

Payment Policy CPP_08

Inpatient Services, Supplies and Equipment Unbundling

Origination: August 2014
Last Review: February 20, 2025
Next Review: February 20, 2026
Effective Date: June 01, 2025

Description

Provide guidelines related to inpatient services, items and/or supply charges that are **NOT** allowed to be billed separately.

This payment policy is not intended to impact care decisions or medical practice of providers/facilities. Health care providers (facilities, physicians, and other health care professionals) are expected to exercise independent medical judgement in providing care to members.

Policy & Guidelines

Policy Statement

Blue Cross and Blue Shield of Vermont (Blue Cross VT) does **NOT** allow separate payment(s) of inpatient service, items and/or supply charges associated with inpatient unbundling of charges based on the below criteria.

Definitions

Note: this is not a comprehensive list, for ease of use, we have provided the definition of each charge type in the applicable area of the policy.

Routine Services, Supplies, Equipment/Items: Services, supplies, equipment and/or items which are included within the overall room and board, or room care charges, which include dietary services, nursing services, minor medical and surgical supplies, medical social services, psychiatric social services, and the use of certain equipment and facilities for which a separate charge is not applicable.

Unbundled Charges: Billed charges for inpatient hospital services, item, supply and/or supply charge, equipment, or items for which Blue Cross VT will **NOT** allow separate payment based on the determination that such charges constitute unbundled, fragmented or otherwise duplicative charges which should reasonably be included in another charge the facility has billed for the same member on the same day.

Click the links below for attachments, coding tables & instructions

[Table 1 – Facility Basic Charges \(Routine Services\)](#)

[Table 2 – Routine Supplies](#)

[Table 3 – Medical Equipment](#)

Not Eligible

Note: If any of the services defined below as not separately billable appear on a claim as a separate billed charge(s), the service line(s) are denied as a provider liability. The denial is due to unbundled, fragmented or otherwise billed separately and apart from the Room and Board or Room Care charge.

A. Room and Board or Room Care Charges

Definition: A Room and Board or Room Care charge for a semi-private, private room shall include the room, dietary services, all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Room and Board or Room Care charge and not separately billable:
 - Furniture (including bed, mattress, sheets, pillow, admission kits, rubbing alcohol, air freshener, bandages, hygienic disposable towels (e.g. Barrier Towels), batteries, bedpan/urinal, Betadine® ointment, Betadine® skin cleanser, Betadine® swab sticks, any blood pressure cuff, soap, commode, cotton pads/balls, emesis basin, eye cup, eye droppers, fracture pack, gloves (all), gowns (all types), graduates, iodine scrub, linens (except sterile for burn cases), lubricant tube, manometer, masks (all types), medicine dropper, Hibiclens, pitcher, prep blades, prep sheets, restock charges, scrub brush, stethoscope, adhesive tape, therapeutic bath, thermometer (all types), tongue depressors, wash basin, ointments/skin barrier (except prescription ointments ordered by a provider), hydrogen peroxide, any type of chux pads and diapers, wash cloths (paper & cloth), nutritional supplements (such as Ensure®, Vivonex®, ProMed and all other name brands), arm boards, and protectors (knee, heel and elbow). Immobilizers or other braces that are taken home with the member are separately billable.
 - Any and all nursing care provided in this setting is included in the Room and Board or Room Care charge.

B. Nursery Room or Nursery “Rooming In” Related Charges

Definition: A Nursery or “Rooming In” charge shall include the room, dietary services, all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Nursery or “Rooming In” charge and are not separately billable:
 - Bassinet, blankets, clothing, hats, footwear, diapers, baby formula, breast milk, baby bottle, body lotions, cord care supplies, powder, ID bracelets, soaps, linen, bulb syringe, petroleum jelly, soft net cleansers, undershirts, Bili Blanket and vests and masks, Baby Bendy, pacifiers and eye protectors; diaper cream.
 - Any and all nursing care provided in this setting is included in the Room and Board or Room Care charge.
 - Car seat testing and newborn hearing screening in this setting are included in the Room and Board or Room Care charge.

C. Intensive Specialty Unit or Room Charges

Definition: A Specialty Unit or Room charge shall include the room, dietary services, all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting, as described below, and which shall include, at a minimum, the following settings: any Intensive Care unit, including but not limited to Surgical, Medical, Neonatal, Pediatric, Cardiovascular/Cardiothoracic, Trauma, and Neuro; Cardiac Care, Burn, Open Heart, etc.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Specialty Unit or Room charge and are not separately billable:
 - Monitoring or suctioning equipment/supplies of any kind; monitor pads, oximetry and related supplies, oxygen sensors, oxygen and supplies, telemetry, telemetry pouch, special warming/cooling blankets or beds, incubator and isolette, heat lamp, continuous blood pressure or arterial oxygenation equipment, any blood pressure cuff, Ambu Bag, pressure bags, resuscitation masks, crash cart, evaluations or social services required for the setting.
 - If post-operative surgical or procedural recovery services are performed in any critical care room setting other than the post-anesthesia recovery room, the critical care daily room charge provides the payment for the recovery service

charges.

- Any and all nursing care provided in this setting is included in the Room and Board or Room Care charge.

D. Specialty Care Unit Room Charges

Definition: A Specialty Care Unit Room charge shall include the room, dietary services, all nursing care, personnel, and routine and/or reusable/disposable equipment, supplies, and/or items appropriate for that setting, as defined below, and which shall include, at a minimum, the following settings: Progressive Care, Step Down Care, Psychiatric Care, and Chemical/Alcohol Dependency Care, etc.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Specialty Care Unit Room charge and are not separately billable:
 - Monitoring equipment/supplies of any kind; telemetry, any blood pressure cuff, crash cart, evaluations or social services required for the setting.
 - Any and all nursing care provided in this setting is included in the Room and Board or Room Care charge.

E. Emergency Room Charges – Resulting in an admission

Definition: An Emergency Room (ER) charge shall include all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Emergency Room charge and are not separately billable:
 - Monitoring equipment/supplies of any kind; any blood pressure cuff, crash cart, Ambu Bag, oxygen and supplies, evaluations or social services required for the setting, intravenous (IV) start procedures and injections, administration fees.
 - IV/IM fluids/medications administered in the ER and/or procedures performed in the ER by a nurse.
 - Any and all nursing care provided in this setting is included in the Emergency Room charge.

F. Inpatient Operating Room Charges

Definition: The Inpatient Operating Room charge shall include all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Operating Room charge and are not separately billable:
 - Operating table, basin stands, buckets, Mayo stands, tables, monitors, cautery machines and Bovie machines, suction machine, suction liners, and related supplies; indirect expenses (i.e., orderlies, workroom technicians, repairs, sterilization or equipment, workroom supplies, floor stock, printing supplies, malpractice insurance, etc.), Mayo covers, Bovie pad and cord, needle count pad, all irrigation solutions (will allow additives separately), oxygen supplies and oxygen, blankets, warming covers, gowns, gloves, masks, drapes, instruments, basins, anti-fog devices, additional staff charges, Ambu Bag, and crash cart.
 - Any and all nursing care provided in this setting is included in the Operating Room charge including surgical prep for procedures.

G. Inpatient Anesthesia Charges

Definition: An Inpatient Anesthesia charge shall include all non-physician personnel, nursing care, inhalation anesthetic gases, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for performing anesthesia services.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Anesthesia charge and are not separately billable:
 - Airway, breathing circuit, endotracheal tube, laryngotracheal anesthesia (LTA) kit, face mask; anesthesia machine, oxygen supplies and oxygen, tubing, skin prep, eye suction ointment, needles, syringes, tongue blades, suction machine, bottle, liner and related supplies, suction catheter, any equipment, monitor or supplies (if not included in the Operating Room charges), personnel charges, printing supplies, instrument repair, sterilization, blood pressure monitor, esophageal stethoscope, and all thermometers.
 - An Anesthesia charge includes any inhalational anesthetic, including but not limited to the following, Ëthrane, suprane, sevoflurane, isoflurane, ethoxyflurane, Halthane, fluroxene, nitrous oxide, and diethyl ether.

- A separate anesthesia supply charge is not reimbursable if unbundled, fragmented or otherwise billed separately and apart from the anesthesia charge.
- A separate emergency anesthesia charge is not reimbursable if unbundled, fragmented or otherwise billed separately and apart from the Anesthesia charge.

H. Inpatient Recovery Room Charges

Definition: An Inpatient Recovery Room charge shall include all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Recovery Room charge, and are **NOT** payable if unbundled, fragmented or otherwise billed separately and apart from the Recovery Room charge and are not separately billable:
 - Airways, masks, face tents, monitors and accessories, oxygen and supplies, oxygen delivery equipment, suction equipment, blankets, warming covers, additional personnel charges, and call back time.
 - Any and all nursing care provided in this setting is included in the Recovery Room charge, including surgical prep for procedures
 - If post-operative surgical or procedural recovery services are performed in any critical care room setting other than the post-anesthesia recovery room, the critical care daily room charge will cover recovery service charges.

I. Labor and Delivery Room Charges

Definition: A Labor and Delivery Room charge shall include all nursing care, personnel, and routine disposable and/or reusable equipment, supplies and/or items, appropriate for that setting.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Labor and/or Delivery charge and are not separately billable:
 - Blood pressure cuff, thermometer, monitors, oxygen supplies and oxygen, betadine solution, 4 x 4 pads, ink pads, gloves, lubricant, amnihook, cord clamp, drapes, sutures, name bands, foot printer, suction bulbs, all instruments, gowns, irrigation solutions, OB pack, Ambu Bag and crash cart.
 - Any and all nursing care provided in this setting is included in the Room and

Board or Room Care charge, including surgical prep for procedures

J. Inpatient Blood Charges

Definition: An Inpatient Blood charge shall include the blood itself, all blood products, any related nursing care, including administration, personnel, all routine disposable and/or reusable equipment, supplies and/or items, and fees necessary to obtain, handle, process, store, test and/or otherwise administer the blood to a patient.

1. The above definition includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Blood charge and are **NOT** payable if unbundled, fragmented or otherwise billed separately and apart from the Blood charge.

K. Inpatient Laboratory Charges

Definition: An Inpatient Laboratory charge shall include all nursing care, personnel, and all routine disposable and/or reusable equipment, supplies and/or items, and fees necessary to complete the laboratory procedure.

The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Laboratory charge and are not separately billable:

- All disposable supplies, including but not limited to, laboratory and/or collection devices, stat and call back charges, any venipuncture performed by nursing staff; arterial punctures (unless performed by respiratory); personnel associated with the collection of a specimen, any charges for performing a study, or other indirect expenses.

L. Inpatient Radiology Charges

Definition: An Inpatient Radiology charge shall include all nursing care, personnel call back time, stat charges, scout and routine films or photographs, and all routine disposable and/or reusable equipment, supplies and/or items, and fees necessary to complete the radiology procedure, as defined below.

1. The above definition includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Radiology charge and are **NOT** payable if unbundled, fragmented or otherwise billed separately and apart from the Radiology charge.

M. Inpatient Cardiovascular Charges

Definition: An Inpatient Cardiovascular charge shall include all nursing care, personnel, all routine disposable and/or reusable equipment, supplies and/or items, and fees necessary to complete the cardiovascular procedure, including **but not limited to**, a charge for an EKG, treadmill, testing, catheterization, echocardiogram, and fetal or adult cardiac monitoring. Cardiopulmonary resuscitation is not separately billable:

1. The above definition includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Cardiovascular charge, and are **NOT** payable if unbundled, fragmented or otherwise billed separately and apart from the Cardiovascular charge.

N. Inpatient Respiratory Therapy Charges

Definition: An inpatient Respiratory Therapy charge shall include all nursing care, all respiratory technician time, personnel, all routine disposable and/or reusable equipment, supplies and/or items, fees necessary to complete the respiratory therapy procedure or service and includes the following kinds of oxygen or breathing treatments: aerosol, IPPB, incentive spirometry, ultrasonic nebulizer, and/or percussion or postural drainage treatment.

1. The following list includes, **but is not limited to**, those services, supplies, equipment and/or items which are included within the overall Respiratory Therapy charge and are not separately billable:
 - A ventilator hourly/daily charge includes the following components: ventilator machine, Positive End Expiratory Pressure, the circuit, the breathing circuit, technician time, water, an Ambu Bag, any ventilator related disposable supplies.
 - A ventilator hourly/daily charge includes the following respiratory technician services: manual ventilation charges during any in hospital transport; intubation and/or extubation charges and related supplies; respiratory assessment; endotracheal tube care, etc.
 - An oxygen hourly/daily charge includes the following components: all oxygen distribution or delivery supplies or equipment, such as a flow meter, a humidifier, a croupette; the oxygen itself, water, respiratory therapy technician time, delivery device and all other disposable supplies, nasal cannula, nasal catheter, any kind of mask, tent or hood, isolette, and T-piece.
 - An oxygen hourly/daily charge is not separately payable from a ventilator hourly/daily charge.

O. Inpatient Delay Day(s) Charges

Definition: An inpatient 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 of the hospital, physician, or both.
- Delay days are **NOT** eligible for payment and deny as a provider liability.

Provider Billing Guidelines and Documentation

Providers are responsible for accurately and completely documenting services provided to Members. Claims should be coded and submitted in accordance with industry standard coding guidelines and Blue Cross VT policies.

Facility billing guidelines for the UB-04 claim form (CMS-1450) / institutional 837I require providers to bill revenue codes to describe services provided. A post payment audit involving the examination of an itemized bill and associated medical records may be conducted to verify services are not being unbundled and/or inappropriately charged. Routine items, supplies and services are included in a daily service charge and are **NOT** separately billable.

Routine services are composed of two broad components:

- General routine service
- Special care unit(s) routine service (e.g. Coronary Care Units (CCU), Intensive Care Units (ICU), etc.)

Equipment commonly available to patients in a particular setting or ordinarily furnished to patients during an episode of care for a procedure, even though the equipment is rented by the hospital, is considered routine and ineligible for separate reimbursement and should not be billed separately. Special care units must be equipped or have available for immediate use, life-saving equipment necessary to treat critically ill patients. The equipment necessary to treat critically ill patients may include, **but is not limited to**, respiratory and cardiac monitoring equipment, respirators, cardiac defibrillators, and wall or canister oxygen and compressed air. Routine services and supplies are included by the provider in the general cost of the room where services are being rendered or the reimbursement for the associated surgery, procedure or services.

A separate payment is never made for routine bundled services and supplies and therefore cannot be billed separately. These are considered floor stock and are generally available to all

patients receiving services. Examples include drapes, saline solution, and reusable items. As such, these items should not be billed separately.

The following guidelines may assist hospital personnel in identifying items, supplies, and services that are not separately billable. This is not an all-inclusive list.

- Any supplies, items, and services that are necessary or otherwise integral to the provision of a specific service and/or the delivery of services in a specific location are considered routine services and not separately billable in the inpatient environment.
- All items and supplies that may be purchased over the counter are not separately billable, baby formula, donated breast milk, baby food, excluding medications.
- All reusable items, supplies, and equipment that are provided to all patients during an inpatient admission are not separately billable.
- All reusable items, supplies, and equipment, such as pulse oximeter, blood pressure cuffs, bedside table, etc., that are provided to all patients while in a treatment area or unit are not separately billable.
- All reusable items, supplies, and equipment that are provided to all patients receiving the same service are not separately billable.
- The Tables (1,2,3) below provide examples of items and services that should not be unbundled. Please note that the list is **NOT** all inclusive.

Benefit Determination Guidance

Payment for services is determined by the member's benefits. 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.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

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): In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services

must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member's benefits **prior** to providing services. In certain circumstances, 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 Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Eligible Providers

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

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

Legislative and Regulatory Guidelines

N/A

Related Policies

Corporate Payment Policy CPP_43 Blood and Blood Components

Corporate Payment Policy CPP_07 Observation Services and Other Services Incidental to Inpatient Admission

Corporate Payment Policy CPP_15 Operating and Recovery Room Services and Supplies

Corporate Medical Policy Private Inpatient Hospital Rooms

Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue

Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the Plan's claim editing solutions, the Plan's claim editing solution takes precedence.

Policy Implementation/Update Information

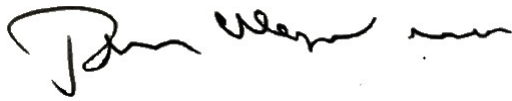
This policy was originally implemented on August 01, 2014.

Date of Change	Effective Date	Overview of Change
	August 01, 2014	New policy
February 20, 2025	June 01, 2025	Payment policy updated new template format, references and related policies added. Policy renamed from "Inpatient Hospital Room and Board, Routine Services, Supplies and Equipment Payment Policy" to "Inpatient Services, Supplies, and Equipment Unbundling Payment Policy." Added three tables to clarify facility basic charges, routine supplies and medical equipment. Added policy section headers detailing the following inpatient charge/unbundling with applicable policy statements: Room and board, nursery room, intensive specialty, specialty care unit, emergency room, operating room, anesthesia, recovery room, labor/delivery room, blood, laboratory, radiology, cardiovascular, respiratory therapy, and delay days. Added language under section Provider Billing and Guidelines and Documentation section to

		offer guidance on additional charge/unbundling scenarios. Substantial editorial refinements to policy statements to reflect inpatient services, items and/or supply charges that are not allowed to be billed separately per payment policy intent.
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Approved by

Update Approved: 02/20/2025



Tom Weigel, MD, Chief Medical Officer

Table 1: Facility Basic Charges (Routine Services)

The following illustrative table (1) includes, but is not limited to, facility basic charges which may not be separately billed by the facility for separate payment:	
Administration of blood or any blood product by nursing staff (does not include tubing, blood bank, preparation, etc.)	Monitoring of cardiac monitors; CVP (central venous pressure) lines; Swan Ganz lines/pressure reading; arterial lines/readings; pulse oximeters; cardiac output, pulmonary arterial pressure.
Administration or application of any medicine, chemotherapy, and/or IV fluids.	Neurological status checks
Arterial and venipuncture	Nursing care
Assisting patient onto bedpan, beside commode or into bathroom	Obtaining and recording vital signs (blood pressure, temperature, respiration, pulse, pulse oximetry)
Assisting physician or other licensed personnel in performing any type of procedure in the: patient's room, treatment room, surgical suite, endoscopy suite, cardiac catheterization lab, X-ray	Obtaining: Finger-stick blood sugars; blood samples from either venous sticks or any type of central line catheter or PICC line; arterial draws; urine specimens; stool specimens; sputum specimens; body fluid specimen
Bathing of patients	Oral care
Body preparation of deceased patients	Oxygen Administration
Cardiopulmonary resuscitation (CPR); including the management/participation in cardiopulmonary arrest event. Obtaining and recording of blood pressure, temperature, perspiration, pulse, pulse oximetry	Patient and family education and counseling
Changing of dressing, bandages and/or ostomy appliances	PICC line Maintenance
Changing of linens and patient gowns	Preoperative care
Chest tube maintenances, dressing change, discontinuation	Set up and/or take-down of: IV pumps, flow meters, heating or cooling pumps, over-bed frames, oxygen, feeding pumps, TPN, traction equipment, monitoring equipment
Enemas	Shampoo hair
Enterostomal services	Start and/or discontinue IV lines
Feeding of patients	Suctioning or lavage of patients
Incontinence care	Telemetry
Injections (therapeutic, prophylactic or diagnostic)	Tracheostomy care and changing of cannulas

Insert, discontinue, and/or maintain nasogastric tubes	Transporting, ambulating, range of motion, transfer to and from bed or chair
Intubation	Turning and weighing patients

Table 2: Routine Supplies

The following illustrative table (2) includes, but is not limited to, routine supplies which may not be separately billed by the facility for separate payment:	
Admission, hygiene and/or comfort kits	Mouth wash
Alcohol swabs	Needles
Arterial blood gas kits	Odor eliminator / Room deodorizer
Baby powder	Oral swabs / Toothettes
Bandages	Oxygen masks
Basin	Peripherally Inserted Central Catheter (PICC) line
Bedpan, regular or fracture pan	Pillows
Blood tubes	Preparation kits
Cotton balls, sterile or nonsterile	Razors
Deodorant	Restraints
Drapes	Reusable sheets, blankets, pillowcases, draw sheets, underpads, washcloths and towels.
Emesis basin	Saline solutions
Gloves used by patients or staff	Shampoo
Gowns used by patients or staff	Sharps containers
Heat light or heating pad	Shaving cream
Ice pack	Skin cleansing liquid
Irrigation solutions	Soap
Items used to obtain a specimen or complete a diagnostic or therapeutic procedure	Socks/Slippers
Intravenous (IV) arm boards	Specimen container
Kleenex tissues	Sputum trap
Lemon glycerin swabs (flavored swabs)	Syringes
Lotion	Tape
Lubricant Jelly	Thermometers
Masks used by patients or staff	Toilet tissue
Meal trays	Tongue depressors
Measuring pitcher	Toothpaste
Mid-stream urine kits	Urinal
Mouth care kits	Water pitchers

Table 3: Medical Equipment

The following illustrative table (3) includes, but is not limited to, medical equipment which may not be separately billed by the facility for separate payment:	
Air gas machines	Infusion pumps
Ambu Bag	Infusion supplies
Anesthesia machine monitors	IVAC
Balloon pump	Medication nebulizers
Bed Accessories (including canopy, tent, foot board, Hoyer lifts, alarms/sensors)	Microscopes
Bed scales	Monitors (any kind)
Blood pressure equipment, including cuffs	O2 analyzers
Blood warmers	Oximeter
Bovie equipment	Oxygen flowmeters
CO2 monitors	PAP breathing devices/ supplies
Cameras	PCA pumps
Cardiac monitors	Pill crusher
Cast carts	Pneumatic pumps
Cautery machines	Pressure bags or pressure infusion equipment
Compressors	Saline slush machine
CPM machines	Smoke evacuators
Crash carts	Suction hardware and hardware accessories
Defibrillators (excludes implantables)	Suction machines
Dinamap	Suctioning equipment, including wall units
Doppler equipment	Toilet seat lifts
EKG/ECG equipment	Traction equipment
Electrosurgical units	Trapeze bars
EMG/EEG machines/monitors	Ventilators
Feeding pump	Ventilator supplies
Fluid/blood warming equipment	Vital signs monitor – Sentron, etc.
Heat lamps	Wound VAC equipment
Heating/cooling pad machines	Wound VAC supplies
Incubators	