

Inpatient Hospital Services

Policy Number: BIP081.J

Effective Date: September 1, 2021

[➔ Instructions for Use](#)

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

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

Federal/State Mandated Regulations

28 CCR §1300.67(b) (Effective date: October 16, 2003) Scope of Basic Health Care Services

[https://govt.westlaw.com/calregs/Document/IC8C4B7D0D44911DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IC8C4B7D0D44911DEB97CF67CD0B99467?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.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.

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.

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

Not Covered

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

Definitions

Hospital Services: Services and supplies performed or supplied by a licensed hospital on an inpatient or outpatient basis.

Private Duty Nursing Services: Private Duty Nursing services encompass nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility.

Policy History/Revision Information

Date	Summary of Changes
09/01/2021	<ul style="list-style-type: none"> • Routine review; no change to benefit coverage guidelines • Archived previous policy version BIP081.I

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.