



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

INPATIENT HOSPITAL ROOM AND BOARD, ROUTINE SERVICES, SUPPLIES AND EQUIPMENT

Corporate Payment Policy

APPROVED 08.27.14

File Name: Inpatient Hospital Room and Board, Routine Services, Supplies and Equipment

File Link: [S:\P_REIM\Reimbursement Programs Dept\Payment Policy\CPP_08 IP Hosp R B Routine Svcs Supplies Equip Payment Policy \(Final DST Approved 08.27.14\).pdf](S:\P_REIM\Reimbursement Programs Dept\Payment Policy\CPP_08 IP Hosp R B Routine Svcs Supplies Equip Payment Policy (Final DST Approved 08.27.14).pdf)

Policy No.: CPP_08

Origination: 08/2014

Last Review: 08.27.14

Next Review: 08/2015

Effective Date: November 1, 2014

Document Precedence

BCBSVT Payment Policy Manual was developed to provide guidance for providers and members regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member contracts, provider contracts, McKesson's Clear Claim Connection™ (C3) and medical policies. To the extent that there may be any conflict between the BCBSVT Payment Policy Manual, the McKesson's Clear Claim Connection™ (C3) tool, medical policy, or provider contract language, the McKesson's Clear Claim Connection™ (C3) the medical policy or provider contract shall take precedence. If any policy is in conflict with the member certificate the language of the member certificate shall prevail.

Payment Policy

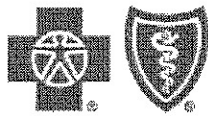
Description

Inpatient Room and Board: Routine supplies and services provided to a patient during the patient's hospital stay. This includes, but is not limited to, a regular or special care hospital room and related furnishings, room supplies, dietary meals and bedside routine nursing services, and the use of certain hospital equipment and facilities. Room and board is limited to the hospital's prevailing charge for a semi-private room.

Room and board consists of a combination of the room, routine nursing services, including but not limited to the delivery of care, patient education and other routine services and routine supplies.

Routine Supplies and Equipment

Routine supplies and equipment are those items routinely used for patients within a level of care setting, or in the delivery of medical surgical services and include all related equipment necessary for the particular acuity level. Payment for routine supplies and equipment is integral to and included in BCBSVT's reimbursement for room and board. Routine supplies are considered to be inclusive of the procedure or room charge and should not be separately billable.



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

When a hospital agrees to provide a service, it is the hospital's responsibility to have the appropriate and required equipment available for providing the service. If the hospital has to rent a piece of equipment in order to provide the service, this is considered a cost of doing business.

Policy

The following payment policy applies to Inpatient Hospital Room and Board, Routine Services, Supplies and Equipment.

Room and Board includes but is not limited to:

- **Services by Nursing staff or unlicensed hospital personnel (technicians):**
Coordination of care, administration of medications including IVs, blood and blood products, IV insertions, wound care, dressing changes, bathing, skin care
- **Room Equipment:**
Hospital bed even if a special mattress or bed (i.e. bariatric bed) is required; IV poles and IV pumps, bed trapeze
- **Supplies:**
Lotion, soap, patient gowns, thermometers, blood pressure apparatus, gloves, educational materials
- **Bedside diagnostics and monitoring:**
Blood pressures, temperature, saturation levels, pulse oximetry, glucose monitoring, IV therapy, EKG monitoring, scales
- **Dietary Services:**
Meals, therapeutic diets, required nourishments, dietary supplements and dietary consultation
- **Within facility transportation:**
Transportation, including monitoring while being transported (i.e. cardiac monitoring)

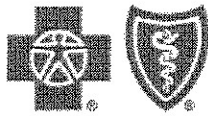
Room and board is reimbursed at the semi-private room and board rate or the more intensive room and board or private room and board rates when medically necessary.

Private rooms **are eligible** for payment only when it is medically necessary (e.g., the medical condition requires patient isolation), or a patient is admitted to a facility which only has private room accommodations (no semiprivate or ward accommodations).

Special Care or Intensive Care Units utilize additional equipment and/or have available for immediate use life-saving equipment necessary to treat critically ill patients. This equipment may include, but is not limited to, respiratory and cardiac monitoring equipment, respirators, cardiac defibrillators, and wall or canister oxygen and compressed air. Monitoring devices and other equipment used in critical care units are considered inclusive to board and room and should not be separately billed.

Not Eligible for Payment

Specialized equipment, monitoring, supplies or bedside services that can be performed by the nursing staff or technicians appropriate to the level of care are **not eligible** for additional payment.



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Routine supplies and equipment are considered inclusive to the procedure or room and board charge. These supplies and equipment are not separately billable and are **not eligible** for additional payment.

A private room used for the sole purpose of convenience for the patient or hospital, is **not eligible** for additional payment. Payment for private room and board will be based on the semi-private room and board rate, unless the private room is determined to be medically necessary.

A private room for the patient's or hospital's convenience is **not eligible** for separate or additional payment.

The use of an operating room when billed with time units, as well as procedure units is **not eligible** for additional payment.

Delay days are **not eligible** for payment. A delay day is a day a member spends in a facility waiting for medically necessary diagnostic testing, treatments, therapies (including physical therapy), consultations, surgical/other procedures or test results. The delay may be due to facility scheduling or staffing issues which represent an interruption in evaluation or treatment, therefore; result in a longer length of stay than if the care had been efficiently provided and/or arranged. Regardless of whether the day meets medical necessity criteria, such days will not be paid. The decision may result in a denial of payment to the hospital, physician, or both.

BCBSVT does not separately reimbursement items or services:

- It considers included under the daily room and board charge for the provided level of care, or
- It considers included under the primary medical/surgical procedure charge.

Provider Billing Guidelines and Documentation

N/A

Other Information

N/A

Benefit Determination Guidance

It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): A member's Blue Plan cannot dictate type of claim form upon which services must be billed, coding (codes and/or modifiers), place of service, or provider type. Provider billing practices are a local (provider) Plan responsibility that member Blue Plans must honor. A member's Blue



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Plan cannot apply their local billing practices on claims that were rendered in another Plan's service area. The local Plan's payment policy applies. The member's Blue Plan must recognize the local Plan's pricing and apply only medical/benefit policy. To understand if a service is eligible for payment, it is important to verify the member's benefits prior to providing the service. The member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedure Coding System (HCPCS®), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Eligible Providers

Policy applies to all inpatient facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network inpatient facilities.

Employer Group Exclusion(s):

N/A

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

Legislative Guidelines

N/A

Related Policies

N/A

Policy Implementation/Update Information

11/2014



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Approved by
Deliver System Transformation Committee

Date Approved: 08.27.2014

Chris Gannon, Vice President, General Counsel & Chief Administrative Officer
Executive Sponsor Delivery System Transformation Leadership Committee (DST)

Robert Wheeler, M.D., Vice President & Chief Medical Officer
Executive Sponsor Medical Value Enhancement Leadership Committee (MVEC)