

**Marketplace National Regional Benefit Interpretation Document**

<b>Benefit Name</b>	OUTPATIENT HOSPITAL SERVICES (INCLUDING SURGERY)
<b>Applicable State</b>	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
<b>Benefit Definition</b>	<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;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </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>NEVADA:</b>            Coverage for outpatient health care services related to contraceptives and hormone replacement therapy in certain circumstances; prohibited actions by insurers; exceptions  <a href="#">NRS 689A.0417</a>  <a href="#">NRS 695C.1695</a></p> <p><b>TEXAS:</b>  <a href="#">28 TAC §§11.508(a)(1)-11.508(a)(2)</a></p> <p><b>WASHINGTON:</b>  <a href="#">WAC 284-43-5642</a>: Essential health benefit categories.</p>

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**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 and Habilitation Services** and **Substance Use Disorder 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.

**NEVADA:**

**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

Surgical dressings that require a provider's prescription and cannot be purchased over the counter are covered when medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure.

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

**Observation services:** Observation services are defined as outpatient services furnished by a hospital and provider on the hospital's premises. These services may include the use of a bed and periodic monitoring by a hospital's nursing staff, which are reasonable and necessary to:

- Evaluate an outpatient's condition
- Determine the need for a possible admission to the hospital
- When rapid improvement of the member's condition is anticipated or occurs

When a hospital places a member under outpatient observation, it is based upon the provider's written order. To transition from observation to inpatient admission, level of care criteria may need to be met. The length of time spent in the hospital is not the sole factor Molina will use to determine an observation versus inpatient stay. Molina will also consider medical criteria.

**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, and Ambulatory):** Molina covers inpatient hospital and physician care services including (but not limited to) surgery services; listed below are covered surgical services when provided at a Participating Provider facility. Prior Authorization is required

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 Use Disorder** 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
7/1/2023	<ul style="list-style-type: none"> <li>• Added 2024 NV EOC Language</li> </ul>

**Codification** [Marketplace Benefit Interpretation Policies Codification](#)

**Prior Authorization**

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- a. Covered and No PA Required
- b. Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management
	Date	11/9/2021	3/31/2022	11/9/2021
	Revised (for 1/1/2023)	11/17/2022	4/7/2023	12/13/2022
	Revised (for 1/1/2024)	11/30/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/7/2024	-	11/7/2024