

**310-K HOSPITAL INPATIENT SERVICES**

EFFECTIVE DATES: 10/01/94, 10/01/18

REVISION DATES: 10/01/99, 10/01/01, 10/01/06, 05/01/11, 10/01/11, 03/01/12, 10/01/12,  
10/01/13, 10/01/14, 06/27/18

**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP(CMDP), DES/DDD(DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES) (For FES, see AMPM Chapter 1100). This Policy establishes requirements regarding Hospital Inpatient Services.

**II. DEFINITIONS**

None

**III. POLICY**

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.

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

1. Hospital accommodation, and appropriate staffing, supplies, equipment and services for:
  - a. Acute physical and behavioral health care,
  - b. Intensive care and coronary care,
  - c. Neonatal intensive care,
  - d. Maternity care including labor, delivery and recovery rooms, birthing centers, and nursery and related services,
  - e. Nursery for newborns and infants,
  - f. Surgery including surgical suites and recovery rooms, and anesthesiology services,
  - g. Nursing services necessary and appropriate for the member's medical condition, including assistance with activities of daily living as needed,
  - h. Medical detoxification and treatment services;
  - i. Behavioral health forensic services;
  - j. Dietary services,
  - k. Medical supplies, appliances and equipment consistent with the level of accommodation, and/or
  - l. Perfusion and perfusionist services.

2. Ancillary Services:
  - a. Audiology services,
  - b. Chemotherapy,
  - c. Dental surgery for members in the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT),
  - d. Dental surgery for members 21 years of age and older within limitations as described in AMPM Policy 310-D1 and 310-D2,
  - e. Dialysis,
  - f. Laboratory services,
  - g. Pharmaceutical services and prescribed drugs,
  - h. Radiological and medical imaging services,
  - i. Rehabilitation services including physical, occupational and speech therapies,
  - j. Respiratory therapy,
  - k. Behavioral health assessments and therapy including electroconvulsive therapy,
  - l. Services and supplies necessary to store, process and administer blood and blood derivatives,
  - m. Total parenteral nutrition, and/or
  - n. Wound Care.

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

Refer to AMPM Policy 820 for prior authorization requirements for FFS providers.

Refer to AMPM Policy 310-S for Observation Services.

Refer to ACOM Policy 109 for Institute for Mental Disease 15 Day Limit