

Hospital – 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, daycare and psychological testing for mental illness (including severe mental illness and serious emotional disturbances of a child) when prior authorized by the Blue Shield mental health services administrator (MHSA) and obtained from MHSA Participating Providers.

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 – 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, residential 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 by hospital officers, residents, interns or others in training.

Benefit Limitations

See the *HMO Benefit Guidelines* Benefit Limitations for:

Maternity Care

Mental Health and Substance Use Disorder

Infertility Services - Basic Plan/Additional Benefits

Skilled Nursing Facility (SNF)

Hospital – Inpatient Care

Examples of Covered Services

- Semiprivate room and board, unless a private room is medically necessary.
- General nursing care.
- Operating room, 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 surgical procedures and supplies.
- Blood and blood products.
- Radiation therapy, chemotherapy and renal dialysis.

Examples of Non-Covered Services

See Benefit Exclusions.

Hospital – 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