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## **Standby Services**

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### **DESCRIPTION:**

This policy applies to the reimbursement of standby services. As described in the Current Procedural Terminology (CPT®) definition, CPT® code 99360 is used to report physician or other qualified healthcare professional standby services requested by another individual that involves prolonged physician attendance without direct (face-to-face) patient contact. The provider may not be providing care or services 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 INFORMATION:**

Truli for Health does not reimburse for standby services. These services are considered by Truli for Health to be included in the payment for a facility as part of providing quality care. Therefore, these services are not separately reimbursable.

If a specific service is directly rendered to the patient by the standby physician, the service or procedure submitted under the appropriate CPT® code could be a reimbursable service and should be reported with the appropriate procedure code that describes that service.

Truli for Health does not reimburse for hospital mandated on-call services, CPT® codes 99026 and 99027, as they do not involve services directly provided to a specific patient. Such services are part of a facility's cost to provide quality care to our members and should not be reported by physicians.

**BILLING/CODING INFORMATION:**

The following codes may be used to describe standby services:

**CPT® Coding**

99360	Standby service, requiring prolonged attendance, each 30 minutes (e.g., operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG).
99026	Hospital mandated on call service; in-hospital, each hour
99027	Hospital mandated on call service; out-of-hospital, each hour

**REFERENCES:**

1. Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual 100-4, Chapter 12, Section 30.6.15.3
2. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition
3. CMS, Medicare Physician Fee Schedule Relative Value File  
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

**GUIDELINE UPDATE INFORMATION**

04/14/22	Annual Review – no changes
03/09/23	Annual Review – References reviewed and updated.
03/14/24	Annual Review – References reviewed and updated.

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