310-K HOSPITAL INPATIENT SERVICES

REVISION DATES: 10/01/14, 10/01/13, 10/01/12, 03/01/12, 10/01/11, 10/01/06, 10/01/01, 10/01/99

REVIEW DATE: 05/01/2011

INITIAL EFFECTIVE DATE: 10/01/1994

DESCRIPTION

AHCCCS covers medically necessary inpatient hospital services provided by a licensed participating hospital for all eligible members, as specified in A.A.C. R9-22, Article 2.

AMOUNT, DURATION AND SCOPE

Inpatient hospital services for members include, but are not limited to, the following:

Hospital accommodation, and appropriate staffing, supplies, equipment and services for:

1. Routine acute medical care,
2. Intensive care and coronary care ,
3. Neonatal intensive care,
4. Maternity care including labor, delivery and recovery rooms, birthing centers, and nursery and related services,
5. Nursery for newborns and infants,
6. Surgery including surgical suites and recovery rooms, and anesthesiology services,
7. Acute behavioral health emergency services,
8. Nursing services necessary and appropriate for the member's medical condition, including assistance with activities of daily living as needed,
9. Dietary services, and/or

10. Medical supplies, appliances and equipment consistent with the level of accommodation.

11. Perfusion and perfusionist services.

Ancillary Services

1. Chemotherapy,

2. Dental surgery for members in the Early and Periodic Screening, Diagnosis and Treatment Program,

3. Dialysis,

4. Laboratory services,

5. Pharmaceutical services and prescribed drugs,

6. Radiological and medical imaging services,

7. Rehabilitation services including physical, occupational and speech therapies,

8. Respiratory therapy,

9. Services and supplies necessary to store, process and administer blood and blood derivatives, and/or

10. Total parenteral nutrition.

DEFINITION

Benefit Year – A one-year period of October 1st through September 30th.

Observation Services – A provider-ordered evaluation period in a hospital setting for services that do not meet the intensity requirements of an inpatient stay or to determine whether a person needs treatment or needs to be admitted as an inpatient.

The 25 day inpatient limit per benefit year for in State and out of State hospitals expires in contract year beginning October 1, 2014. Therefore, the 25 day inpatient limitation does not apply to inpatient claims with discharge dates on or after October 1, 2014. Refer to AHCCCS Rule R9-22-204 for more detail.

LIMITATIONS AND EXCLUSIONS

For members 21 years of age or older, coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for claims with discharge dates on or before September 30, 2014. This limit applies to inpatient hospital services with dates of discharge on or before September 30, 2014 regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.

1. For purposes of counting the annual 25 inpatient day limit:
   a. Inpatient days are counted towards the limit if paid in whole or part by the Administration or a contractor;
   b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
   c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
   d. Each 24 hours of paid observation services will count as one inpatient day if the patient is not admitted to the same hospital directly following the observation services;
   e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
   f. After 25 days of inpatient hospital services have been paid as provided for in this policy:
      i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
      ii. Continuous periods of observation service lasting less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
      iii. For continuous periods of observation services of more than 24 hours that are not directly followed by an inpatient admission to the same hospital, AHCCCS will only pay for the first 23 hours of observation services.

   Same Day Admit Discharge services are excluded from the 25 day limit. For additional information regarding the 25 day inpatient limit, refer to AHCCCS Rule R9-22-204.

AHCCCS covers semiprivate inpatient hospital accommodations, except when the member's medical condition requires isolation.

AHCCCS does not separately cover home-based services, such as Attendant/Personal Care, while the member is in inpatient settings.

Refer to AMPM Chapter 800 for prior authorization requirements for Fee-For-Service (FFS) providers.