered only when there is required prolonged physician attendance awaiting the birth of a newborn. Physician standby is considered a minimum of 30 minutes total duration of time on a given date. The physician standby procedure code, 99360, is to be billed in 30 minute increments (30 minutes = 1 unit) and must reflect the total duration of time the physician is in attendance, up to a maximum of 6 units (3 hours). Total duration of less than 30 minutes should not be reported separately. |
| Washington | According to State Regulations, physician standby services (CPT code 99360) are covered when those services are requested by another physician and involve prolonged physician attendance without direct (face-to-face) client contact. |

Questions and Answers

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| 1 | <p>Q: If a pediatrician or other physician is requested by the delivering physician to attend at delivery and provide services to stabilize a newborn, are those services considered standby services?</p> <p>A: No. If a physician is requested by the delivering physician to attend at delivery and to provide stabilization of a newborn, the physician may bill for those direct face-to-face services provided to the newborn using CPT code 99464.</p> |
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| Codes |
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| CPT code section |
| 99026 |
| 99027 |
| 99360 |

| Resources |
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| Individual state Medicaid regulations, manuals & fee schedules |
| American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services |
| Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services |

| History | |
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| 7/17/2020 | Policy Version Change State Exception Section: Removed Iowa |
| 4/13/2020 | Annual Date and Version Change Codes: Descriptions Removed History Section: Entries prior to 1/1/2018 archived |
| 7/25/2019 | State Exception Section: Added North Carolina |
| 1/4/2019 | Annual Anniversary Date and Version Change Title Section: Removed Annual Approval information & moved policy # to the header Added the word “Professional” to policy title Application Section: Removed pathway to policies for other lines of business History Section - Entries prior to 1/1/2017 archived |
| 03/22/2018 | State Exception Section: Added Rhode Island |
| 3/19/2018 | State Exception Section: Added Pennsylvania |
| 3/14/2018 | Annual Approval Date Change (no new version) |
| 1/1/2018 | Annual Policy Version Change History Section: Entries prior to 1/1/2016 archived State Exception Section: Exceptions added for California, Florida, Iowa, and Missouri |
| 1/2006 | Policy implemented by UnitedHealthcare Community & State |