

Part B Insider (Multispecialty) Coding Alert

Reader Questions: No Way Around Carrier's Standby Policy

Question: One of our anesthesiologists monitored a patient's vital signs during excision of a tumor from the patient's back. The monitoring was done from 7:47 p.m. to 8:07 p.m. The surgeon, not our anesthesiologist, was the one who administered the anesthetic at 7:48. The patient's carrier (NGS Medicare) does not allow billing for standby services. Is there any way to be reimbursed for the anesthesiologist's time?

Answer: In the situation as you describe it, the anesthesiologist is not actively participating in the case, so unfortunately there is no reasonable claim that can be made for this time period. Most payers will deny standby services (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]), regardless of whether the claim involves another same-day charge, such as 99223 (Initial hospital care, per day, for the evaluation and management of a patient ...).

The Correct Coding Initiative (CCI) edits do not bundle 99360 with 99223. Therefore, you do not technically need modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of a procedure or other service). As you've already found out, the Medicare Physician Fee Schedule assigns a status indicator of "X" to 99360, which means standby service is excluded across the board. Any payer that uses these status codes as part of their claims processing will refuse to pay for 99360.