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