

# Hospital Services: Observation and Inpatient

**Guideline Number:** MMG191.B  
**Effective Date:** November 1, 2023

[Instructions for Use](#)

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Related Medical Management Guideline
<ul style="list-style-type: none"> <li><a href="#">Elective Inpatient Services</a></li> </ul>

## Coverage Rationale

UnitedHealthcare uses InterQual® as a source of medical evidence to support medical necessity and level of care decisions, when applicable. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Click [here](#) to view the InterQual® criteria.

**Observation services are considered medically necessary for a member who requires the following care in any location within a hospital:**

- Short-term monitoring that is expected to require at least 6 hours of assessment or treatment and improves significantly within 24-48 hours; and
- At least one of the following:
  - Acute treatment and reassessment; or
  - Event monitoring (e.g., cardiac dysrhythmia) or response to therapy (e.g., from drug ingestion) that may require immediate intervention; or
  - Diagnostic evaluation to establish a treatment plan.

**An observation level of care is often used to manage the following clinical conditions and symptoms (list is not all-inclusive):**

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| • Abdominal pain                    | • Chronic obstructive pulmonary disease | • Pneumonia                          |
| • Allergic reaction (generalized)   | • Croup                                 | • Poisoning/toxic ingestions         |
| • Altered mental status (confusion) | • Dehydration                           | • Renal colic, kidney stone          |
| • Anemia                            | • Diabetes mellitus                     | • Seizures                           |
| • Asthma                            | • Epistaxis                             | • Syncope and collapse               |
| • Atrial fibrillation               | • Febrile illness                       | • Transient ischemic attack (TIA)    |
| • Back pain                         | • Gastroenteritis                       | • Urinary tract infection            |
| • Bronchiolitis                     | • Heart failure                         | • Vaginal bleeding (non-obstetrical) |
| • Bronchitis                        | • Hemoptysis                            | • Weakness                           |
| • Cellulitis                        | • Migraine                              |                                      |
| • Chest pain                        |   |                                      |

If the member's condition does not improve within 48 hours, additional clinical information should be submitted to support an inpatient level of care.

**Observation services are not medically necessary for the convenience of the hospital, physicians, members, or member's families, or while awaiting placement to another health care facility.**

**Note:** The observation services portion of this policy does not apply to an obstetric member during pregnancy, childbirth, or the post-partum period.

## References

Baugh CW, Graff L IV. Observation medicine and clinical decision units (overview). Rosen's Emergency Medicine. 9<sup>th</sup> ed. Philadelphia, PA: Elsevier; 2018.

InterQual<sup>®</sup> Level of Care (LOC): Acute Adult and Level of Care (LOC): Acute Pediatric.

Medicare Benefit Policy Manual. Chapter 6 -20.5-Outpatient Observation Services. Rev. 10541, 12-31-20.

## Guideline History/Revision Information

Date	Summary of Changes
11/01/2023	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MMG191.A</li></ul>

## Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.