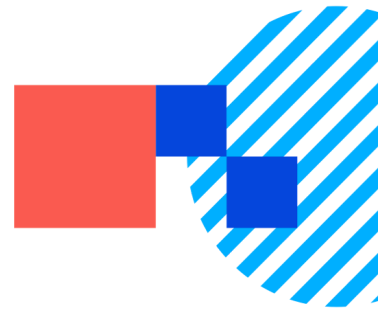


CURATIVE REIMBURSEMENT POLICY 001: ITEMIZED BILL REVIEW PROGRAM

The following items and services are considered not separately reimbursable in the inpatient and outpatient environments. 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.

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)

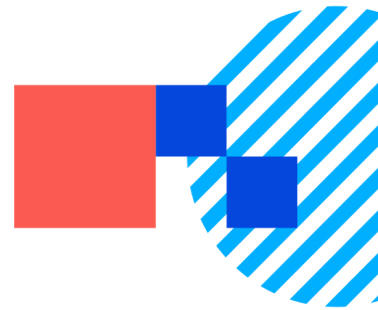
- Low volume fluids (250cc or less)
- IV flushes
- Non-FDA Approved Medications
- Over the Counter Medications
- Contrast Solutions
- Medications Administered for Non-FDA Approved Use(s)
- Pharmacist charges related to mixing fees, restocking carts, etc.
- Anesthesia gases billed in conjunction with 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)

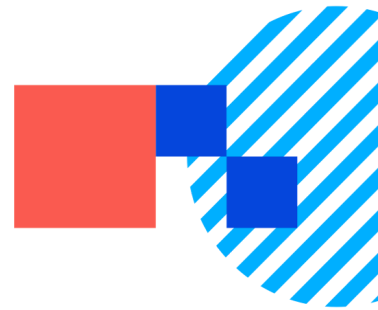
- Daily Chest X-Rays while on a Ventilator, CPAP and/or BiPap
- X-ray verification of line and/or tube placement
- Daily head ultrasounds while on ECMO
- Contrast Solutions (all routes of administration)
- Fluoroscopy/Ultrasound Guidance

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)

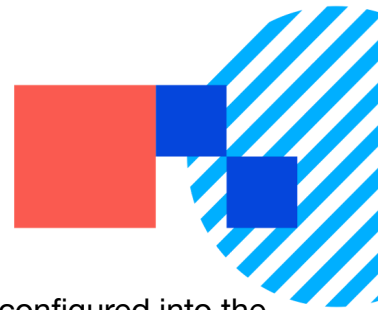
- Administration of blood or blood products
- Supplies used to administer blood or blood products
- Processing, Storage and/or Handling Charges
- Thawing fees when Frozen is in the product description
- Autotransfusions
- Cell Savers

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)

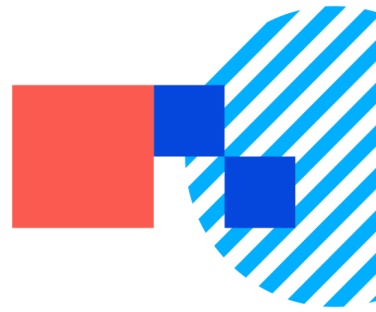
- Observation is not separately reimbursable on the same day as Room and Board Charges
- Includes all Nursing Care along with all services rendered by Respiratory, Physical, Occupational and/or Speech Therapists

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