

# UW ICTR Clinical Research Unit (CRU) CHARGE GUIDANCE

**CRU is a core area of the UW-Madison Institute for Clinical and Translational Research (ICTR), funded by an NIH grant.**

This guide is intended to provide direction for study teams during budget development.

Please contact the CRU Protocol Team ([CRUProtocolTeam@uwhealth.org](mailto:CRUProtocolTeam@uwhealth.org)) or

Protocol Manager (Danielle Gale, 262-3005 or [dgale@uwhealth.org](mailto:dgale@uwhealth.org)) if further assistance or clarification is needed.

**The status of either inpatient admission or outpatient visit will be determined by the CRU at the time of budget review.**

**Changes/amendments to the protocol or procedures done by the CRU nursing staff could result in the need to make budget revisions.**

INPATIENT ADMISSION	CHARGE CODE	Definition/Notes
INPATIENT ADMISSIONS	DAILY CARE LEVEL applies (the most common level for CRU is Level 1).	<ul style="list-style-type: none"> <li>• Charged each day that participant is on the unit past midnight.</li> <li>• Charge level may change, as determined by UWHC policy (e.g. if patient requires isolation, level 2 charge applies; if participant meets bariatric criteria per UWHC policy 9.02, additional charges will apply).</li> <li>• A daily PHARMACY FEE is billed by UWHC (PHARMACY ROOM AND BED ROUTINE, HBRXR0UT).</li> <li>• All Inpatient “Daily Care” levels include most research-related nursing services, such as blood draws, sample processing, vital signs, research drug infusion/injection, etc. Some exceptions include:               <ul style="list-style-type: none"> <li>○ ECGs that are performed by CRU staff on study provided equipment (HB93005A)</li> <li>○ Holter Monitoring Set-Up on sponsor-provided equipment (HB93225)</li> <li>○ Spirometry on CRU or sponsor-provided equipment (HB94010)</li> </ul> </li> </ul>

PROFESSIONAL SERVICE	CHARGE CODE	Definition/Notes
CRU RESEARCH BIONUTRITIONIST	N/A, billed separately by CRU (not included in the OnCore charge master).	<ul style="list-style-type: none"> <li>• If your study requires specific research meals or services provided by the research bionutritionist, please contact Lisa Davis, RD, MS (<a href="mailto:ldavis5@uwhealth.org">ldavis5@uwhealth.org</a> or 263-8244)</li> <li>• The UWHC Food Service Department may charge separately for research specific meals.</li> <li>• Refer to the CRU fact sheet for details: <a href="https://ictr.wisc.edu/wp-content/uploads/2016/12/BionutritionistFactSheet-July292014_2.pdf">https://ictr.wisc.edu/wp-content/uploads/2016/12/BionutritionistFactSheet-July292014_2.pdf</a></li> </ul>

**NOTE: Services provided by CRU nursing staff and CRU NP do not generate UW Medical Foundation (UWMF) professional fees.**

Some examples of services provided by UWMF and UWSMPH departments that could generate professional or other fees include physicals performed by the admitting MD or NP, ECG interpretation, and some pulmonary procedures. These fees are applicable to both inpatient and outpatient services. Please contact the provider for details.

**OUTPATIENT VISIT CHARGES**

1. **All outpatient visits will be charged one of the following visit or room use charges.** When applying these charges in the OnCore system, select the CRU Cost Center and then choose the appropriate services.
2. **“Visit duration”** is determined by the CRU staff. Examples of considerations include study and hospital required procedures, time for resulting labs, drug preparation/delivery, etc.
3. **Procedures are billed separately in addition to the Simple, Intermediate or Complex Outpatient visit charge. See following pages.**

OUTPATIENT VISIT	CHARGE CODE	FREQUENCY CHARGED	Definition/Notes
SIMPLE VISIT	HBCTRC02	Once per outpatient visit.	<p><b><u>Must meet ALL criteria:</u></b></p> <ul style="list-style-type: none"> <li>• Study is of normal healthy volunteers.</li> <li>• Visit duration of ≤ 30 minutes.</li> <li>• A maximum of one set of vital signs and/or one research activity. (e.g. one blood draw)</li> </ul>
INTERMEDIATE VISIT	HBCTRC03	Once per outpatient visit.	<p><b><u>Visit does not meet Simple, Complex, Room Use Only or Inpatient Admission criteria.</u></b></p> <ul style="list-style-type: none"> <li>• Visit duration of &gt; 30 minutes and &lt; 2 hours.</li> <li>• Two or more simple research activities (e.g. vital signs, blood draw, height/weight, anthropometric measurements).</li> </ul>
COMPLEX VISIT	HBCTRC04	Once per outpatient visit.	<p><b><u>Meets one or more of the following criteria:</u></b></p> <ul style="list-style-type: none"> <li>• Visit duration ≥ 2 and &lt; 10 hours, and discharge prior to 9:00 pm*.</li> <li>• Complex procedures (e.g. nasal lavage, lumbar puncture (LP), spirometry).</li> <li>• Medication/drug administration.</li> </ul>
ROOM USAGE FEE PER HR	HBCTRC01	Charged per hour of room use. After 15 minutes, the charge is rounded up to the next hour (i.e. if room use is 1 hour 10 minutes, the charge applied is 1 hour. If room use is 3 hours 20 minutes, the charge applied is 4 hours).	<p><b><u>NO CRU nursing services involved; Use of CRU room ONLY.</u></b></p> <ul style="list-style-type: none"> <li>• If room use only is planned and nursing care becomes necessary, a visit and other applicable charges will apply.</li> </ul>

\* **Participant must be admitted as an inpatient if:** Scheduled discharge of participant is after 9:00 pm OR visit duration is greater than 10 hours.

**MOST FREQUENTLY USED RESEARCH PROCEDURE CODES SPECIFIC TO CRU (Note: These are billed in addition to outpatient room charge)**

<b>PROCEDURE</b>	<b>CHARGE CODE</b>	<b>FREQUENCY CHARGED</b>	<b>Definition/Notes</b>
BLOOD DRAW	HB36415	Per timepoint.	<ul style="list-style-type: none"> <li>• The CRU's charge code is the same Charge Code as the Laboratory's venipuncture charge.</li> <li>• <u>Currently cannot be billed to insurance, as this charge is generated only for research samples</u></li> <li>• Examples:                             <ul style="list-style-type: none"> <li>- If 1 tube is drawn at 1 timepoint = 1 blood draw charge</li> <li>- If 6 tubes are drawn at 1 timepoint = 1 blood draw charge.</li> <li>- If 6 tubes are drawn at 6 timepoints = 6 blood draw charges</li> </ul> </li> </ul>
SAMPLE PROCESS	HBCTRC05	Refer to UW ICTR Clinical Research Unit (CRU) OUTPATIENT Sample Processing Guide.	<u>Cannot be billed to insurance.</u>
VTL SIGN CHK	HBCTRC06	Minimum of 1 per Visit (A*) CRU requirements: <ul style="list-style-type: none"> <li>• For drug administration, minimum of 3:                             <ul style="list-style-type: none"> <li>- 1 upon admission</li> <li>- 1 post end of study drug</li> <li>- 1 prior to discharge</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <u>Cannot be billed to insurance</u></li> <li>• Change in participant's condition may require additional vital signs.</li> <li>• (A*) Exceptions will be considered on a case-by-case basis for:                             <ul style="list-style-type: none"> <li>- Simple Visits</li> <li>- Intermediate Visits for participants with medical diagnosis requiring 1 simple research procedure (e.g., 1 single stick blood draw, or one-time single/triplicate ECGs, or hip and waist measurements)</li> </ul> </li> </ul>
EKG ROUTINE TRACING ONLY >=12 LEADS (Performed on sponsor-provided equipment by CRU nursing staff).	HB93005A	Per ECG.	<ul style="list-style-type: none"> <li>• Examples:                             <ul style="list-style-type: none"> <li>- if 1 ECG in triplicate = 3 ECG charges</li> <li>- if required in triplicate at 3 timepoints = 9 ECG charges</li> </ul> </li> <li>• NOTE: A baseline UWHC ECG, filed in Health Link within the last 30 days, is required for comparison</li> <li>• NOTE: This charge applies in addition to the Inpatient "Daily Care" Level charge.</li> </ul>
HOLTER MONITOR (Performed on sponsor-provided equipment by CRU nursing staff).	HB93225	Connection and disconnection of sponsor-provided Holter monitor.	NOTE: If participant is inpatient, this charge applies in addition to the Inpatient "Daily Care" Level charge.
SPIROMETRY (Performed on CRU by CRU nursing staff using CRU or sponsor equipment).	HB94010	Per timepoint (≤ 8 attempts allowed per timepoint).	NOTE: If participant is inpatient, this charge applies in addition to the Inpatient "Daily Care" Level charge.
OXIMETRY CHECK (Performed on CRU by CRU nursing staff using CRU or sponsor equipment).	HB94760	Per timepoint.	NOTE: If participant is inpatient, this charge applies in addition to the Inpatient "Daily Care" Level charge.

**CHARGES FOR DRUG ADMINISTRATION – USED THROUGHOUT UWHC BASED ON MEDICARE GUIDELINES (Note: These are billed in addition to outpatient room charge)**

<b>PROCEDURE</b>	<b>CHARGE CODE</b>	<b>FREQUENCY CHARGED</b>	<b>Definition/Notes</b>
IV INFUSION, HYDRATION 1ST HR	HB96360	1st hour is 16 min-1 hr 30 min	See UWHC's IV INFUSION MINI MANUAL for guidance
IV INFUS HYDR EA ADD'L HR	HB96361	for each additional hour over 1hr 30 min	See UWHC's IV INFUSION MINI MANUAL for guidance
PRIMARY IV INFUSION TPD 1ST HR	HB96365	1st hour is 16 min-1 hr 30 min	See UWHC's IV INFUSION MINI MANUAL for guidance
IV INFUS TPD EA ADD'L HR	HB96366	for each additional hour over 1hr 30 min	See UWHC's IV INFUSION MINI MANUAL for guidance
SEQUENTL IV INFUSN TPD 1ST HR	HB96367	<ul style="list-style-type: none"> <li>• 1st hour is 16 min-1 hr 30 min</li> <li>• use HB96366 for each additional hour</li> </ul>	See UWHC's IV INFUSION MINI MANUAL for guidance
CONCURRENT IV INFUSION GIVEN	HB96368	1 occurrence regardless of the length of the infusion (charge cannot be used for chemo infusions)	See UWHC's IV INFUSION MINI MANUAL for guidance
INJECTION SQ/IM	HB96372	does not include injections for allergen immunotherapy [for allergen immunotherapy injections, use 95115 (single injection) or -95117 (multiple injections)]	See UWHC's IV INFUSION MINI MANUAL for guidance
PRIMARY INJECTION IV PUSH	HB96374	for non-chemo drugs given by IV push and IV infusions of ≤ 15 min	See UWHC's IV INFUSION MINI MANUAL for guidance
SEQUENTIAL INJ IV PUSH EACH	HB96375	for non-chemo drugs given by IV push and IV infusions of ≤ 15 min	See UWHC's IV INFUSION MINI MANUAL for guidance
SEQNTL INJ IVPUSH EA, SAME DRUG	HB96376	for multiple IVP of the same drug when injections are each 31 minutes apart	See UWHC's IV INFUSION MINI MANUAL for guidance
INJ SQ/IM CHEMO NON-HORMONAL	HB96401	per injection	See UWHC's IV INFUSION MINI MANUAL for guidance
INJ SQ/IM CHEMO HORMONAL	HB96402	per injection	See UWHC's IV INFUSION MINI MANUAL for guidance
PRIMARY INJ CHEMO IV PUSH	HB96409	for chemo drugs given by IV push and IV infusions of ≤ 15 min	See UWHC's IV INFUSION MINI MANUAL for guidance
SEQUENTL INJ CHEMO IV PUSH EA	HB96411	for chemo drugs given by IV push and IV infusions of ≤ 15 min	See UWHC's IV INFUSION MINI MANUAL for guidance
PRIMARY IV INFUSN CHEMO 1ST HR	HB96413	<ul style="list-style-type: none"> <li>• 1st hour is 16 min-1 hr 30 min</li> <li>• use HB96415 for each additional hour</li> </ul>	See UWHC's IV INFUSION MINI MANUAL for guidance
IV INFUSN CHEMO EA ADDL HR	HB96415	for each additional hour over 1hr 30 min	See UWHC's IV INFUSION MINI MANUAL for guidance
SEQUENTL IV INFUSN CHEMO 1STHR	HB96417	<ul style="list-style-type: none"> <li>• 1st hour is 16 min-1 hr 30 min</li> <li>• use HB96415 for each additional hour</li> </ul>	See UWHC's IV INFUSION MINI MANUAL for guidance

**LESS FREQUENTLY USED PROCEDURES AVAILABLE TO STUDIES ON THE CRU (Note: These are billed in addition to outpatient room charge)**

<b>PROCEDURE</b>	<b>CHARGE CODE</b>	<b>FREQUENCY CHARGED</b>	<b>Definition/Notes</b>
BRONCHIAL ALLERGY TEST	HB95070	Per test.	Inhalation bronchial challenge testing. (Confirm with CRU that agent can be given by nursing staff.)
IMMUN INFLUENZA	HBG0008	Per inoculation.	Administration of influenza virus vaccine.
NEBULIZER RX CONTINUOUS	HB94644	Per hour.	Administered for longer periods and then discontinued. Report 94644 for the first hour of treatment, and one unit of 94645 for each additional hour.
NEBULIZER TREATMENT/BAGGED	HB94640B	Per occurrence.	The treatment is administered several times a day at short intervals (e.g., 10 min) and is less than 60 min, for treatment for acute airways obstruction (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device) – see HB94640D for sputum induction for diagnostic purposes.
NIOX	HB95012	Per occurrence.	Use of CRU NIOX machine for nitric oxide expired gas determination.
OXIMETRY MONITORING	HB94761	Per hour.	Continuous monitoring on machine where no specific timepoints checks are needed. If specific timepoints are needed, HB94760 must be used.
PUNCTURE SPINAL LUMBAR DX	HB62270	Per procedure.	The LP itself must be performed by a credentialed physician or NP identified by the study team and approved to perform an LP. CRU nursing staff assists during the LP procedure.
SPUTUM INDUCTION	HB94640D	Per occurrence.	Inhalation treatment for sputum induction (e.g., with an aerosol generator, nebulizer, or metered dose inhaler)
INITIATE CHEMO INFUS W/PUMP > 8 HRS	HB96416	Per initiation, using a sponsor-provided pump.	Definition is "Initiation of prolonged chemotherapy infusion [more than 8 hours] requiring use of portable or implantable pump." This service is usually provided by Chartwell, but exceptions are possible. Use of a sponsor-provided pump must be discussed with Chartwell and CRU. This is only charged by the CRU if a CRU RN does the hookup/initiation; otherwise this is charged by Chartwell.
REFILL AND MAINTENANCE OF PORTABLE PUMP	HB96521	Per occurrence.	See HB96416. As noted above, this service is usually provided by Chartwell; charge will only be applied if done by CRU RN.
IRRIGATE IMPLNTD VENOUS ACCESS DEVICE	HB96523	Per occurrence.	Can bill only if this is the only service provided; for example, this charge is allowable if a flush is done for a pump disconnect and connect was not done by CRU RNs (e.g., done by Chartwell).