

Hospital Services: Observation and Inpatient (for Pennsylvania Only)

Policy Number: CS356PA.D
Effective Date: December 1, 2025

[➔ Instructions for Use](#)

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Related Policy

- [Elective Inpatient Services \(for Pennsylvania Only\)](#)

Application

This Medical Policy only applies to the state of Pennsylvania. Any requests for services, that do not meet criteria set in the PARP, will be evaluated on a case by case basis. Refer to [Pennsylvania Exceptions, Pennsylvania Code, Title 55, Chapter 1101](#).

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):

- | | | |
|-------------------------------------|---|--------------------------------------|
| • 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 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.

Pennsylvania Code and Bulletin, Title 55, Chapter 1101.31. Scope, Retrieved from:

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1101/s1101.31.html&d=reduce>.

Accessed June 30, 2025.

Policy History/Revision Information

Date	Summary of Changes
12/01/2025	<p data-bbox="337 510 613 541">Coverage Rationale</p> <ul data-bbox="337 541 1477 819" style="list-style-type: none"><li data-bbox="337 541 1477 604">• 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="386 604 1396 819" style="list-style-type: none"><li data-bbox="386 604 1396 667">○ 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="386 667 1396 819">○ At least one of the following:<ul data-bbox="435 667 1461 819" style="list-style-type: none"><li data-bbox="435 667 893 699">▪ Acute treatment and reassessment<li data-bbox="435 699 1461 762">▪ Event monitoring (e.g., cardiac dysrhythmia) or response to therapy (e.g., from drug ingestion) that may require immediate intervention<li data-bbox="435 762 1071 819">▪ Diagnostic evaluation to establish a treatment plan <p data-bbox="337 819 665 850">Supporting Information</p> <ul data-bbox="337 850 909 886" style="list-style-type: none"><li data-bbox="337 850 909 886">• Archived previous policy version CS356PA.C

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.