Children's Special Health Care Services
Administrative Policy Manual

Benefit – Limited Services Policy #: C-2a

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Revision Reason: New Policy

Title: **Inpatient Services**

Purpose: **To describe the inpatient services benefit to be provided in the Limited Services included in the Health Care Service Package.**

Rule References:

410 IAC 3.2-1-19 – "Inpatient services" defined
410 IAC 3.2-7-1 – Health care delivery system
410 IAC 3.2-7-3 – Limited services included in the health care service package

Policy: **Inpatient Services are available for the medical treatment of a participant's identified eligible medical condition during an authorized inpatient stay at a public or private facility licensed in accordance with IC 16-21-2.**

Inpatient Services require a Prior Authorization from CSHCS.

Authorization for an inpatient hospital admission resulting from and immediately following emergency room care must be requested within five (5) calendar days of the admission or those services will not be authorized or reimbursed by CSHCS.

References: **Prior Authorization Policy**
Out-of-State Care Policy