

Hospital Services – Inpatient Care

Benefit Coverage

Inpatient services customarily furnished by a hospital for a member who is admitted to a hospital as a registered bed patient who requires an acute bed-patient (overnight) setting when services are medically necessary and appropriately authorized are covered.

For hospital admissions for mastectomies or lymph node dissections, the length of a hospital stay will be determined solely by the member's physician in consultation with the member.

For mental health and substance use disorder services, benefits are provided for inpatient hospitalization, professional services related to hospitalization, and residential treatment when prior authorized by the Blue Shield mental health services administrator (MHSA) and obtained from MHSA Participating Providers.

Members may call MHSA directly at (877) 263-9952 to arrange for mental health and substance use disorder services. Members may also ask their Primary Care Physicians to contact MHSA to arrange these services for them.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Infertility Services

Maternity Care

Normal Delivery/C-Sections

Mental Health and Substance Use Disorder

Physician Services

Rehabilitation and Habilitation Services

Hospital Services – Inpatient Care

Benefit Exclusions

The following inpatient services are excluded:

- Inpatient hospitalization for monitoring, testing, or diagnostic studies that could have been provided on an outpatient basis.
- Hospitalization in pain management center to treat or cure chronic pain.
- Hospitalization or confinement in a health facility primarily for rest, custodial, maintenance, domiciliary care, or for personal comfort.
- Inpatient mental health and substance use disorder services not prior authorized or provided by the MHSA.
- Testing for intelligence or learning disabilities.
- Services performed in a hospital and billed by hospital officers, residents, interns, or others in training.
- All routine dental services, e.g., root canals, fillings, crowns, dentures, third molar extractions, routine removal of any teeth, gum surgery, dental implants, any and all dental procedures associated with the future placement of dental implants, dentures and etc.

Benefit Limitations

See the *HMO Benefit Guidelines* Benefit Limitations for:

Maternity Care

Mental Health and Substance Use Disorder

Infertility Services – Diagnosis and Treatment of the Cause

Infertility Services - Additional Benefits

Skilled Nursing Facility (SNF)

Hospital Services – Inpatient Care

Examples of Covered Services

- Semiprivate room and board unless a private room is medically necessary.
- Specialized care units, including adult intensive care, coronary care, pediatric and neonatal intensive care, and subacute care.
- General and specialized nursing care.
- Operating room, recovery, labor and delivery, and other specialized treatment rooms, newborn nursery.
- Hospital ancillary services including diagnostic laboratory and X-ray services.
- Medications and biologicals administered in the hospital, and up to a 3-day supply of drugs supplied upon discharge by the Plan physician for the transition from the hospital to the home.
- Authorized medical and surgical procedures and supplies, surgically implanted devices, prostheses, and appliances.
- Blood and blood products.
- Radiation therapy, chemotherapy and renal dialysis and supplies.
- Clinical pathology, laboratory, radiology, and diagnostic services and supplies.
- Meals, including special diets.
- Acute detoxification.
- Acute inpatient rehabilitative services.
- Therapy services, including physical, occupational, respiratory, and speech therapy.
- Emergency room services resulting in admission.
- Anesthesia, oxygen, medicines and IV solutions.

Examples of Non-Covered Services

See Benefit Exclusions.

Hospital Services – Inpatient Care

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Mental Health and Substance Use Disorder

Blue Shield HMO IPA/Medical Group Procedures Manual