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.

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.

Surgical Rooms 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.

Examples of Ventilator or CPAP components that are not separately reimbursed. 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	
Arizona	The state of Arizona is exempt from this policy.
Colorado	The state of Colorado is exempt from this policy.
District of Columbia	The state of District of Columbia is exempt from this policy.
Florida	The state of Florida is exempt from this policy.
Hawaii	The state of Hawaii is exempt from this policy.
Indiana	The state of Indiana is exempt from this policy.
Kansas	The state of Kansas is exempt from this policy.
Kentucky	The state of Kentucky is exempt from this policy.
Maryland	The state of Maryland is exempt from this policy.
Massachusetts	The state of Massachusetts is exempt from this policy.
Michigan	The state of Michigan is exempt from this policy.
Minnesota	The state of Minnesota is exempt from this policy.
Mississippi	The state of Mississippi is exempt from this policy.

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

12/01/2024	Policy Implemented by UnitedHealthcare Community Plan
01/23/2024	Policy approved by Reimbursement Policy Oversight Committee

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