

Hospital Services (Inpatient and Outpatient)

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[➔ 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 Policy
• Hospital Services: Observation and Inpatient

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 titled [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 member's supplemental pharmacy benefit)
- Private duty nursing care

- Private rooms, unless medically necessary
- Services and items 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
09/01/2025	<ul style="list-style-type: none"> • Routine review; no change to coverage guidelines • Archived previous policy version BIP081.M

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.