



## SERVICES BUNDLED INTO INPATIENT / OUTPATIENT STAYS

File Name: services\_bundled\_inpatient\_outpatient\_stays

Origination: 6/2021

Last Review: 8/2023

Next Review: 12/2023

### Description

Routine services, supplies, and equipment are included within the overall room and board or room care charges of inpatient and outpatient stays.

Billed charges for hospital routine services, supplies, equipment and items constitute unbundled, fragmented or otherwise duplicative charges which should reasonably be included in another charge.

Surgical rooms include, but are not limited to, surgical suites, major and minor treatment rooms, endoscopy labs, cardiac cath labs, X-ray, pulmonary and cardiology procedural rooms.

### Policy

**Blue Cross Blue Shield North Carolina (Blue Cross NC) will limit reimbursement for routine services, supplies, and equipment according to the criteria outlined in this policy.**

### Reimbursement Guidelines

Routine services, supplies, and equipment are included in a daily hospital service charge and are not separately reimbursable. Routine surgical services and supplies associated with an outpatient surgical procedure are not separately reimbursable.

Any supplies, items, and services that are necessary or otherwise integral to the provision of a specific service and/or to the delivery of services in a specific location are considered routine services and not separately reimbursable in the inpatient and outpatient settings.

Non-reimbursable services may result in line-item reductions.

All items and supplies that may be purchased over-the-counter are not separately reimbursable.

Reusable items, supplies, and equipment that are provided to all patients admitted to a given treatment area or unit (i.e. NICU, Burn Unit, PACU, Medical/Surgical) are not separately reimbursable.

All reusable items, supplies, and equipment that are provided to all patients receiving the same service (i.e., an Ambu bag during resuscitation) are not separately reimbursable. The operating room (OR) charge may be based on time or on a procedural basis. It is inappropriate to include both a time based and procedural based OR fee.

Anesthesia supplies are not separately reimbursable when billed with anesthesia time-based charge.

Blue Cross NC's inpatient reimbursement is considered all-inclusive.



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Non-professional services provided to a Blue Cross NC member by an entity other than the admitting facility while the member is registered as an inpatient at an acute care hospital, long term acute care hospital, skilled nursing facility, psychiatric hospital/facility, substance abuse hospital/facility or a residential treatment center/facility are not separately billable to Blue Cross NC.

**All ventilator equipment and supplies are not separately reimbursable from the ventilator charge.**

The tables below are examples and do **not** represent an all-inclusive list:

| Not Separately Reimbursable Routine Equipment                             |   |  |
|---|---|--|
| Ambu bag  | Fans  | Patient room furniture; manual, electric, semielectric beds        |
| Aqua pad motor  | Feeding pumps   | PCA pump   |
| Arterial pressure monitors (inclusive of Critical Care room charges only) | Flow meters   | Pen light or other flashlight                                      |
| Auto Syringe Pump   | Footboard   | PICC line (reusable equipment associated with PICC line placement) |
| Automatic thermometers and blood pressure machines                        | Glucometers   | Pill pulverizer  |
| Bed scales  | Guest beds  | Pressure bags or pressure infusion equipment                       |
| Bedside commode   | Heating or cooling pumps  | Radiant warmer   |
| Blood pressure cuffs  | Hemodynamic monitors (inclusive of Critical Care room charges only) | Sitz bath  |
| Blood warmers   | Humidifiers   | Stethoscope  |
| Cardiac monitors  | Infant warmer   | Suction pumps  |
| CO2 monitors  | Injections (therapeutic, prophylactic, or diagnostic)               | Telephone  |



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|---|--|--|
| Crash cart                                | IV pumps; single and multiple lines, tubing    | Televisions                              |
| Defibrillator and paddles                 | Nebulizers                                     | Traction equipment                       |
| Digital recording equipment and printouts | Overhead frames                                | Transport isolette                       |
| Dinamap                                   | Over-bed tables                                | Wall suction, continuous or intermittent |
| Emerson pumps                             | Oximeter/Oxisensors – single use or continuous |  |

**Not Separately Reimbursable Routine Services**

|  |   |   |
|--|---|---|
| Administration of blood or any blood product by nursing staff (does not include tubing, blood bank, preparation, etc.) | Feeding of patients   | Oral care   |
| Administration or application of any medicine, chemotherapy, and/or IV fluids.   | Incontinence care   | No separate charge will be allowed for callback, emergency, standby, urgent attention, ASAP, STAT, or portable fees.      |
| Arterial and venipuncture  | Injections (therapeutic, prophylactic or diagnostic)                          | Patient and family education and counseling   |
| Assisting patient onto bedpan, beside commode or into bathroom   | Insert, discontinue, and/or maintain nasogastric tubes                        | Preoperative care   |
| Bathing of patients  | Intubation  | Respiratory therapy services  |
| Bedside Glucose monitoring   | Maintenance and flushing of J-tubes, PEG tubes, and feeding tubes of any kind | Set up and/or take-down of: IV pumps, flow meters, heating or cooling pumps, over-bed frames, oxygen, feeding pumps, TPN, |



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|  |   | traction equipment, monitoring equipment                                     |
| Bedside tracheostomy care and changing of cannulas   | Maintenance of oxygen administration equipment  | Shampoo hair   |
| Body preparation of deceased patients  | Medical record documentation  | Single determination or continuous pulse oximetry monitoring.                |
| Cardiac rehabilitation (during inpatient stay)   | Mixing, preparation of, or dispensing of any medication, IV fluids, total parenteral nutrition (TPN), or tube feedings  | Start and/or discontinue IV lines  |
| Cardiopulmonary resuscitation (CPR); including the management/participation in cardiopulmonary arrest event. Obtaining and recording of blood pressure, temperature, perspiration, pulse, pulse oximetry | Monitoring and maintenance of peripheral or central IV lines and sites – to include site of care, dressing changes and flushes  | Suctioning or lavage of patients   |
| Changing of dressing, bandages and/or ostomy appliances  | Monitoring of cardiac monitors; CVP (central venous pressure) lines; Swan Ganz lines/pressure reading; arterial lines/readings; pulse oximeters; cardiac output, pulmonary arterial pressure. | Transporting, ambulating, range of motion, transfer to and from bed or chair |
| Changing of linens and patient gowns   | Neurological status checks  | Turning and weighing patients  |
| Chest tube maintenances, dressing change, discontinuation  | Nursing care  | Urinary catheterization  |
| Enemas   | Obtaining and recording vital signs (blood pressure, temperature, respiration, pulse, pulse oximetry)   | Wound care (during inpatient stay)   |



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| Enterostomal services | Obtaining: Finger-stick blood sugars; blood samples from either venous sticks or any type of central line catheter or PICC line; arterial draws; urine specimens; stool specimens; sputum specimens; body fluid specimen |  |
|-----------------------|--|--|

| <b>Not Separately Reimbursable Routine Supplies</b> |                                  |                       |
|---|----------------------------------|-----------------------|
| Admission, hygiene, and or comfort kits             | IV (intravenous) arm boards      | Shampoo               |
| Alcohol swabs                                       | Lotion                           | Sharps container      |
| Arterial blood gas kits                             | Lubricant                        | Shaving cream         |
| Baby powder   | Masks (patient or staff)         | Skin cleansing liquid |
| Band-aids   | Meal trays                       | Soap                  |
| Basin   | Measuring pitcher                | Socks/slippers        |
| Bedpan, regular or fracture pan                     | Mid-stream urine kits            | Specipan              |
| Blood tubes   | Mouth care kits                  | Sputum trap           |
| Cotton balls (sterile or nonsterile)                | Mouthwash                        | Syringes              |
| Deodorant   | Needles                          | Tape                  |
| Drapes  | Odor eliminator/ Room deodorizer | Thermometers          |
| Dressings and bandages                              | Oral swabs                       | Tissues               |
| Emesis basin  | Oxygen                           | Toilet paper          |



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|   |   |                                       |
|---|---|---------------------------------------|
| Flushes (Heparin, Saline, water, etc.)  | Oxygen masks  | Tongue depressors                     |
| Gloves (patient or staff)   | PICC (peripherally inserted central catheter) Line                                    | Toothbrush                            |
| Glycerin swabs  | Pillows   | Toothpaste                            |
| Gown (patient or staff)   | Preparation kits  | Tubing (IV, suction, equipment, etc.) |
| Heat light or heating pad   | Razors  | Urinal                                |
| Ice packs   | Restraints  | Water pitcher                         |
| Irrigation solutions  | Reusable sheets, blankets, pillowcases, draw sheets, underpads, washcloths and towels |                                       |
| Items used to obtain a specimen or complete a diagnostic or therapeutic procedure | Saline solutions  |                                       |

**Not Separately Reimbursable Routine Critical Care Services**

|   |  |
|---|--|
| Facility service charge for critical care includes the routine tables for Equipment, Services, and Supplies | Special equipment (dinemapp, swan ganz, pressure monitor, pressure transducer monitor, oximetry monitor, etc.) |
| Nursing Care  | Telemetry  |
| Respiratory therapy services  |  |

**Not Separately Reimbursable Routine Surgical Services and Supplies**



|  |  |  |
|--|--|--|
| Air conditioning and filtration  | Fracture tables  | Robotic surgical systems                           |
| All reusable instruments charged separately  | Grounding pads   | Room heating/cooling and monitoring equipment      |
| All services rendered by RN's, LPN's, scrub technicians, surgical assistants, orderlies, and aides | Hemochron  | Room set-ups of equipment and supplies             |
| Anesthesia equipment, supplies and monitors  | Hemoconcentrator   | Saline slush machine                               |
| Any automated blood pressure equipment   | Hemostatic agents (Tisseel, FloSeal, etc)  | Skin closure devices (sutures, staples, etc.)      |
| Cardiac monitors   | Instrument trays   | Solution warmer                                    |
| Cardiopulmonary bypass equipment   | Laparoscopes, bronchoscopes, endoscopes, and accessories                           | Surgeons' loupes or other visual assisting devices |
| CO2 monitors   | Lights, light handles, light cords, fiber optic microscopes                        | Surgical clips and staplers (reloads, etc.)        |
| Crash carts  | Local Anesthesia (long or short acting)  | Surgical drill                                     |
| Digital recording equipment and printouts  | Monopolar and bipolar electrosurgical/bovie and cautery (equipment and handpieces) | Transport monitor                                  |
| Dinamap  | Negative pressure wound therapy (vacuum assisted closure devices)                  | Video camera and tape                              |
| Disposable surgical supplies (trocars, blades, gowns, guide wires, etc.)                           | Obtaining laboratory specimens   | Wall suction equipment                             |
| Facility service charge for surgical services includes the routine                                 | Power equipment  | X-ray film   |



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| tables for Equipment, Services, and Supplies |  |  |
| Flat or Per day supply fees                  | Reusable surgical equipment, instruments and trays |  |

| <b>Not Separately Reimbursable Respiratory Services</b>  |   |   |
|--|---|---|
| Bedside pulmonary mechanics  | Intubation assistance   | Sleep apnea monitoring system (setup, screening and monitoring)                 |
| Chest manipulation (external chest wall oscillation)   | Mini bronchoalveolar lavage test  | Spontaneous breathing screen/trial  |
| Cleaning of internal or external components of ventilator  | Monitoring during transport or for special procedure                            | Static pressure/volume loop   |
| Diaphragmatic EMG sensor catheter placement  | Nasal cannula system  | Supplemental oxygen (system-setup, patient/system-assessment, equipment change) |
| End tidal carbon dioxide system-setup and/or monitoring (expired gas determination)                    | Oral care   | Surfactant administration   |
| Equipment change (all non-invasive and invasive) from one type of respiratory assist device to another | Oximetry check and/or trending  | Therapeutic ventilatory maneuver (recruitment maneuver)                         |
| Esophageal balloon catheter placement  | Placement or change of in-line suction catheter                                 | Tracheostomy tube care  |
| Esophageal pressure monitoring   | Positive expiratory pressure (PEP) breathing device, instruction and/or therapy | Transcutaneous monitoring (initial system setup and/or monitoring)              |
| FRC (functional residual capacity) determination   | Respiratory assessment and/or respiratory protocol assessment                   | Vent-acquired pneumonia prevention activities                                   |





|   |   |                                   |
|---|---|-----------------------------------|
| Gas cylinder change   | Respiratory therapy education   | Ventilator circuit change         |
| Heliox ventilation  | Saline diluents   | Ventilator transport              |
| Incentive spirometry (set up or demonstration for patient at bedside) | Setting or device adjustment (emergent or non-emergent, invasive or non-invasive) | Ventilator weaning and extubation |

## Rationale

Similar to CMS and correct coding initiatives, Blue Cross NC will not separately reimburse for routine services, supplies, and equipment as they are deemed to be included in the daily hospital service charge.

Per CPT and CMS guidelines, heparin flushes (J1642), saline flushes (A4216), IV flushes of any type, and solutions used to dilute or administer substances, drugs, or medications are included in the administration service. These items are considered supplies and are not eligible for separate reimbursement. Although J1642 (Injection, heparin sodium, (heparin lock flush), per 10 units) describes heparin flushes, heparin flushes are not considered a “drug” and are not separately reimbursable.

## Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at [www.bcbsnc.com](http://www.bcbsnc.com).

## Related policy

### [Bundling Guidelines](#)

## References

Blue Cross NC Provider Manual [Provider Blue Book](#)

CMS Provider Reimbursement Manual, Determination of Cost of Services to Beneficiaries, Chapter 22, Section 2202.6 [CMS Chapter 22](#)

## History

|          |  |
|----------|--|
| 6/9/2021 | Content extracted from provider manual and developed into policy to clarify and summarize routine services, supplies, and equipment included in a daily hospital service charge. Blue Cross Blue Shield North Carolina (Blue Cross NC) will limit reimbursement for routine services, supplies, and equipment according to the criteria outlined in this policy.<br><b>Notification on 6/9/2021 for effective date 8/10/2021 (eel)</b> |
|----------|--|



|            |  |
|------------|--|
| 9/21/2021  | Removed ventilator management items from Critical Care and Respiratory grids. (eel)  |
| 12/30/2021 | Routine policy review. Medical Director approved. Based on existing provider manual language, "Cardiac rehabilitation (during inpatient stay)" added to routine service list. (eel)  |
| 12/31/2022 | Routine policy review. Added clarifying language about line-items reductions under Reimbursement Guidelines. Medical Director approved. (cjw)  |
| 4/21/2023  | Added verbiage to Reimbursement guidelines section to clarify inpatient reimbursement being considered all-inclusive. Clarified Rationale section. MD Approved. <b>Notification on 4/21/2023 for effective date 6/30/2023.</b> (eel)   |
| 6/30/2023  | Clarification added to Routine Surgical grid "Skin closure devices" and "Surgical Clips and Staplers". Clarification added to Routine Respiratory "PEP instruction and/or therapy". No change to policy intent. (eel)  |
| 8/1/2023   | Respiratory therapy services added to Not Separately Reimbursable Routine Services table. Nursing care added to Not Separately Reimbursable Routine Critical Care Services table. Medical Director approved. <b>Notification on 8/1/2023 for effective date 10/1/2023.</b> (tlc) |

## Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

## Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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