# Hospital Services (Inpatient and Outpatient)

**Policy Number**: BIP081.M
**Effective Date**: September 1, 2024

➲ Instructions for Use

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## Federal/State Mandated Regulations

### Inpatient Hospital Services

#### *28 California Code of Regulations (CCR) Section 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

Inpatient hospital services, supplies, and treatments for medically necessary covered health care services provided through and authorized by the member's network medical group or UnitedHealthcare are covered refer to the Benefit Interpretation Policy titled Medical Necessity).

- **Exception:** Emergency health care services or an urgently needed service (refer to the Benefit Interpretation Policy titled Emergency and Urgent Services)

Examples of services that may be performed in an inpatient hospital setting include but are not limited to:

- Acute care including but not limited to:
  - Anesthesia and oxygen services
  - Chemotherapy (refer to the Benefit Interpretation Policy titled Chemotherapy)
  - Drugs, medications, and biologicals while member is an inpatient
  - General nursing care and other licensed health professionals, or other professionals as authorized under California law
  - Laboratory and professional charges by the hospital pathologist or radiologist and other miscellaneous hospital charges for medically necessary care and miscellaneous hospital charges for all medically necessary care, treatment, and services as required (refer to the Benefit Interpretation Policy titled Diagnostic and Therapeutic Radiology Services)
  - Semi- private room and board
  - 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 (e.g., ICU, CCU, telemetry unit)
- Blood and blood products (refer to the Benefit Interpretation Policy titled Blood and Blood Products)
- Clinical trials (refer to the Benefit Interpretation Policy titled Clinical Trials)
- Diagnostic laboratory and therapeutic radiological services (refer to the Benefit Interpretation Policy titled Diagnostic and Therapeutic Radiology Services)
- Gender dysphoria services [refer to the Benefit Interpretation Policy titled Gender Dysphoria (Gender Identity Disorder) Treatment (for California Only)]
- Hospice services (refer to the Benefit Interpretation Policy titled Hospice)
- Mastectomy, breast reconstruction after mastectomy and complications from mastectomy (refer to the Medical Policy titled Breast Reconstruction)
- Maternity care and services (refer to the Benefit Interpretation Policy titled Maternity and Newborn Care)
- Medically necessary services related to non-covered services when complications exceed routine follow-up care (refer to the Benefit Interpretation Policy titled Services/Complications Related to Non-Covered Services)
- Mental health care services (refer to the Benefit Interpretation Policy titled Inpatient and Outpatient Mental Health)
- Newborn care

- Oral surgery and dental services: dental treatment when criteria are met (refer to the Benefit Interpretation Policy titled Dental Care and Oral Surgery)
- Physician and specialist care
- Radiation therapy
- Reconstructive surgery (refer to the Medical Policy titled Cosmetic and Reconstructive Procedures)
- Rehabilitation and habilitation care including physical, occupational and speech therapies [refer to the Benefit Interpretation Policy titled Rehabilitation Services (Physical, Occupational, and Speech Therapy)]
- Respiratory therapy
- Skilled nursing/subacute and transitional care [refer to the Medical Policy titled Home Health, Skilled, and Custodial Care Services (for Commercial Only)]
- Substance-related and addictive disorder services (refer to the Benefit Interpretation Policy titled Chemical Dependency/Substance Abuse Detoxification)
- Termination of pregnancy (refer to the Benefit Interpretation Policy titled Abortions)
- Transplantation services (refer to the Benefit Interpretation Policy titled Transplantation Services)

### Outpatient Hospital Services

Medically necessary outpatient hospital services, 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 are covered when provided by the member's primary care physician, or authorized by the network medical group or UnitedHealthcare.

Examples of services that may be provided in an outpatient hospital setting include but are not limited to:

- Blood and blood products (refer to the Benefit Interpretation Policy titled Blood and Blood Products)
- Clinical trials (refer to the Benefit Interpretation Policy titled Clinical Trials)
- Diabetic management and treatment (refer to the Benefit Interpretation Policy titled Diabetic Management, Services and Supplies)
- Diagnostic laboratory and diagnostic and therapeutic radiology services (refer to the Benefit Interpretation Policy titled Diagnostic and Therapeutic Radiology Services)
- Dialysis (refer to the Benefit Interpretation Policy titled Dialysis Services)
- Gender dysphoria services [refer to the Benefit Interpretation Policy titled Gender Dysphoria (Gender Identity Disorder) Treatment (for California Only)]
- Injectable drugs (i.e., infusion therapy, outpatient injectable medications, etc.) (refer to the Benefit Interpretation Policy titled Medications and Off-Label Drugs)
- Medically necessary services related to non-covered services when complications exceed routine follow-up care (refer to the Benefit Interpretation Policy Services/Complications Related to Non-Covered Services)
- Mental health outpatient services (refer to the Benefit Interpretation Policy titled Inpatient and Outpatient Mental Health)
- Oral surgery and dental services: dental treatment anesthesia when criteria is met (refer to the Benefit Interpretation Policy titled Dental Care and Oral Surgery)
- Outpatient surgery including short-stay, same-day or other similar outpatient surgery facilities and professional physician/ surgeon fees and outpatient visits
- Rehabilitative including physical, speech and occupational therapies (refer to the Benefit Interpretation Policy titled Rehabilitation Services (Physical, Occupational, and Speech Therapy)
- Substance-related and addictive disorder services (refer to the Benefit Interpretation Policy titled Chemical Dependency/ Substance Abuse Detoxification)

## Not Covered

### Inpatient Hospital Services

Examples of non-covered inpatient hospital services include but are not limited to:

- 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)
- Personal or comfort items
- Prescription medications (refer to the members supplemental pharmacy benefit)
- Private duty nursing care

- Private rooms, unless medically necessary
- Services and items not that are not medically necessary for the diagnosis, care and treatment of an illness or injury

### Outpatient Hospital Services

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

- Elective non-medically necessary surgery and procedures (refer to the Benefit Interpretation Policy titled Cosmetic, Reconstructive, or Plastic Surgery)
- Experimental/investigational treatment on an outpatient basis (refer to the Benefit Interpretation Policy titled Experimental and Investigational Services)
- Non-medically necessary and/or non-authorized outpatient surgeries and/or procedures
- Personal or comfort items
- Prescription medications (refer to the member's supplemental pharmacy benefit)
- Services and items that are not medically necessary for the diagnosis, care and treatment of an illness or injury suffered by the hospitalized member

## Policy History/Revision Information

| Date | Summary of Changes |
|---|---|
| 01/01/2025 | **Template Update**<br>• Updated reference links to related Medical Policies (previously classified as Medical Management Guidelines) |
| 09/01/2024 | **Covered Benefits**<br>***Inpatient Hospital Services***<br>• Replaced language indicating "*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*" with "inpatient hospital services, supplies, *and treatments* for medically necessary covered health care services provided through and authorized by the member's network medical group or UnitedHealthcare; *exceptions [are]* emergency health care services or an urgently needed service"<br>• Revised list of examples of covered services that may be performed in an inpatient hospital setting to reflect/include:<br>○ Acute care, including but not limited to:<br>▪ Anesthesia and oxygen services<br>▪ Chemotherapy (refer to the Benefit Interpretation Policy titled *Chemotherapy*)<br>▪ Drugs, medications, and biologicals while member is an inpatient<br>▪ General nursing care and other licensed health professionals, or other professionals as authorized under California law<br>▪ Laboratory and professional charges by the hospital pathologist or radiologist and other miscellaneous hospital charges for medically necessary care and miscellaneous hospital charges for all medically necessary care, treatment, and services, as required (refer to the Benefit Interpretation Policy titled *Diagnostic and Therapeutic Radiology Services*)<br>▪ Semi-private room and board<br>▪ Use of the operating room (OR) and related facilities (e.g., recovery room)<br>▪ Use of medically necessary inpatient units required to provide care, treatment, and services (e.g., ICU, CCU, telemetry unit)<br>○ Blood and blood products (refer to the Benefit Interpretation Policy titled *Blood and Blood Products*)<br>○ Clinical trials (refer to the Benefit Interpretation Policy titled *Clinical Trials*)<br>○ Diagnostic laboratory and therapeutic radiological services (refer to the Benefit Interpretation Policy titled *Diagnostic and Therapeutic Radiology Services*)<br>○ Gender dysphoria services [refer to the Benefit Interpretation Policy titled *Gender Dysphoria (Gender Identity Disorder) Treatment (for California Only)*]<br>○ Hospice services (refer to the Benefit Interpretation Policy titled *Hospice*)<br>○ Mastectomy, breast reconstruction after mastectomy, and complications from mastectomy (refer to the Medical Management Guideline titled *Breast Reconstruction*) |

| Date | Summary of Changes |
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| | ○ Maternity care and services (refer to the Benefit Interpretation Policy titled *Maternity and Newborn Care*)<br>○ Medically necessary services related to non-covered services when complications exceed routine follow-up care (refer to the Benefit Interpretation Policy title *Services/Complications Related to Non-Covered Services*)<br>○ Mental health care services (refer to the Benefit Interpretation Policy titled *Inpatient and Outpatient Mental Health*)<br>○ Newborn care<br>○ Oral surgery and dental services; dental treatment when criteria are met (refer to the Benefit Interpretation Policy titled *Dental Care and Oral Surgery*)<br>○ Physician and specialist care<br>○ Radiation therapy<br>○ Reconstructive surgery (refer to the Medical Management Guideline titled *Cosmetic and Reconstructive Procedures*)<br>○ Rehabilitation and habilitation care, including physical, occupational, and speech therapies (refer to the Benefit Interpretation Policy titled *Rehabilitation Services (Physical, Occupational, and Speech Therapy)*<br>○ Respiratory therapy<br>○ Skilled nursing/subacute and transitional care (refer to the Medical Management Guideline titled *Home Health, Skilled, and Custodial Care Services*)<br>○ Substance-related and addictive disorder services (refer to the Benefit Interpretation Policy titled *Chemical Dependency/Substance Abuse Detoxification*)<br>○ Termination of pregnancy (refer to the Benefit Interpretation Policy titled *Abortions*)<br>○ Transplantation services (refer to the Benefit Interpretation Policy titled *Transplantation Services*)<br>***Outpatient Hospital Services***<br>• Replaced language indicating “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 [are covered]” with “medically necessary outpatient *hospital* services, 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 *are covered when* provided by the member’s primary care physician or authorized by the network medical group or UnitedHealthcare”<br>• Revised list of examples of covered services that may be performed in an outpatient hospital setting to reflect/include:<br>○ Blood and blood products (refer to the Benefit Interpretation Policy titled *Blood and Blood Products*)<br>○ Clinical trials (refer to the Benefit Interpretation Policy titled *Clinical Trials*)<br>○ Diabetic management and treatment (refer to the Benefit Interpretation Policy titled *Diabetic Management, Services and Supplies*)<br>○ Diagnostic laboratory and diagnostic and therapeutic radiology services (refer to the Benefit Interpretation Policy titled *Diagnostic and Therapeutic Radiology Services*)<br>○ Dialysis (refer to the Benefit Interpretation Policy titled *Dialysis Services*)<br>○ Gender dysphoria services [refer to the Benefit Interpretation Policy titled *Gender Dysphoria (Gender Identity Disorder) Treatment (for California Only)*]<br>○ Injectable drugs (i.e., infusion therapy, outpatient injectable medications, etc.) (refer to the Benefit Interpretation Policy titled *Medications and Off-Label Drugs*)<br>○ Medically necessary services related to non-covered services when complications exceed routine follow-up care (refer to the Benefit Interpretation Policy titled *Services/Complications Related to Non-Covered Services*)<br>○ Mental health outpatient services (refer to the Benefit Interpretation Policy titled *Inpatient and Outpatient Mental Health*)<br>○ Oral surgery and dental services; dental treatment anesthesia when criteria is met (refer to the Benefit Interpretation Policy titled *Dental Care and Oral Surgery*)<br>○ Outpatient surgery, including short-stay, same-day, or other similar outpatient surgery facilities and professional physician/surgeon fees and outpatient visits |

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| | ○ Rehabilitative services, including physical, speech, and occupational therapies [refer to the Benefit Interpretation Policy titled *Rehabilitation Services (Physical, Occupational, and Speech Therapy)*]<br>○ Substance-related and addictive disorder services (refer to the Benefit Interpretation Policy titled *Chemical Dependency/ Substance Abuse Detoxification*)<br>**Not Covered**<br>***Inpatient Hospital Services***<br>• Revised list of examples of non-covered inpatient hospital services:<br>○ Replaced:<br>▪ "*Take home* medications *and/or supplies unless* the member has a supplemental pharmacy benefit" with "*prescription* medications (*refer to the* member's supplemental pharmacy benefit)"<br>▪ "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*" with "services and items *that are* not medically necessary for the diagnosis, care, and treatment of an illness or injury"<br>○ Removed:<br>▪ Early admission to perform pre-operative testing unless prior approved<br>▪ Early admission for the member, member's family, or member's physician's convenience<br>▪ 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<br>***Outpatient Hospital Services***<br>• Revised list of examples of non-covered outpatient hospital services:<br>○ Added:<br>▪ Elective non-medically necessary surgery and procedures<br>▪ Personal or comfort items<br>▪ Prescription medications (refer to the members supplemental pharmacy benefit)<br>▪ Services and items that are not medically necessary for the diagnosis, care, and treatment of an illness or injury suffered by the hospitalized member<br>○ Removed:<br>▪ Cosmetic surgery<br>▪ Physical rehabilitation day treatment programs<br>**Supporting Information**<br>• Archived previous policy version BIP081.L |

# 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.