

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 13.10
TITLE: STANDBY CHARGES

AUTHORITY: 38 USE 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)

TRICARE POLICY MANUAL: Chapter 8, Section 17.1

I. EFFECTIVE DATE

February 14, 1984

II. PROCEDURE CODE(S)

99360

III. DESCRIPTION

A standby charge is a charge made by an individual provider to cover the expenses involved in maintaining a ready or available status in the event the services the provider has to offer may be required.

IV. POLICY

Separate reimbursement for standby charges may not be considered for coverage since no service is actually rendered during a standby situation. Standby services are considered part of the routine institutional services and, as such, should be included in the institutional charge.

V. POLICY CONSIDERATIONS

A. The services of a pediatric physician during a delivery are not considered standby services. Reimbursement may be made for the services of a pediatric physician having the qualifications necessary to resuscitate newborn infants, who is physically present during:

1. delivery by Caesarean section; or for
2. vaginal delivery when there is a reasonable expectation of fetal distress.

B. Reimbursement may be made for situations in which the immediate medical or surgical backup of a standby provider become necessary (i.e., the standby provider actually performs a service). In these cases, reimbursement is for the actual service rendered, not for the fact the provider was standing by.

C. Claims for services meeting A or B above must include a statement from the standby provider(s) which:

1. documents the situation and the services rendered by the standby provider(s); and
2. provides the name and address of the attending physician.

END OF POLICY