



<b>Policy Title</b>	Standby Services Reimbursement Policy
<b>Policy Department</b>	Payment Strategy Operations
<b>Effective Date</b>	10/1/2022
<b>Revision Date(s)</b>	
<b>Next Review Date</b>	

**Disclaimer:**

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers judgement in rendering services. Providers are expected to provide care based on best practices and use their medical judgement for appropriate care.

**Description:**

This policy outlines Clover Health’s reimbursement of standby services provided in a facility for both contracted and non-contracted providers for Clover’s Medicare Advantage plans.

- Definitions:**
- Standby Services
    - The provider spends 30 minutes on standby in case services are needed.

**Policy:**

In accordance with Centers for Medicare and Medicaid Services (CMS), Clover Health does not provide reimbursement to physicians or other qualified healthcare providers for standby services. Any standby services are included in the reimbursement for hospital services.



<p><b><u>Claim Codes (if applicable)</u></b></p>	<ul style="list-style-type: none"><li>● 99360<ul style="list-style-type: none"><li>○ Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)</li></ul></li></ul>
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References
<p><a href="#">Medicare Claims Processing Manual Chapter 12</a></p>
<p>American Medical Association (AMA) Current Procedural Terminology (CPT®)</p>