

Part B Insider (Multispecialty) Coding Alert

Reader Question: Medicare May Not Pay for 'Standby' Service

Question: Our surgeons sometimes "standby" for other surgeons in some high-risk procedures or cases. They want to code for their time, and we want to use 99360. How should they document their time to be able to charge 99360?

Answer: CMS and many other payers don't pay for 99360 (Physician standby service, requiring prolonged physician attendance, each 30 minutes [e.g., operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG]), so the physician may not be able to charge for standby time.

Some payers might pay on 99360, however. If a third party payer does reimburse for 99360, then be sure the physician has documented the standby service with something such as: I was requested by [DOCTOR'S NAME] to be on standby for trauma surgery performed on [PATIENT'S NAME] on [DATE]. I arrived at the facility at [ARRIVAL TIME] and departed at [DEPARTURE TIME].

Note: When standby care is requested, both the requesting physician and providing physician must document the need for standby care regardless of whether a claim for reimbursement is submitted.

If you submit a claim, be sure to follow the CPT® guidelines for 99360, which include:

- Another physician must document in writing the request for the standby service
- The standby physician must not provide care to other patients during the standby period
- The standby physician should not submit 99360 for any service of less than 30 minutes total on that date of service. You may report an additional unit of 99360 for each additional 30 minutes, meaning another full 30 minutes of standby service.

Important: If the physician is called upon during the procedure to actually assist with or perform a procedure, you should bill for the service provided rather than reporting the standby service using 99360.