

Professional Pricing Policy	
Subject: Standby Services	
Policy Number: HLEM-0003	Policy Section: Evaluation and Management
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. 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. 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. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors 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These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.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 adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink does not allow for standby services.

- Standby services do not provide a direct service to a member since no actual direct (face-to-face) care is provided.
- Immediate availability/and or physical presence of the standby provider is at the request of another provider.
- Per CPT coding guidelines, if the standby period ends with the standby-provider rendering a specific procedure or service, then that specific service should be reported.

Although CPT coding guidelines indicate that the standby service requiring prolonged attendance code may be reported in addition to the initial E/M of normal newborn or delivery/birthing room resuscitation code, HealthLink does not separately allow for standby time. Only the primary E/M or procedural service is allowed.

In addition, HealthLink does not allow for hospital mandated in-hospital or out-of-hospital on call services.

Related Coding

Code	Description	Comments
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 allowed

Code	Description	Comments
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	Allowed
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	Allowed

Exemptions

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Definitions

General Professional Pricing Policy Definitions

Related Policies and Materials

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References and Research Materials

<p>This policy has been developed through consideration of the following</p> <ul style="list-style-type: none"> • CMS • American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing 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. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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