Policy: Itemized Bill Review for Inpatient Hospital Claims

Purpose
The purpose of this Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines).

Fee determinations will be based on the applicable provider contract language and WPS/Arise reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the reimbursement policy language will prevail.

Reimbursement Information
WPS/Arise may request an itemized bill for an inpatient facility claim to verify that billed revenue codes represent charges for appropriately billed items, supplies and services. Routine items, supplies and services are to be included in the primary inpatient room and board charge and are not separately billable.

CMS’s Provider Reimbursement manual, chapter 22, section 2202.6, defines “routine services” as those services included by the provider in a daily service charge—sometimes referred to as the “room and board” charge. Routine services are composed of two broad components: (1) general routine service, and (2) special care units (SCU), including coronary care units (CCU) and intensive care units (ICU). Included in routine services are the regular room, dietary services, 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 applicable.

The following supplies, items and services are typically not separately billable and, therefore, not separately payable from the general room and board charge or primary service charge. Please note that the examples given do not represent an exhaustive list.
**Supplies:** Routine supplies are included in the general cost of the room where services are rendered. These items are considered floor stock and are generally available to all patients receiving services. As routine supplies, they cannot be billed separately. Examples of included supplies and items:

- Tape
- Ice packs
- Thermometers
- Socks/Slippers
- Admission, hygiene, and or comfort kits
- Reusable sheets, blankets, pillowcases, draw sheets, under pads, washcloths, and towels

**Medical Equipment:** All reusable items, supplies and equipment that are provided to all patients on a routine basis during an inpatient admission of any type. This includes admission to a specific treatment area, such as a NICU or CCU.

- Patient room furniture; manual, electric, semi-electric beds
- Oximeters/Oxisensors-single use or continuous
- Bedside commodes
- Cardiac monitors

**Services:** Routine Nursing and technical staff activities are considered routine and are included in the underlying room and board charge to all types of admissions.

- Surgical prep for procedures
- Monitoring of patients including pulse ox
- Medication administration
- Urinary catheterization, dressing changes, tube feedings
- Point of care testing, such as urine dip stick, glucometry testing
- IV insertion, including lidocaine for IV insertion and saline flushes, assessments, infusion of fluids

**References**