

## Hospital Inclusive Charges Policy, Facility

### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.*

***Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the facility or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.***

*Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. CPT Copyright American Medical Association. All rights reserved.*

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### Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities

### Policy

#### Overview

Certain categories of items and services are included within the overall room and board charge, or facility charge for an inpatient or outpatient visit, or otherwise bundled within certain services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare Community Plan.

UnitedHealthcare Community Plan applies CMS guidelines and industry coding sources to identify routine services, supplies, equipment/items included in the primary room and board charge, facility charge, or other service charge to address unbundled charges. This policy does not address professional charges which may be associated with the services covered under this policy.

#### Reimbursement Guidelines

UnitedHealthcare Community Plan incorporates CMS's Provider Reimbursement Manual definition of "routine services". Routine services encompass regular room/observation room costs, dietary and nursing services, minor medical and surgical supplies, medical and psychiatric social services, and the use of certain equipment and facilities without a separate charge. While services not considered routine (or "ancillary") may be considered for reimbursement, routine aspects of such ancillary services will not be separately reimbursed.

Routine services are incorporated into the reimbursement for the room and board charge (which can include both standard hospital rooms and special care units such as the CCU or ICU), facility charge, or ancillary service charge, as appropriate for the location where the services are provided. There is no separate reimbursement for bundled separately billed routine services.

The following lists offer examples of routine services that are not eligible for separate reimbursement. Please note, these are examples and do not constitute a comprehensive list, whether explicitly mentioned or implied in parentheses.

Routine medical equipment and supplies are not eligible for separate reimbursement as they are included in the reimbursement for the procedure or facility charge. These items, which are generally available to all patients receiving services, are considered floor stock, and are incorporated into the overall reimbursement of the procedure or facility charge. Therefore, routine supplies are not separately reimbursable.

#### **Medical Equipment/Supplies**

This includes, but is not limited to, items associated with revenue codes 260-269, 270, 279, 410, and 412

|                                                                                     |                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Intravenous (IV) Therapy, IV Infusion Pump, IV Pharmacy Services                    | Sterile Supplies (Surgical Instruments, Biopsy Forceps, Implanted Medical Devices) |
| Non-Sterile Supplies (Stethoscopes, Bandages, Diagnostic Kits, Medical Instruments) | Perfusion Equipment and Supplies                                                   |
| Machines (Anesthesia, Bladder Scanner, Blood Pressure, Humidifier, CPAP)            | Pumps (IV, Bio, syringe, blood warmer, suction, feeding, PCA)                      |
| Beds, Commodes, Scales, Overhead Frame                                              | Fetal Monitors                                                                     |

#### **Medical/Surgical Supplies**

This includes, but is not limited to, items associated with revenue codes 250, 270–279

|                                |                                                                                                   |
|--------------------------------|---------------------------------------------------------------------------------------------------|
| Alcohol Swabs/Pads/Baby Powder | Basin                                                                                             |
| Bandages/Dressings             | Mouth Care Kits                                                                                   |
| Batteries                      | Oxygen and Supplies (Masks, Cannula, Tubing)                                                      |
| Bedpans                        | Breast Pumps                                                                                      |
| Cold/Hot Packs                 | Reusable Equipment or Items                                                                       |
| Heat Lights or Pads            | Thermometers                                                                                      |
| IV Solutions                   | IV Saline and/or Heparin Flushes                                                                  |
| Tubing (IV, Blood)             | Items used for specimens' collection (arterial blood gas kit, urine collection kits, mucus traps) |

**Nursing Care/Services**, carried out by primary bedside nurses (RN and/or LPN), respiratory therapists, certified nursing assistants, perfusionists or other technicians as part of their daily responsibilities, are included in the reimbursement for the room and board charge and are not eligible for separate reimbursement.

#### **Nursing Services**

This includes, but is not limited to, items associated with revenue codes 260, 300, 309, 361, 391, 460, 510, 761

|                                                      |                                                                              |
|------------------------------------------------------|------------------------------------------------------------------------------|
| Administration of Blood or any Blood Product         | Administration/Application of any Medication, Chemotherapy, and/or IV Fluids |
| Assisting Physician in Performing any Procedure      | Medical Record Documentation                                                 |
| Accessing Indwelling IV Catheter                     | Preparing and Dispensing Medication                                          |
| Monitoring (Cardiac Monitors, Vital Signs)           | Fluid Specimen Collection                                                    |
| Personal Hygiene                                     | Point of Care Testing (Glucose, Urine Dip, ABG)                              |
| Respiratory Treatments                               | Incremental Nursing Care                                                     |
| Insertion, removal, maintenance of Nasogastric Tubes | IV Hydration                                                                 |
| Maintenance or Flushing of Tubing                    | Tracheostomy Care                                                            |
| Urinary Catheterization                              | Venipuncture (Venous or Arterial)                                            |
| IV and PICC line insertions                          | IV transfusions                                                              |

In addition to the above-listed services, personal and supply items, and equipment, if post-operative surgical or procedural recovery services are performed in any critical care room setting other than the Pre- and Post-Anesthesia

Recovery Room, the critical care daily room charges will cover service charges. This coverage extends to surgical suites (both major and minor), treatment rooms, endoscopy labs, cardiac cath labs, X-ray facilities, pulmonary and cardiology procedural rooms. Reimbursement of the hospital's charge for surgical suites and services includes the entire range of nursing personnel services, supplies, and equipment, as already included in the basic or critical care daily room charges. Additionally, the following services and equipment will be incorporated into the surgical rooms and service charge reimbursement.

| <b><u>Surgical Rooms</u></b>                                                                |                                 |
|---------------------------------------------------------------------------------------------|---------------------------------|
| This includes, but is not limited to, items associated with revenue codes 270-279, 300- 370 |                                 |
| Anesthesia Equipment, Monitors and Gases                                                    | Robotic Assisted Techniques     |
| Intubation/Extubation                                                                       | Drill bits, Saws, Blades, etc.  |
| Blood Pressure/Vital Sign Equipment                                                         | Batteries for any Equipment     |
| Cardiac Monitors                                                                            | Saline Infusion, slush machine, |
| Cardiopulmonary Bypass Equipment                                                            | CO2 Monitors                    |
| Surgeons' Loupes or visual Assisting Devices                                                | Surgical Cultures               |
| Grounding Pads                                                                              | Hemochron Supplies              |
| Laparoscopes, Bronchoscopes, Endoscopes, Fluoroscopies/C-arm, and Additional Accessories    | Local Anesthesia                |
| Laboratory Specimen Collection                                                              | Video Camera Equipment          |

Charges for the management of a **Ventilator or CPAP**, owned by the facility, will be considered for reimbursement for one (1) unit per day. Certain services ancillary to the Ventilator or CPAP usage are separately reimbursable, however there are components within these services that are routine and integral to the delivery and are not separately reimbursed.

| <b><u>Examples of Ventilator or CPAP components that are not separately reimbursed.</u></b>  |                                                         |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------|
| This includes, but is not limited to, items associated with revenue codes 410, 412, 419, 460 |                                                         |
| System Set Up, System Checks, Circuit Change                                                 | Respiratory assessment                                  |
| Tracheostomy, Supplies and Care                                                              | Carbon Dioxide end tidal system setup and/or monitoring |
| O2, CPAP, PEEP changes                                                                       | Endotracheal suctioning, weaning, extubating,           |

### State Exceptions

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Arizona</b>              | The state of Arizona is exempt from this policy.              |
| <b>Colorado</b>             | The state of Colorado is exempt from this policy.             |
| <b>District of Columbia</b> | The state of District of Columbia is exempt from this policy. |
| <b>Florida</b>              | The state of Florida is exempt from this policy.              |
| <b>Hawaii</b>               | The state of Hawaii is exempt from this policy.               |
| <b>Indiana</b>              | The state of Indiana is exempt from this policy.              |
| <b>Kansas</b>               | The state of Kansas is exempt from this policy.               |
| <b>Kentucky</b>             | The state of Kentucky is exempt from this policy.             |
| <b>Maryland</b>             | The state of Maryland is exempt from this policy.             |
| <b>Massachusetts</b>        | The state of Massachusetts is exempt from this policy.        |
| <b>Michigan</b>             | The state of Michigan is exempt from this policy.             |
| <b>Minnesota</b>            | The state of Minnesota is exempt from this policy.            |
| <b>Mississippi</b>          | The state of Mississippi is exempt from this policy.          |

|                       |                                                         |
|-----------------------|---------------------------------------------------------|
| <b>Missouri</b>       | The state of Missouri is exempt from this policy.       |
| <b>Nebraska</b>       | The state of Nebraska is exempt from this policy.       |
| <b>New Jersey</b>     | The state of New Jersey is exempt from this policy.     |
| <b>New Mexico</b>     | The state of New Mexico is exempt from this policy.     |
| <b>New York</b>       | The state of New York is exempt from this policy.       |
| <b>North Carolina</b> | The state of North Carolina is exempt from this policy. |
| <b>Pennsylvania</b>   | The state of Pennsylvania is exempt from this policy.   |
| <b>Rhode Island</b>   | The state of Rhode Island is exempt from this policy.   |
| <b>Tennessee</b>      | The state of Tennessee is exempt from this policy.      |
| <b>Texas</b>          | The state of Texas is exempt from this policy.          |
| <b>Virginia</b>       | The state of Virginia is exempt from this policy.       |
| <b>Washington</b>     | The state of Washington is exempt from this policy.     |
| <b>Wisconsin</b>      | The state of Wisconsin is exempt from this policy.      |

## Resources

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

CMS, National Correct Coding Initiative Policy Manual for Medicare & Medicaid

## History

|                   |                                                             |
|-------------------|-------------------------------------------------------------|
| <b>12/01/2024</b> | Policy Implemented by UnitedHealthcare Community Plan       |
| <b>01/23/2024</b> | Policy approved by Reimbursement Policy Oversight Committee |