

Hospital Inclusive Charges Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the facility or other provider contracts, the enrollee's benefit coverage documents**, and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

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Application

This reimbursement policy applies to all Medicare Advantage products and for network provider services reported using the UB04 form or its electronic equivalent or its successor form.

Policy

Overview

Certain categories of items and services are included within the overall room and board charge, or facility charge for an inpatient or outpatient visit, or otherwise bundled within certain services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare.

UnitedHealthcare applies CMS guidelines and industry coding sources to identify routine services, supplies, equipment/items included in the primary room and board charge, facility charge, or other service charge to address unbundled charges. This policy does not address professional charges which may be associated with the services covered under this policy.

Reimbursement Guidelines

UnitedHealthcare incorporates CMS's Provider Reimbursement Manual definition of "routine services". Routine services encompass regular room/observation room costs, dietary and nursing services, minor medical and surgical supplies, medical and psychiatric social services, and the use of certain equipment and facilities without a separate charge. While services not considered routine (or "ancillary") may be considered for reimbursement, routine aspects of such ancillary services will not be separately reimbursed.

Routine services are incorporated into the reimbursement for the room and board charge (which can include both standard hospital rooms and special care units such as the CCU or ICU), facility charge, or ancillary service charge, as appropriate for the location where the services are provided. There is no separate reimbursement for bundled separately billed routine services.

The following lists offer examples of routine services that are not eligible for separate reimbursement. Please note, these are examples and do not constitute a comprehensive list, whether explicitly mentioned or implied in parentheses.

Routine medical equipment and supplies are not eligible for separate reimbursement as they are included in the reimbursement for the procedure or facility charge. These items, which are generally available to all patients receiving services, are considered floor stock, and are incorporated into the overall reimbursement of the procedure or facility charge. Therefore, routine supplies are not separately reimbursable.

Medical Equipment/Supplies

This includes, but is not limited to, items associated with revenue codes 260-269, 270, 279, 410, and 412

Intravenous (IV) Therapy, IV Infusion Pump, IV Pharmacy Services	Sterile Supplies (Surgical Instruments, Biopsy Forceps, Implanted Medical Devices)
Non-Sterile Supplies (Stethoscopes, Bandages, Diagnostic Kits, Medical Instruments)	Perfusion Equipment and Supplies
Machines (Anesthesia, Bladder Scanner, Blood Pressure, Humidifier, CPAP)	Pumps (IV, Bio, syringe, blood warmer, suction, feeding, PCA)
Beds, Commodes, Scales, Overhead Frame	Fetal Monitors

Medical/Surgical Supplies

This includes, but is not limited to, items associated with revenue codes 250, 270–279

Alcohol Swabs/Pads/Baby Powder	Basin
Bandages/Dressings	Mouth Care Kits
Batteries	Oxygen and Supplies (Masks, Cannula, Tubing)
Bedpans	Breast Pumps
Cold/Hot Packs	Reusable Equipment or Items
Heat Lights or Pads	Thermometers
IV Solutions	IV Saline and/or Heparin Flushes
Tubing (IV, Blood)	Items used for specimens' collection (arterial blood gas kit, urine collection kits, mucus traps)

Nursing Care/Services, carried out by primary bedside nurses (RN and/or LPN), respiratory therapists, certified nursing assistants, perfusionists or other technicians as part of their daily responsibilities, are included in the reimbursement for the room and board charge and are not eligible for separate reimbursement.

Nursing Services	
This includes, but is not limited to, items associated with revenue codes 260, 300, 309, 361, 391, 460, 510, 761	
Administration of Blood or any Blood Product	Administration/Application of any Medication, Chemotherapy, and/or IV Fluids
Assisting Physician in Performing any Procedure	Medical Record Documentation
Accessing Indwelling IV Catheter	Preparing and Dispensing Medication
Monitoring (Cardiac Monitors, Vital Signs)	Fluid Specimen Collection
Personal Hygiene	Point of Care Testing (Glucose, Urine Dip, ABG)
Respiratory Treatments	Incremental Nursing Care
Insertion, removal, maintenance of Nasogastric Tubes	IV Hydration
Maintenance or Flushing of Tubing	Tracheostomy Care
Urinary Catheterization	Venipuncture (Venous or Arterial)
IV and PICC line insertions	IV transfusions

In addition to the above-listed services, personal and supply items, and equipment, if post-operative surgical or procedural recovery services are performed in any critical care room setting other than the Pre- and Post-Anesthesia Recovery Room, the critical care daily room charges will cover service charges. This coverage extends to surgical suites (both major and minor), treatment rooms, endoscopy labs, cardiac cath labs, X-ray facilities, pulmonary and cardiology procedural rooms. Reimbursement of the hospital's charge for surgical suites and services includes the entire range of nursing personnel services, supplies, and equipment, as already included in the basic or critical care daily room charges. Additionally, the following services and equipment will be incorporated into the surgical rooms and service charge reimbursement.

Surgical Rooms	
This includes, but is not limited to, items associated with revenue codes 270-279, 300- 370	
Anesthesia Equipment, Monitors and Gases	Robotic Assisted Techniques
Intubation/Extubation	Drill bits, Saws, Blades, etc.
Blood Pressure/Vital Sign Equipment	Batteries for any Equipment
Cardiac Monitors	Saline Infusion, slush machine,
Cardiopulmonary Bypass Equipment	CO2 Monitors
Surgeons' Loupes or visual Assisting Devices	Surgical Cultures
Grounding Pads	Hemochron Supplies
Laparoscopes, Bronchoscopes, Endoscopes, Fluoroscopies/C-arm, and Additional Accessories	Local Anesthesia
Laboratory Specimen Collection	Video Camera Equipment

Charges for the management of a **Ventilator or CPAP**, owned by the facility, will be considered for reimbursement for one (1) unit per day. Certain services ancillary to the Ventilator or CPAP usage are separately reimbursable, however there are components within these services that are routine and integral to the delivery and are not separately reimbursed.

Examples of Ventilator or CPAP components that are not separately reimbursed.	
This includes, but is not limited to, items associated with revenue codes 410, 412, 419, 460	
System Set Up, System Checks, Circuit Change	Respiratory assessment
Tracheostomy, Supplies and Care	Carbon Dioxide end tidal system setup and/or monitoring
O2, CPAP, PEEP changes	Endotracheal suctioning, weaning, extubating,

Questions and Answers

1	<p>Q: Why did UnitedHealthcare publish this policy?</p> <p>A: UnitedHealthcare introduced the Hospital Inclusive Charges Policy to provide greater transparency into our process regarding items associated with certain inpatient and outpatient stays that aren't considered separately reimbursable. These items are already included within the room and board reimbursement or the reimbursement for an underlying procedure, as applicable.</p>
2	<p>Q: What should facilities expect to see differently?</p> <p>A: Facilities already receive documentation requests to ensure reimbursements comply with policy requirements as part of our standard process. This will provide greater transparency into that process, which is used today in reviews and audits of claims paid on a percent of charge basis such as itemized bill reviews and hospital bill audits.</p>

Resources

American Medical Association, *Current Procedural Terminology (CPT[®]) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

CMS, National Correct Coding Initiative Policy Manual for Medicare & Medicaid

History

12/1/2025	Policy Version Change
12/1/2024	Policy implemented by UnitedHealthcare Medicare Advantage
11/19/2024	Added Q&A section
1/23/2024	Policy approved by Reimbursement Policy Oversight Committee