

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> BILLING - Stat, Call Back, Stand-by and Handling Charges
PAGE: 1 of 2	<b>REPLACES POLICY DATED:</b> 4/6/98, 4/1/00, 10/1/01 (GOS.BILL.006); 3/6/06, 9/1/07, 5/15/10, 4/1/16
EFFECTIVE DATE: May 1, 2018	REFERENCE NUMBER: REGS.BILL.006
APPROVED BY: Ethics and Compliance Policy Committee	

**SCOPE:** All Company affiliated hospitals performing and/or billing ancillary services. Specifically, the following departments:

Parallon Shared Services Centers Ancillary Departments Revenue Integrity Finance Administration

**PURPOSE:** To establish guidelines for billing stat, call back, stand-by and handling charges in accordance with Medicare, Medicaid and other federally-funded payer requirements.

**POLICY:** Stat, call back, stand-by and handling charges must <u>not</u> be billed to Medicare, Medicaid, or other federally-funded programs. The Chief Financial Officer (CFO) will determine if stat, call back, stand-by and handling charges will be billed to non-federally-funded payors.

## **DEFINITIONS (for purposes of this policy):**

<u>Ancillary Services</u>: Hospital or other health care organization services other than room and board and professional services. Examples of ancillary services include diagnostic imaging, pharmacy, laboratory and therapy services.

<u>Call Back charge</u>: A charge for certain personnel returning to the hospital to perform tests or services.

Handling charge: A charge for the transfer of a specimen or device to or from an offsite location.

<u>Stand-by charge</u>: A charge for certain personnel being available at the facility should tests or services be needed.

Stat charge: A charge for tests or services performed on a priority basis.

## PROCEDURE:

- 1. The facility CFO must determine if stat, call back, stand-by and handling charges will be billed to non-federally-funded payers.
  - a. If stat, call back, stand-by and handling charges **will not** be billed to any payer, the following steps must be performed:
    - i. Facility/SSC personnel must verify that no entries exist in the facility chargemaster for such services.



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- ii. On an annual basis, the facility/SSC personnel must review the chargemaster and related order entry masterfiles/dictionaries to verify that entries for stat, call back, stand-by and handling charges are not present.
- b. If stat, call back, stand-by and handling charges will be billed to non-federally-funded payers specific codes must be assigned to these charges to identify them and prevent billing to federally funded payers. The applicable CPT/HCPCS codes that must be established in the facility chargemaster for stat, call back, stand-by and handling charges are outlined in the HCA Laboratory Compliance Plan. Please note that the CPT/HCPCS codes outlined in the Laboratory Compliance Plan may also include codes which are not specific to lab. :
  - i. Review the Laboratory Compliance Plan and verify that the applicable CPT/HCPCS codes are assigned in the facility chargemaster.
  - ii. SSC personnel must have a process in place to remove stat, call back, stand by, and handling charges from claims for federally funded claims. These charges must be written off as non-covered/non-allowable and may not be claimed as Medicare Bad Debt expense.
  - iii. Compliance with this policy is monitored on a quarterly basis by Regulatory Compliance Support to validate that stat, call back, stand-by and handling charges were not billed to federally funded programs. Any facility that falls out of compliance will be contacted by Regulatory Compliance Support.
- 2. All staff associates responsible for ordering, performing, charging, coding or billing services must be educated on the contents of this policy.

The Facility Ethics and Compliance Committee is responsible for implementation of this policy within the facility.

## **REFERENCES:**

- 1. Provider Reimbursement Manual Part 1 (Pub. 15-1), Chapter 21, Section 2102.1
- 2. Medicare Claims Processing Manual (100-4) Chapter 12, Section 30.6.15.3
- 3. Medicare Claims Processing Manual (100-4) Chapter 16, Section 60.1.2