

Observation Services

Policy Number: ADMINISTRATIVE 287.1 TO
Effective Date: May 1, 2021

[Instructions for Use](#)

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Related Policies
None

Coverage Rationale

Observation services are considered medically necessary for an individual who requires the following in any location within a hospital:

- Short-term monitoring that is not expected to exceed 24 hours but would generally be no longer than 48 hours and
- Acute treatment and reassessment are required or
- Monitoring of an event (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

Observation services are considered medically necessary when they meet the criteria above and include one of the following conditions (list is not all-inclusive):

- | | | |
|-------------------------------------|---------------------|--------------------------------------|
| • Abdominal pain | • Chest pain | • Migraine |
| • Allergic reaction (generalized) | • Croup | • Poisoning/Toxic ingestions |
| • Altered mental status (confusion) | • Dehydration | • Renal colic, kidney stone |
| • Asthma | • Diabetes mellitus | • Seizures |
| • Back pain | • Epistaxis | • Syncope |
| • Bronchiolitis | • Febrile illness | • Transient ischemic attack (TIA) |
| • Bronchitis | • Gastroenteritis | • Urinary tract infection |
| • Cellulitis | • Hemoptysis | • Vaginal bleeding (non-obstetrical) |

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

Note: This policy does not apply to obstetric conditions.

Prior Authorization Requirements

No referral or prior authorization is required.

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [*URG 18.01*]

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

GINA Report, Global Strategy for Asthma Management and Prevention. 2020

InterQual® Criteria 2020 Release. Level of Care Adult and Level of Care Pediatric.

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

Southerland LT, Vargas AJ, Nagaraj L, et al. An emergency department observation unit is a feasible setting for multidisciplinary geriatric assessments in compliance with the Geriatric Emergency Department Guidelines. Academic Emergency Medicine 2018;25(1):76-82.

Sun BC, McCreath H, Liang LJ, et al. Randomized clinical trial of an emergency department observation syncope protocol versus routine inpatient admission. Ann Emerg Med. 2014 Aug;64(2):167-75.

Wheatley MA, Ross MA. Care of Neurologic Conditions in an Observation Unit. Emerg Med Clin North Am. 2017 Aug;35(3):603-623.

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<ul style="list-style-type: none">New Clinical Policy

Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford 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 policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical 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.