

Hospital Services: Observation and Inpatient (for North Carolina Only)

Policy Number: CSNCT0356.04
Effective Date: December 1, 2025

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
References	1
Policy History/Revision Information	1
Instructions for Use	1

Related Policy
<ul style="list-style-type: none"> Elective Inpatient Services (for North Carolina Only)

Application

This Medical Policy only applies to the state of North Carolina.

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.](#)

Outpatient Hospital Observation Status

Refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Facility Services: 2A-1, Acute Inpatient Hospital Services](#) for additional information.

References

InterQual® Level of Care (LOC): Acute Adult and Level of Care (LOC): Acute Pediatric.

North Carolina Medicaid, Division of Health Benefits, Facility Services Clinical Coverage Policies, No: 2A-1. Available at: <https://medicaid.ncdhhs.gov/2a-1-acute-inpatient-hospital-services/download?attachment>. Accessed July 23, 2025.

Policy History/Revision Information

Date	Summary of Changes
12/01/2025	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version CSNCT0356.03

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to

modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies 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.