

Hospital Services (Inpatient and Outpatient)

Policy Number: BIP081.L

Effective Date: September 1, 2023

[➔ Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	2
Covered Benefits	2
Not Covered	3
Policy History/Revision Information	4
Instructions for Use	4

- Related Benefit Interpretation Policies**
- [Blood and Blood Products](#)
 - [Chemical Dependency/ Substance Abuse Detoxification](#)
 - [Chemotherapy](#)
 - [Cosmetic, Reconstructive, or Plastic Surgery](#)
 - [Dental Care and Oral Surgery](#)
 - [Diagnostic and Therapeutic Radiology Services](#)
 - [Emergency and Urgent Services](#)
 - [Experimental and Investigational Services](#)
 - [Inpatient and Outpatient Mental Health](#)
 - [Maternity and Newborn Care](#)
 - [Medical Necessity](#)
 - [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)
 - [Services/Complications Related to Non-Covered Services](#)
 - [Transplantation Services](#)

- Related Medical Management Guidelines**
- [Hospital Services: Observation and Inpatient](#)

Federal/State Mandated Regulations

Inpatient Hospital Services

28 CCR §1300.67(b) Scope of Basic Health Care Services

<https://govt.westlaw.com/calregs/Document/I944154734C8A11ECA45D000D3A7C4BC3?contextData=%28sc.Default%29&transitionType=Default>

The basic health care services required to be provided by a health care service plan to its enrollees shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:

- (b) Inpatient hospital services, which shall mean short-term general hospital services, including room with customary furnishings and equipment, meals (including special diets as medically necessary), general nursing care, use of operating room and related facilities, intensive care unit and services, drugs, medications, biologicals, anesthesia and oxygen services, diagnostic laboratory and x-ray services, special duty nursing as medically necessary, physical therapy, respiratory therapy, administration of blood and blood products, and other diagnostic, therapeutic and rehabilitative services as appropriate, and coordinated discharge planning including the planning of such continuing care as may be necessary, both medically and as a means of preventing possible early rehospitalization.

Outpatient Hospital Services

<https://govt.westlaw.com/calregs/Document/I944154734C8A11ECA45D000D3A7C4BC3?contextData=%28sc.Default%29&transitionType=Default>

The basic health care services required to be provided by a health care service plan to its enrollees shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:

- (c) Ambulatory care services, (outpatient hospital services) which shall include diagnostic and treatment services, physical therapy, speech therapy, occupational therapy services as appropriate, and those hospital services which can reasonably be provided on an ambulatory basis. Such services may be provided at a hospital, any other appropriate licensed facility, or any appropriate facility which is not required by law to be licensed, if the professionals delivering such services are licensed to practice, are certified, or practice under the authority of the plan, a medical group, or individual practice association or other authority authorized by applicable California law.

State Market Plan Enhancements

The member may have additional mental health coverage as required by State Law through UnitedHealthcare of California or designee. Refer to the Benefit Interpretation Policy titled [Inpatient and Outpatient Mental Health](#).

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's Evidence of Coverage (EOC)/ Schedule of Benefits (SOB) to determine coverage eligibility.

Inpatient Hospital Services

Acute inpatient hospital services and supplies for medically necessary covered health care services provided through and authorized by the Member's Network Medical Group or UnitedHealthcare, unless it is an emergency situation or an urgently needed service while temporarily outside of the area (refer to the Benefit Interpretation Policies titled [Medical Necessity](#) and [Emergency and Urgent Services](#)).

Examples include, but are not limited to:

- Services provided by a licensed physician, including:
 - Services of a consultant
 - Referral services
- Semi-private room and board
- General nursing care and other licensed health professionals, or other professionals as authorized under California law
- Meals and special diets when medically necessary
- Use of the operating room (OR) and related facilities (e.g., Recovery Room)
- Use of medically necessary inpatient units required to provide care, treatment and services as required (e.g., ICU, CCU, Telemetry Unit)
- Miscellaneous hospital charges for all medically necessary care, treatment and services as required
- Coordinated hospital discharge planning services
- Diagnostic laboratory and therapeutic radiological services (refer to the Benefit Interpretation Policy titled [Diagnostic and Therapeutic Radiology Services](#))
- Drugs, medications and biologicals while member is an inpatient
- Anesthesia and oxygen services
- Chemotherapy (refer to the Benefit Interpretation Policy titled [Chemotherapy](#))
- Radiation therapy
- Physical, occupational and speech therapies (refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#))
- Respiratory therapy

- Administration of whole blood and blood plasma (refer to the Benefit Interpretation Policy titled [Blood and Blood Products](#))
- Maternity care and services (refer to the Benefit Interpretation Policy titled [Maternity and Newborn Care](#))
- Transplantation services (refer to the Benefit Interpretation Policy titled [Transplantation Services](#))
- Detoxification for inpatient chemical dependency/substance abuse (refer to the Benefit Interpretation Policy titled [Chemical Dependency/Substance Abuse Detoxification](#))
- Anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center, when the clinical status or underlying medical condition of the member requires dental procedures that ordinarily would not require general anesthesia to be rendered in a contracted hospital or contracted surgery center setting. (refer to the Benefit Interpretation Policy titled [Dental Care and Oral Surgery](#))
- Complications of non-covered services requiring medically necessary treatment (refer to the Benefit interpretation Policy [Services/Complications Related to Non-Covered Services](#))

Outpatient Hospital Services

- Medically Necessary outpatient services and supplies, treatments or procedures performed in a hospital outpatient services department setting or a free-standing facility that is not a certified ambulatory surgical center or outpatient surgery department of an acute hospital provided by the member's Primary Care Physician, or authorized by the Network Medical Group or UnitedHealthcare.

Examples include, but are not limited to:

- Diagnostic testing, including laboratory and radiological services (refer to the Benefit Interpretation Policy titled [Diagnostic and Therapeutic Radiology Services](#))
- Therapeutic radiological services (X-rays) (refer to the Benefit Interpretation Policy titled [Diagnostic and Therapeutic Radiology Services](#))
- Treatment services for the provision of basic health services
- Prior authorized outpatient surgery
- Mental health outpatient services (refer to the Benefit Interpretation Policy titled [Inpatient and Outpatient Mental Health](#))
- Detoxification and chemical dependency outpatient services (refer to the Benefit Interpretation Policy titled [Chemical Dependency/ Substance Abuse Detoxification](#))
- Outpatient rehabilitative services, including physical, speech and occupational therapies (refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#))
- Anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center, when the clinical status or underlying medical condition of the member requires dental procedures that ordinarily would not require general anesthesia to be rendered in a contracted hospital or surgery center setting. (refer to the Benefit Interpretation Policy titled [Dental Care and Oral Surgery](#))
- Complications of non-covered services requiring medically necessary treatment (refer to the Benefit interpretation Policy [Services/Complications Related to Non-Covered Services](#))

Not Covered

Inpatient Hospital Services

Services and items not considered reasonable and medically necessary for the diagnosis, care and treatment of an illness or injury suffered by the hospitalized member.

Examples include, but are not limited to:

- Private rooms, unless medically necessary
- Personal or comfort items
- Private Duty Nursing care
- Early admission to perform pre-operative testing unless prior approved
- Early admission for the member, member's family or member's physician's convenience
- Continued stay in the hospital for services that could have been appropriately and safely performed as an outpatient or the member could have been discharged
- Take home medications and/or supplies unless member has a supplemental pharmacy benefit

- Elective non-medically necessary surgery and procedures (refer to the Benefit Interpretation Policy titled [Cosmetic, Reconstructive or Plastic Surgery](#))
- Experimental/Investigational procedures, items, and treatments (Refer to the Benefit Interpretation Policy titled [Experimental and Investigational Services](#))

Outpatient Hospital Services

Examples of non-covered outpatient services include, but are not limited to:

- Cosmetic surgery (refer to the Benefit Interpretation Policy titled [Cosmetic, Reconstructive, or Plastic Surgery](#))
- Non-medically necessary and/or non-authorized outpatient surgeries and/or procedures
- Experimental/investigational treatment on an outpatient basis (refer to the Benefit Interpretation Policy titled [Experimental and Investigational Services](#))
- Physical rehabilitation day treatment programs

Policy History/Revision Information

Date	Summary of Changes
09/01/2023	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> • Updated reference link to <i>California Code of Regulations Title 28 Section 1300.67(b)</i> <p>Covered Benefits</p> <p>Inpatient and Outpatient Hospital Services</p> <ul style="list-style-type: none"> • Added reference link to the Benefit Interpretation Policy titled <i>Services/Complications Related to Non-Covered Services</i> for complications of non-covered services requiring medically necessary treatment <p>Not Covered</p> <p>Inpatient Hospital Services</p> <ul style="list-style-type: none"> • Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational procedures, items, and treatments <p>Outpatient Hospital Services</p> <ul style="list-style-type: none"> • Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational treatment on an outpatient basis <p>Supporting Information</p> <ul style="list-style-type: none"> • Removed <i>Definitions</i> section • Archived previous policy version BIP081.K

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.