

SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

SEPTEMBER 19, 2022

RP-040 UPDATE: NEW ITEMS ADDED TO ROUTINE SUPPLIES AND SERVICES; ADDITIONAL GUIDANCE PROVIDED

EFFECTIVE DECEMBER 19, 2022

The updated **Reimbursement Policy-040: Facility Routine Supplies and Services (RP-040)** will include additional supplies and services that qualify as routine, along with greater guidance on determining whether items are considered routine or non-routine.

RP-040 will provide more detailed direction to help hospital personnel identify items, supplies, and services that are not separately billable. For instance, routine supplies — such as pulse oximeters, blood pressure cuffs, and bedside tables — are incorporated into 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 such, these items are deemed **non-billable for separate reimbursement** and are not eligible to be included in outlier calculations for additional reimbursement.

Per the updated RP-040, additional services — such as the administration of medicine, chemotherapy, and intravenous fluids — will be included as part of the **daily charge** for a basic room or critical care area room (cardiac, medical, surgical, pediatric, respiratory, burn, neonate level III and IV, neurological, rehabilitative, post-anesthesia or recovery, and trauma).

The updated Reimbursement Policy-040 will be published December 19, 2022, on the Provider Resource Center. It will be accessible by selecting **CLAIMS, PAYMENT & REIMBURSEMENT** from the left menu and then clicking **Reimbursement Policy**.



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