

Hospital Services: Observation and Inpatient (for Ohio Only)

Policy Number: CS0356OH.C
Effective Date: December 1, 2025

[➔ Instructions for Use](#)

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

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

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.](#)

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

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| <ul style="list-style-type: none"> • Abdominal pain • Allergic reaction (generalized) • Altered mental status (confusion) • Anemia • Asthma • Atrial fibrillation • Back pain • Bronchiolitis • Bronchitis • Cellulitis • Chest pain | <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease • Croup • Dehydration • Diabetes mellitus • Epistaxis • Febrile illness • Gastroenteritis • Heart failure • Hemoptysis • Migraine | <ul style="list-style-type: none"> • Pneumonia • Poisoning/toxic ingestions • Renal colic, kidney stone • Seizures • Syncope and collapse • Transient ischemic attack (TIA) • Urinary tract infection • Vaginal bleeding (non-obstetrical) • Weakness |
|---|--|--|

If the individual'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, individuals, or individuals' 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

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

Observation medicine and clinical decision units (overview). Rosen's Emergency Medicine. 10th ed. Philadelphia, PA: Elsevier; June 13, 2022.

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed June 17, 2025.

Policy History/Revision Information

Date	Summary of Changes
12/01/2025	<p data-bbox="337 485 613 514">Coverage Rationale</p> <ul data-bbox="337 520 1477 793" style="list-style-type: none"><li data-bbox="337 520 1477 583">• Removed language indicating observation services are considered medically necessary for a member who requires the following care in any location within a hospital:<ul data-bbox="386 583 1396 793" style="list-style-type: none"><li data-bbox="386 583 1396 646">○ Short-term monitoring for a condition that is expected to require at least 6 hours of assessment or treatment and improve significantly within 24-48 hours; and<li data-bbox="386 646 1396 793">○ At least one of the following:<ul data-bbox="435 667 1461 793" style="list-style-type: none"><li data-bbox="435 667 893 697">▪ Acute treatment and reassessment<li data-bbox="435 697 1461 760">▪ Event monitoring (e.g., cardiac dysrhythmia) or response to therapy (e.g., from drug ingestion) that may require immediate intervention<li data-bbox="435 760 1071 793">▪ Diagnostic evaluation to establish a treatment plan <p data-bbox="337 800 662 829">Supporting Information</p> <ul data-bbox="337 835 933 865" style="list-style-type: none"><li data-bbox="337 835 933 865">• Archived previous policy version CS0356OH.B

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) 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 uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review 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.