

Hospital Services: Observation and Inpatient (for Kansas Only)

Policy Number: CS356KS.02

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 Kansas Only)

Application

This Medical Policy only applies to the state of Kansas.

Coverage Rationale

For medical necessity clinical coverage criteria for Observation Services, refer to the [Kansas Medical Assistance Program Hospital Fee-for-Service Provider Manual](#).

References

Kansas Medical Assistance Program Hospital Fee-for-Service Provider Manual. Available at: https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Hospital_25136_25098.pdf. Accessed July 22, 2025.

Policy History/Revision Information

Date	Summary of Changes
12/01/2025	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced coverage guidelines with instruction to refer to the <i>Kansas Medical Assistance Program Hospital Fee-for-Service Manual</i> for medical necessity clinical coverage criteria <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version CS356KS.01

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 uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does

not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. 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.