



SERVICES BUNDLED INTO INPATIENT / OUTPATIENT STAYS

File Name: services_bundled_inpatient_outpatient_stays

Origination: 6/2021

Last Review: 10/2023

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



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,



		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)



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	
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Not Separately Reimbursable Routine Supplies		
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



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



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

Not Separately Reimbursable Respiratory Services		
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.

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. Notification on 6/9/2021 for effective date 8/10/2021 (eel)
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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. Notification on 4/21/2023 for effective date 6/30/2023. (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)
10/12/2023	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. Notification on 8/1/2023 for effective date 10/12/2023. (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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