

<b>TITLE:</b>	ITEMIZED BILL REVIEW
<b>DEPARTMENT:</b>	PAYMENT POLICY
<b>ORIGINAL EFF. DATE:</b>	01/01/2025
<b>REVISION DATE:</b>	N/A

**1. PURPOSE**

This Payment Policy outlines clear and consistent reimbursement guidelines to ensure compliant, transparent, and timely payment for medically necessary, cost-effective care.

**2. SCOPE**

This policy applies to the reimbursement of covered services for all members and providers. Curative will allow reimbursement for services according to the criteria outlined in this policy, unless modified or superseded by contractual language.

**3. DEFINITIONS**

The following terms are defined as follows regarding this policy.

3.1. **Revenue Codes** Categorized institutional services (e.g. room, lab, pharmacy).

**4. POLICY**

Disclaimer: These Payment Policies serve as a comprehensive guide for all providers, assisting in submitting accurate claims and outlining the essential framework for reimbursement. The determination that a service, procedure, or item is covered under a Curative member’s benefit plan does not constitute a guarantee of payment. Services must meet medical necessity and authorization guidelines appropriate to the procedure and diagnosis and, where mandated, the members state of residence. Services rendered must be within the legal scope of practice for the specific type of provider and align with the professional credentials and training in the state where the care is furnished.

To ensure proper processing, providers are required to adhere to industry-standard, compliant codes and follow proper coding, billing, and submission guidelines. To ensure accurate reimbursement and proper claims adjudication, all services provided to the same member, by the same provider, and on the same date of service must be reported on a single claim. Current Procedure Terminology (CPT®\*) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or relevant revenue codes must be used for billing. Codes submitted must be fully supported by corresponding documentation in the medical record. Unless noted otherwise within a policy, these payment policies apply to both participating and non-participating providers and facilities.

Curative reserves the right to take corrective action, which may include the rejection or denial of the claim, or the recovery and/or recoupment of any previous claim payment if proper coding, billing guidelines, or these established payment policies are not followed. Providers may refer to the Provider Manual for guidance on addressing such actions, including the formal claim reconsideration, appeals, and dispute resolution processes.

These policies may be superseded by mandates within provider contracts, state or federal laws, or requirements issued by the Centers for Medicare & Medicaid Services (CMS). Curative retains the right to revise these policies as deemed necessary and will publish the most current version on the Curative website.

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## **Reimbursement Guidelines**

The following items and services are considered not separately reimbursable in the inpatient and outpatient setting settings, including those reimbursed by percent-of-charge reimbursement methodologies. This is not a comprehensive list; it is a baseline for how hospital claims should be evaluated for items and services which are considered not separately reimbursable.

The below Revenue Codes are listed for the category of the services and/or supplies and do not indicate that the items and/or services listed under each have to be billed under the specific revenue codes to be considered not separately reimbursable.

Curative requires itemized bills to be submitted along with the claim for stays totalling over \$100k in billed charges for services reimbursed by percent-of-charge reimbursement methodologies.

### **Room and Board (Revenue Codes 0110-0219; excluding Revenue Codes 0220-0229)**

- Includes regular room, dietary, nursing, and social services; along with the use of equipment and facilities in which a separate charge is not customarily made.
- Nursing Procedures, including, but not limited to:
  - Intravenous and Injection services
  - IV and/or PICC Line Insertions
  - Nasogastric and Orogastic Tube Insertions
  - Inpatient Blood Transfusions
  - Chemo administration (only when billed without observation or treatment room charges on outpatient)
  - Urinary Catheter insertions
  - Point of Care/Bedside Lab testing services
  - Nebulizer Treatments (despite if performed by a nurse or respiratory therapist)
  - Postural Drainage (despite if performed by a nurse or respiratory therapist)
  - Suctioning (despite if performed by a nurse or respiratory therapist)
  - Bladder Scans
  - Lactation Consultants
  - Wound Care Nurses
  - Dietician Services
  - Tube Feeding Solutions
  - Unbundled TPN Solutions
  - Newborn Car seat and/or Audiology Testing
  - EKG Tracing Only while on Telemetry

### **Pharmacy and High-Cost Drugs (Revenue Codes 0250-0259 and 0631-0637)**

- Low volume fluids (250cc or less)

- IV flushes
- Non-FDA Approved Medications
- Over the Counter Medications
- Contrast Solutions
- Medications Administered for Non-FDA Approved Use(s)
- Pharmacist charges related to mixing fees, restocking carts, etc.
- Anesthesia gases billed in conjunction with Anesthesia time charges
- Miscellaneous descriptions

**Medical/Surgical Supplies (Revenue Codes 0270-0279, 0621-0624)**

- Any supplies, items, and services, which are necessary or otherwise integral to the provision of a specific service and/or the delivery of service in a specific location, are considered routine and thus not separately reimbursable in both the inpatient and outpatient settings.
- Supplies and Services specific to the Operating Room
  - All Surgical Packs and Instrument Trays
  - All Reusable Supplies and Equipment
  - Drapes, Sheets, Blankets, etc.
  - Guides, Sheaths, sheath covers, Probes, Probe covers, Guidewires, etc.
  - C-Arm/Fluoroscopic Charges
  - Robotic Surgical Machines/Da Vinci
  - Miscellaneous descriptions
- Personal Care Items (deodorant, Shampoo, Mouthwash, etc.)

**Laboratory (Revenue Codes 0300-0319)**

- Point of Care Testing
- Routine Pregnancy Testing Prior to Services and Procedures
- Blood Specimen Collection
  - Heel sticks
  - Venipuncture
  - Arterial Puncture
  - Central/Midline draws
  - Urine and/or Sputum Collection
  - Draw Fees
  - Specimen Collection/Phlebotomy
- Processing and/or Handling Fees
- State Required Newborn Testing Services

**Radiology (Revenue Codes 0320-0329, 0350-0359, 0400-0409, 0610-0619)**

- Daily Chest X-Rays while on a Ventilator, CPAP and/or BiPap
- X-ray verification of line and/or tube placement
- Daily head ultrasounds while on ECMO
- Contrast Solutions (all routes of administration)
- Fluoroscopy/Ultrasound Guidance

**Chemotherapy Administration (Revenue Codes 0330-0335)**

- Inpatient Chemotherapy Administration
- Outpatient Chemotherapy Administration when billed with Observation or Treatment Room Charges
- Hydration in addition to Chemotherapy Administration

**Operating and/or Procedure Room (Revenue Codes 0360-0369,0480-0489. 0750, 0921)**

- Supplies integral to the surgical procedure being performed
- Surgical Packs and Instrument Trays
- Robotic Surgical Equipment and Supplies
- Custom guides and supplies specific to procedures
- Guidewires/Glidewires, Sheaths, Sheath Covers, Probe and Probe Covers
- Supplies not meeting the definition of an implant
- Implants opened but not used/inserted
- Recalled implants and/or equipment
- Preoperative or Holding Room Charges
- Set up, Tear Down, and/or cleaning charges
- Local/Moderate Sedation Performed by the Same Provider Performing the Procedure/Service
- Pain Pumps for Post-Operative Pain Management
- Perfusionist Charges
- Perfusion Supplies
- Stand-by Charges

**Anesthesia Services (Revenue Codes 0370-0379)**

- Anesthesia gases billed in addition to anesthesia time charges
- Local/Moderate Sedation Performed by the Same Provider Performing the Procedure/Service
- Pain Pumps for Post-Operative Pain Management
- Preoperative Anesthesia Services prior to the patient being taken into the OR/Procedure Room
- Stand-by Charges

**Blood Components and Administration (Revenue Codes 0390-0399)**

- Administration of blood or blood products
- Supplies used to administer blood or blood products
- Processing, Storage and/or Handling Charges
- Thawing fees when Frozen is in the product description
- Autotransfusions
- Cell Savers

**Respiratory Therapy and Pulmonary Function (0410-0419, 0460-0469)**

- Daily Ventilator, CPAP and/or BiPAP Management and/or Weaning
- Postural Drainage/Suctioning
- Nebulizer Treatments/Metered Dose Inhalers, Incentive Spirometry
- Oximetry and/or Capnography Testing and Monitoring
- Arterial Sticks
- Point of Care Blood Gas Testing
- Respiratory Assessments

**Physical, Occupational, and/or Speech Therapy (Revenue Codes 0420-0449)**

- Physical, Occupational, and/or Speech Therapists are employed by the hospital or work under contract for the facility and are paid by the facility. Their salaries are already configured into the RVU and/or DRG payment and thus all PT/OT/ST services are included in the Reimbursement for Room and Board and/or the Procedure being performed and thus not separately reimbursable on an inpatient basis or an outpatient basis when performed in addition to another Procedure and/or Service.
- Outpatient Therapy Services provided independent of a Procedure and/or Service are separately reimbursable when billed according to the guidelines established for billing PT/OT/ST services.

**Emergency Room (Revenue Codes 0450-0459, 0681-0689)**

- All monitoring and Equipment
- All Supplies
- Staff and Time Charges (excluding the physician, which typically bills separately)
- Trauma charges when transported to the ER via private vehicle
- More than one Trauma Charge per encounter
- Billing higher trauma level than facility is approved for
- Billing all trauma cases at the highest level

**Recovery Room (Revenue Code 0710)**

- Includes all services, equipment, monitoring, supplies and nursing care

- Only Level II (Step-Down) Recovery Room Services will be considered when the procedure or service was performed with only local and/or moderate (IV) sedation

#### **Observation (Revenue Code 0762)**

- Observation is not separately reimbursable on the same day as Room and Board Charges
- Includes all Nursing Care along with all services rendered by Respiratory, Physical, Occupational and/or Speech Therapists

#### **Other Specialty Services (Revenue Codes 0760, 0761, 0769)**

- These Revenue Codes are not separately reimbursable in conjunction with an inpatient admission

#### **Inpatient Dialysis (Revenue Codes 0800-0809, 0880, 0881, 0889)**

- Dialysate billed in conjunction with Dialysis procedure
- Unbundling of Dialysate
- Education/Training (**Revenue Code 0942**)
- Education/Training are not separately reimbursable during an inpatient stay

### **5. REFERENCE DOCUMENTS AND MATERIALS**

- 5.1 American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- 5.2 Centers for Medicare and Medicaid Services (CMS), Healthcare Common Procedure Coding System, (HCPCS) Release and Code Sets
- 5.3 Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services

### **6. COLLABORATING DEPARTMENTS**

- 6.1. Claims
- 6.2. Compliance
- 6.3. Medical Management
- 6.4. Network
- 6.5. System Configuration

### **7. POLICY & PROCEDURE CONTROL**

This Policy will be reviewed at least annually and as necessary.

<b>REVISION HISTORY</b>			
<b>Date</b>	<b>Author</b>	<b>Version</b>	<b>Comments</b>
01-01-2025	CJ Wisecarver	001	Initial Version