

**310-K - HOSPITAL INPATIENT GENERAL SERVICES**

EFFECTIVE DATES: 10/01/94, 10/01/18, 09/27/24

APPROVAL 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, 07/15/24

**I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), DDD THP, Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements regarding Hospital Inpatient General Services.

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| <b>EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT)</b> | <b>FEE-FOR-SERVICE (FFS)</b>      | <b>MATERNITY CARE</b>           |
| <b>MEDICAL SUPPLIES, APPLIANCES AND EQUIPMENT</b>                            | <b>MEMBER</b>                     | <b>OBSERVATION SERVICES</b>     |
| <b>OCCUPATIONAL THERAPY</b>  | <b>PHYSICAL THERAPY</b>           | <b>PRIOR AUTHORIZATION (PA)</b> |
| <b>SPEECH THERAPY</b>  | <b>TOTAL PARENTERAL NUTRITION</b> |                                 |

**III. POLICY**

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

1. Inpatient hospital services for members include, but are not limited to, the following:
  - a. Hospital accommodation, and appropriate staffing, supplies, equipment, medications, and services for:
    - i. Acute physical and behavioral health care,
    - ii. Intensive care and coronary care,
    - iii. Neonatal intensive care,
    - iv. Maternity care including labor, delivery and recovery rooms, birthing centers, and related services,
    - v. Nursery for newborns and infants,
    - vi. Surgery including surgical suites and recovery rooms, and anesthesiology services,
    - vii. Nursing services necessary and appropriate for the member's medical condition, including assistance with activities of daily living as needed,
    - viii. Medical detoxification and treatment services,
    - ix. Behavioral health forensic services,
    - x. Dietary services,
    - xi. Medical supplies, appliances, and equipment consistent with the level of accommodation, and/or
    - xii. Perfusion and perfusionist services.
  - b. Ancillary Services:
    - i. Audiology services,
    - ii. Chemotherapy,
    - iii. Dental surgery for members in the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT),
    - iv. Dental surgery for members 21 years of age and older within limitations as described in AMPM Policy 310-D1 and 310-D2,
    - v. Dialysis,
    - vi. Laboratory services,
    - vii. Pharmaceutical services and prescribed drugs,
    - viii. Radiological and medical imaging services,
    - ix. Rehabilitation services including physical therapy, occupational therapy, and speech therapy,
    - x. Respiratory therapy,
    - xi. Behavioral health assessments and treatment including electroconvulsive therapy,
    - xii. Services and supplies necessary to store, process and administer blood and blood derivatives,
    - xiii. Total parenteral nutrition, and/or
    - xiv. Wound care.

2. For ALTCS E/PD and DDD members, AHCCCS will allow (under limited circumstances) for the provision of Attendant Care and Personal Care services while the member is in a hospital inpatient or emergency room setting. Refer to AMPM Policy 1240-A.

Refer to AMPM Policy 820 for Prior Authorization (PA) Requirements for FFS providers.

Refer to AMPM Policy 310-S for Observation Services.

Refer to ACOM Policy 109 for Institute for Mental Disease (IMD) 15 Day Limit.