

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	OUTPATIENT HOSPITAL SERVICES (INCLUDING SURGERY)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses outpatient hospital services including surgery.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>FLORIDA:</b>  <a href="#">Fla. Stat. § 627.6616</a>: Ambulatory surgical centers</p> <p><b>KENTUCKY:</b>  <a href="#">Ky. Rev. Stat. § 304.17-317</a>: Coverage for treatment rendered by an ambulatory surgical center</p> <p><b>TEXAS:</b>  <a href="#">28 TAC §§11.508(a)(1)-11.508(a)(2)</a></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>B. STATE MARKET PLAN ENHANCEMENTS</b> </div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>C. COVERED BENEFITS</b> </div>

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## **OUTPATIENT SERVICES**

Please refer to **Mental Health, Rehabilitation Services** and **Substance Abuse Benefit Interpretation Policies** for Outpatient information for those specific benefits

### **CALIFORNIA:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Separate Cost Sharing may apply for professional services and facility services. Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost-Sharing.

### **FLORIDA:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Services or Inpatient Services to determine applicable Member Cost Sharing.

### **IDAHO:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a licensed facility. Prior Authorization is required.

Outpatient surgery includes professional services, anesthesia, surgical supplies.

These services may be provided in any of the following outpatient locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost Sharing

**ILLINOIS:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below including Bariatric Surgery when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost Sharing.

**KENTUCKY:**

**Surgery (Outpatient):** Passport covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost Sharing.

**MICHIGAN:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required. Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center (including physician surgical charges, outpatient surgery charges, and outpatient vasectomies charges)

- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost Sharing.

**MISSISSIPPI:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required. Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost-Sharing.

**NEW MEXICO:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the SBC for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost-Sharing.

**OHIO:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost Sharing.

**SOUTH CAROLINA:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Services or Inpatient Services to determine applicable Member Cost Sharing.

**TEXAS:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required, Inpatient surgical services include:

Outpatient surgery services provided in any of the following locations:

- Diagnostic services
- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost-Sharing.

**UTAH:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required.

Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician's office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost-Sharing.

**WASHINGTON, WISCONSIN:**

**Surgery (Outpatient):** Molina covers the outpatient surgical services listed below when provided at a Participating Provider facility. Prior Authorization is required. Outpatient surgery services provided in any of the following locations:

- Outpatient or ambulatory surgery center
- Hospital operating room
- Clinic
- Physician’s office

Please consult the Schedule of Benefits for Outpatient Hospital/Facility Services or Inpatient Hospital Services to determine applicable Member Cost-Sharing.

**MORE INFORMATION**

Refer to the Benefit Interpretation Policy titled **Inpatient Hospital Services**

Refer to the Benefit Interpretation Policies titled **Mental Health, Substance Abuse and Rehab/Habilitation** for additional information on Outpatient Services

**D. NOT COVERED**

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**E. DEFINITIONS**

[See Glossary](#)

**F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description

Procedure Codes  
(Internal Use  
Only)

BI Policy Configuration Outpatient Hospital Services  
  
Hysterectomy code needed

	<p><b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT<sup>®</sup>), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>			
<p>Prior Authorization</p>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
<p>Approval</p>	<p>Departments</p>	<p>Product</p>	<p>CIM</p>	<p>Clinical Management</p>
	<p>Date</p>	<p>11/9/2021</p>	<p>3/31/2022</p>	<p>11/9/2021</p>
	<p>Revised (for 1/1/2023)</p>	<p>11/17/2022</p>		<p>12/13/2022</p>