

Inpatient Hospital Services

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[➔ Instructions for Use](#)

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- ### 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
 - 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

Oklahoma

Oklahoma OAC 365:40-5-20 Effective Date Nov. 1, 2003

http://www.oar.state.ok.us/viewhtml/365_40-5-20.htm

Basic health care services shall include:

- (3) Inpatient hospital services including room and board, general nursing care, meals and special diets when medically necessary, use of operating room and related facilities, use of intensive care unit and services, x-ray services, laboratory, and other diagnostic tests, drugs, medications, biologicals, anesthesia and oxygen services, special duty nursing when medically necessary, radiation therapy, inhalation therapy, perfusion, and administration of whole blood and blood plasma.

Texas

28 TAC Section 11.508: Basic Health Services and Mandatory Benefit Standards: Group, Group, Individual and Conversion Agreements

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=11&rl=508](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=11&rl=508)

- (a) Each evidence of coverage providing basic health care services must provide the following basic health care services when they are provided by network physicians or providers, or by non-network physicians and providers as set out in §11.506(9)(b) or §11.506(b)(14) of this title; (relating to Mandatory Contractual Provisions: Group, Individual, and Conversion Agreement and Group Certificate):

- (2) Inpatient hospital services, including room and board, general nursing care, meals and special diets when medically necessary, use of operating room and related facilities, use of intensive care unit and services, X-ray services, laboratory and other diagnostic tests, drugs, medications, biologicals, anesthesia and oxygen services, private duty nursing when medically necessary, radiation therapy, inhalation therapy, whole blood including cost of blood, blood plasma, and blood plasma expanders, that are not replaced by or for the enrollee; administration of whole blood and blood plasma; and short-term rehabilitation therapy services in the acute hospital setting.
- (3) Inpatient physician care services, including services performed, prescribed, or supervised by physicians or other health professionals, including diagnostic, therapeutic, medical, surgical, preventive, referral, and consultative health care services.

Washington

WAC 284-44-500 Alternative Care-General Rules as to Minimum Standards

<https://apps.leg.wa.gov/wac/default.aspx?cite=284-44-500>

- (1) As an alternative to hospitalization or institutionalization of an insured and with the intent to cover placement of the insured patient in the most appropriate and cost-effective setting, every individual or group, contract of a health care service contractor issued, amended, or renewed on or after January 1, 1995, which provides coverage for hospitalization or other institutional expenses to a resident of this state shall include substitution of home health care, provided in lieu of hospitalization or other institutional care, furnished by home health, hospice and home care agencies licensed under chapter 70.127 RCW, at equal or lesser cost.
- (2) In addition, such expenses may include coverage for durable medical equipment which permits the insured to stay at home, care provided in Alzheimer's centers, adult family homes, assisted living facilities, congregate care facilities, adult day health care, home health, hospice and home care, or similar alternative care arrangements which provide necessary care in less restrictive or less expensive environments.
- (3) Substitution of less expensive or less intensive services shall be made only with the consent of the insured and upon the recommendation of the insured's attending physician or licensed health care provider that such services will adequately meet the insured patient's needs. The decision to substitute less expensive or less intensive services shall be determined based on the medical needs of the individual insured patient.
- (4) A health care service contractor may require that home health agencies or similar alternative care providers have written treatment plans which are approved by the insured patient's attending physician or other licensed health care provider.
- (5) Coverage may be limited to no less than the maximum benefits which would be payable for hospital or other institutional expenses under the contract, and may include all deductibles and coinsurances which would be payable by the insured under the hospital or other institutional expense coverage of the insured's policy or contract.

State Market Plan Enhancements

Oklahoma

Nursing Services, Special Duty nursing care is covered when medically necessary and ordered by the Member's Contracting Primary Care Physician

Texas

Private duty and special duty nursing care is covered when medically necessary and the member is inpatient in an acute care hospital.

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 must be medically necessary and provided through 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
- 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 (unless mandated by state. Refer to [State Market Plan Enhancements](#))
- 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* for [OK Members](#), [OR Members](#), [TX Members](#) and [WA Members](#)).
- 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	State(s) Affected	Summary of Changes
09/01/2021	All	<ul style="list-style-type: none">• Routine review; no change to benefit coverage guidelines• Archived previous policy version BIP082.H

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.