

# Hospital Services: Observation and Inpatient (for Mississippi Only)

**Policy Number:** CS356MS.B  
**Effective Date:** December 1, 2023

[Instructions for Use](#)

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| <ul style="list-style-type: none"> <li><a href="#">Elective Inpatient Services</a></li> </ul> |

## Application

This Medical Policy only applies to the state of Mississippi.

## Coverage Rationale

### Mississippi CAN (Coordinated Access Network)

For medical necessity clinical coverage criteria for hospital services, refer to the [Mississippi Administrative Code Part 202: Hospital Services](#).

### Mississippi CHIP (Children’s Health Insurance Program)

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 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                  | • Altered mental status (confusion) | • Asthma              |
| • Allergic reaction (generalized) | • Anemia                            | • Atrial fibrillation |

- Back pain
- Bronchiolitis
- Bronchitis
- Cellulitis
- Chest pain
- Chronic obstructive pulmonary disease
- Croup
- Dehydration
- Diabetes mellitus
- Epistaxis
- Febrile illness
- Gastroenteritis
- Heart failure
- Hemoptysis
- Migraine
- 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 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® 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.

Mississippi Division of Medicaid Administrative Code: Title 23: Medicaid Part 202. Hospital Services. Available at: <https://medicaid.ms.gov/wp-content/uploads/2022/05/Title-23-Part-202-Hospital-Services-05.01.22.pdf>. Accessed August 3, 2023.

## Policy History/Revision Information

| Date       | Summary of Changes   |
|------------|--|
| 12/01/2023 | <p><b>Coverage Rationale</b></p> <p><b>Mississippi Children’s Health Insurance Program (CHIP)</b></p> <ul style="list-style-type: none"> <li>• Revised list of conditions and symptoms often managed at an observation level of care; added “anemia”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Updated the <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version CS356MS.A</li> </ul> |

## 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. 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.