


REIMBURSEMENT POLICY	Facility Supplies and Services
Effective Date: 6/1/2022  <div style="text-align: right;">6/1/2022</div>	Reimbursement Policy Number: UM43 Committee Approved Date: 3/2022
Medical Officer Date	

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

POLICY STATEMENT

I. The following (A.-H.) facility supplies and services are considered **not separately reimbursable** because they are considered incidental to the facility charge:

- A. Routine items or services included in the daily room and board charge for the level of care being provided; **or**
- B. Routine items or services included in the facility charge for the primary medical service being provided (e.g., surgical services and associated anesthesia services); **or**
- C. Items or services that are determined to be inappropriate or excessive; **or**
- D. Items or services that are determined to be duplicative; **or**
- E. Items or services that are wasted, broken, or destroyed; **or**
- F. Nursing care and/or treatment that is within the scope of normal nursing practice; **or**
- G. Assistance by hospital staff for any bedside procedures performed by physicians or other healthcare professionals regardless of patient location; **or**
- H. Transportation, including monitoring while being transported, within the facility.

Note: see Policy Guidelines below for examples of facility items or services that are not separately reimbursable because they are incidental to the facility charge.

POLICY GUIDELINES

Note: the following lists are not all-inclusive.

Routine Supplies and Equipment

- Admission, hygiene, and/or comfort kits
- Alcohol swabs
- Arterial blood gas kits
- Apnea monitors
- Baby powder
- Band Aids
- Basins
- Batteries
- Bedpans
- Bedding and linens (sheets, blankets, pillowcases, washcloths, and towels)
- Beds
- Betadine ointment/solutions
- Blood collection tubes
- Blood pressure cuffs/monitors
- Breast feeding pumps/supplies
- CO2 monitors
- Commodes
- Contrast materials
- Cotton balls and cotton swabs
- Crash carts
- Deodorant
- Drapes
- Electrocardiogram (EKG) supplies
- Emesis basins
- Emerson pumps
- Gloves and gowns (used by patients or staff)
- Glucometers
- Feeding pumps
- Heating or cooling pads
- Heating or cooling pumps
- Humidifiers
- Ice packs
- Infant warmers
- Iodine scrub
- Irrigation solution and supplies
- IV arm boards
- IV pumps/poles, including drug delivery systems and supplies (e.g., tubing, infusion pump, syringes, flushes)
- Kleenex tissues
- Linens
- Lubricants and lotions
- Masks (used by patients or staff)
- Mattresses
- Mouth care kits, mouthwashes
- Nebulizers and related supplies
- Needles
- Oral swabs
- Oxygen masks
- Phototherapy lights
- Pillows
- Pulse oximetry probes
- Razors
- Restraints
- Sharps containers
- Skin cleansers, including alcohol, peroxide, and chlorohexidine antiseptic.
- Soap, shampoos, shaving creams
- Socks, slippers
- Syringes
- Stethoscopes
- Suction canisters and tubing
- Surgical trays and supplies
- Tape
- Telemetry equipment
- Therapeutic baths
- Thermometers
- Toilet paper
- Toilet seat lifts
- Tongue depressors
- Toothbrush, toothpaste
- Urinals
- Water pitchers
- X-ray film

Surgical Services, Equipment, and Supplies

- Basin stands
- Bovie machines/pads/supplies
- Bronchoscopes
- Catheters, including urinary, cardiac, and vascular catheters
- Cords
- Closure supplies
- Crash carts
- Drapes
- Dressings, sterile gauze

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| <ul style="list-style-type: none"> • Endoscopes • Fluoroscopy equipment • Instruments • Irrigation solutions • IV kits • Laparoscopes • Lasers • Lights and associated parts • Limb holders • Linens | <ul style="list-style-type: none"> • Monitoring Equipment/Supplies • Needles • Operating room set-ups of equipment and supplies • Power equipment • Robotic devices • Room heating and monitoring equipment • Perfusion equipment and services | <ul style="list-style-type: none"> • Staffing • Suction machines, canisters, tubing, and related supplies • Surgeon's loops • Tables and table covers • Ventilator or oxygen set-up • Video equipment • X-ray film |
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Anesthesia Services, Equipment, and Supplies

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| <ul style="list-style-type: none"> • Airway supplies and airway humidifiers • Anesthesia machines • Anesthetic gases • Arterial blood gasses • Blood pressure monitors • Blood warmers • Breathing circuits • Cardiac monitors and monitoring supplies • CO2 monitors • Disposable warming blankets • Electrolytes • Esophageal stethoscopes | <ul style="list-style-type: none"> • Extubation • Gloves • Instruments • Intravascular catheters • Intubation and intubation kits • IV kits • Laryngoscopes • Linens • Needles • Positioning devices • Positive pressure ventilation systems • Pulse oximetry • Restraints | <ul style="list-style-type: none"> • Saline slush machine • Skin preparation • Solution warmer • Sterilization of equipment • Stethoscopes • Suction canisters, liners, and tubing • Suction catheters • Syringes and needles • Thermometers • Tongue blades • Transport monitor • Ventilation systems • Warming lamps |
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Respiratory Therapy

Services and Supplies

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| <ul style="list-style-type: none"> • Aerosol • Airway supplies • Ambu Bag • Breathing circuit • CO2 monitors • Croupette • Extubation • Flow meter • Humidifier • Intermittent Mandatory Ventilation (IMV) circuit | <ul style="list-style-type: none"> • Incentive spirometry • Intubation and intubation kits • Intermittent Positive Pressure Breathing (IPPB) • Isolettes • Nasal cannula • Nasal catheter • Nursing care • Oxygen • Oxygen masks | <ul style="list-style-type: none"> • Positive End Expiratory Pressure (PEEP) • Respiratory technician time • Tents or hoods • T-piece • Ultrasonic nebulizer • Ventilation systems • Ventilator related disposable supplies |
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Hourly/Daily Charges

- Hourly/daily charges for oxygen are not separately reimbursable from hourly/daily charges for ventilator support. This is considered duplicative (criterion. I.D. above).
- If more than one level of respiratory/ventilation support occurs on the same date of service, only the highest level of respiratory/ventilation support will be reimbursed. The lower level of support is considered duplicative (criterion I.D. above).

Routine Nursing Services

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| <ul style="list-style-type: none"> • Bathing of patients • Blood draw and blood product administration • Cardiopulmonary resuscitation • Central line care • Changing of linens and patient gowns • Chest tube maintenance, dressing changes, discontinuation • Dressing/bandage changes • Enemas • Incontinence treatments • IV insertions, maintenance, or removals, including administration of fluids and medications • Lactation consultations | <ul style="list-style-type: none"> • Medication administration • Medical record documentation • Monitoring and maintenance of peripheral or central IV lines and sites • Nasogastric tube insertion, maintenance, removal • Nebulizer treatments • Neurologic status checks • Obtaining of: blood sugars, blood samples (from either IV sticks, central lines, or PICCs), urine specimens, stool specimens, arterial draws, sputum | <ul style="list-style-type: none"> specimens, or any body fluid specimen • Obtaining and recording of patient assessments, including: vital signs, monitoring of cardiac monitors, pressure readings, pulse oximeters, and pulmonary arterial pressures • Patient and family education/counseling • Telemetry monitoring • Tracheostomy care • Transporting, ambulating, transferring from bed or chair • Urinary catheter insertions or removals • Wound care |
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DEFINITIONS

Room and Board Charge

According to the Centers for Medicare & Medicaid Services (CMS), “(i)npatient routine services in a hospital generally are those services included by the provider in a daily service charge--sometimes referred to as the ‘room and board’ charge.”¹

Routine or Ancillary Items or Services

Routine Supplies/Services

According to the Centers for Medicare & Medicaid Services (CMS):

“Routine services are the regular room, dietary and nursing services, minor medical and surgical supplies, medical social services, psychiatric social services, and the use of certain equipment and facilities for which a separate charge is not customarily made.”^{1,2} These services are not separately billable Inpatient Part B services per:

- Provider Reimbursement Manual – Part 1, Chapter 22, §2202.6¹
- Medicare General Information, Eligibility, and Entitlement Manual
 - Chapter 1—General Overview, §60.4—Statutory Obligations of Practitioners and Other Persons³
 - Chapter 4—Physician Certification and Recertification of Services, §10—Certification and Recertification by Physicians for Hospital Services⁴
 - Chapter 4—Physician Certification and Recertification of Services, §20—Certification for Hospital Services Covered by the Supplementary Medical Insurance Program⁴
 - Chapter 5—Definitions, §20—Hospital Defined⁵

Ancillary Supplies/Services

Section 2203 of the Medicare Provider Reimbursement Manual states “items and services may be considered ancillary if they are identifiable items and services tailored to an individual patient’s specific medical needs, are furnished at the direction of a physician, and are either not reusable or represent a cost for each preparation.”¹

The above referenced guideline will be used to determine if the supplies charged are reimbursable based on a supporting physician order. Absent a written physician order to substantiate their determination as an ancillary service (furnished at the direction of a physician), the supply charges are not separately reimbursable.

Fluid Used to Administer Drugs

Medicare Claims Processing Manual on Part B Hospital states, “(h)ospitals are expected to report all drug administration CPT codes in a manner consistent with their descriptors, CPT instructions, and correct coding principles.”⁶

CPT instructions that preface both therapeutic, prophylactic, chemotherapy and highly complex biologic agents state: “The fluid used to administer the drug(s) is considered incidental hydration and is not separately reportable. Therapeutic, prophylactic, or diagnostic IV infusion or injection, other than hydration, is for the administration of substances/drugs. The fluid used to administer the drug (s) is incidental hydration and is not separately payable (although the charges may be supported by a physician order).

If performed to facilitate the infusion or injection or hydration, the following services and items are included and are not separately billable:

1. Use of local anesthesia
2. IV start
3. Access to indwelling IV, subcutaneous catheter or port
4. Flush at conclusion of infusion
5. Standard tubing, syringes, and supplies.

Payment for the above is included in the payment for the chemotherapy administration or non-chemotherapy injection and infusion service.”⁷

Routine Nursing Services

The costs of patient monitoring and nursing services are included in the facility’s daily room and board charge. A separate charge is not payable per Medicare Provider Reimbursement Manual Section 2202.6.¹ Examples of routine nursing services that are captured in the Room and Board rate include patients that receive from the floor nurse IV infusions and injections, blood administration, and nebulizer treatments.

CENTERS FOR MEDICARE & MEDICAID SERVICES

As of 2/8/2022, the following Centers for Medicare & Medicaid (CMS) guidances were identified which address reimbursement for facility routine supplies and services:

- Medicare Benefit Policy Manual, Chapter 1—Inpatient Hospital Services Covered Under Part A, §40.0—Supplies, Appliances, and Equipment⁸
- Medicare Benefit Policy Manual, Chapter 4—Part B Hospital, §230.2—Coding and Payment for Drug Administration⁶
- Medicare Claims Processing Manual, Chapter 20—Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §210—CWF Crossover Editing for DMEPOS Claims During an Inpatient Stay⁹
- Medicare General Information, Eligibility, and Entitlement Manual
 - Chapter 1—General Overview, §60.4—Statutory Obligations of Practitioners and Other Persons³
 - Chapter 4—Physician Certification and Recertification of Services, §10—Certification and Recertification by Physicians for Hospital Services⁴
 - Chapter 4—Physician Certification and Recertification of Services, §20—Certification for Hospital Services Covered by the Supplementary Medical Insurance Program⁴

- Chapter 5—Definitions, §20—Hospital Defined⁵
- Provider Reimbursement Manual – Part 1, Chapter 22, §2202.4, §2202.6, §2202.8, §2203¹
- MLN Matters® Number: MM8959. Implementing the Payment Policies Related to Patient Status from the CMS-1599-F¹⁰
- MLN Matters® Number: SE1333. Temporary Instructions for Implementation of Final Rule 1599-F for Part A to Part B Billing of Denied Hospital Inpatient Claims²

The above criteria and reimbursement methodologies are consistent with the CMS guidances regarding facility routine supplies and services.

INSTRUCTIONS FOR USE

Company Reimbursement Policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company Reimbursement Policies are reviewed annually. The Companies reserve the right to determine the application of Reimbursement Policies and make revisions to Reimbursement Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). Provider Reimbursement Manual – Part 1, Chapter 22, §2202.4, §2202.6, §2202.8, §2203. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929>. Accessed 7/16/21.
2. Centers for Medicare & Medicaid Services (CMS). MLN Matters® Number: SE1333. Temporary Instructions for Implementation of Final Rule 1599-F for Part A to Part B Billing of Denied Hospital Inpatient Claims. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1333.pdf>. Accessed 7/16/2021.
3. Centers for Medicare & Medicaid Services (CMS). Medicare General Information, Eligibility, and Entitlement Manual, Chapter 1—General Overview, §60.4—Statutory Obligations of Practitioners and Other Persons <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c01.pdf>. Published 2015. Updated 10/16/2015. Accessed 2/24/2022.
4. Centers for Medicare & Medicaid Services (CMS). Medicare General Information, Eligibility, and Entitlement Manual, Chapter 4—Physician Certification and Recertification of Services, §10—Certification and Recertification by Physicians for Hospital Services & §20—Certification for Hospital Services Covered by the Supplementary Medical Insurance Program <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c04.pdf>. Published 2021. Accessed 2/24/2022.
5. Centers for Medicare & Medicaid Services (CMS). Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5—Definitions, §20—Hospital Defined. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c05.pdf>. Published 2018. Accessed 2/24/2022.

6. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 4 — Part B Hospital, §230.2—Coding and Payment for Drug Administration <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf>. Published 2021. Accessed 2/24/2022.
7. American Medical Association. *Current Procedural Terminology (CPT)© 2020 Professional Edition*. 2020.
8. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual; Chapter 1, Section 40. Supplies, Appliances, and Equipment. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf>. Published 2017. Accessed 7/16/2021.
9. Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 20—Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §210—CWF Crossover Editing for DMEPOS Claims During an Inpatient Stay. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf>. Published Updated 2021. Accessed 7/16/2021.
10. Centers for Medicare & Medicaid Services (CMS). MLN Matters® Number: MM8959. Implementing the Payment Policies Related to Patient Status from the CMS-1599-F. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8959.pdf>. Published 2013. Accessed 7/16/2021.