

# UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: August 2023

Click the document title in the table below to view a complete copy of the updated policy.

## Benefit Interpretation Policy Updates

Updated			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Hospital Services (Inpatient and Outpatient)	Sep. 1, 2023	California	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>Updated reference link to <i>California Code of Regulations Title 28 Section 1300.67(b)</i></li> </ul> <p><b>Covered Benefits</b></p> <p><b>Inpatient and Outpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Services/Complications Related to Non-Covered Services</i> for complications of non-covered services requiring medically necessary treatment</li> </ul> <p><b>Not Covered</b></p> <p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational procedures, items, and treatments</li> </ul> <p><b>Outpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational treatment on an outpatient basis</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Removed <i>Definitions</i> section</li> </ul>
		Oklahoma	<p><b>Federal/State Mandated Regulations</b></p> <p><b>Inpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>Update reference link to <i>Oklahoma Administrative Code Section 365:40-5-20</i></li> </ul> <p><b>Covered Benefits</b></p> <p><b>Inpatient and Outpatient Hospital Services</b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Services/Complications Related to Non-Covered Services</i> for complications of non-covered services requiring medically necessary treatment</li> </ul>

Updated			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Hospital Services (Inpatient and Outpatient) (continued)	Sep. 1, 2023	Oklahoma (continued)	<p><b>Not Covered</b></p> <p><b><i>Inpatient Hospital Services</i></b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational procedures, items, and treatments</li> </ul> <p><b><i>Outpatient Hospital Services</i></b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational treatment on an outpatient basis</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Removed <i>Definitions</i> section</li> </ul>
		Oregon, Texas, & Washington	<p><b>Covered Benefits</b></p> <p><b><i>Inpatient and Outpatient Hospital Services</i></b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Services/Complications Related to Non-Covered Services</i> for complications of non-covered services requiring medically necessary treatment</li> </ul> <p><b>Not Covered</b></p> <p><b><i>Inpatient Hospital Services</i></b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational procedures, items, and treatments</li> </ul> <p><b><i>Outpatient Hospital Services</i></b></p> <ul style="list-style-type: none"> <li>Added reference link to the Benefit Interpretation Policy titled <i>Experimental and Investigational Services</i> for experimental/investigational treatment on an outpatient basis</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Removed <i>Definitions</i> section</li> </ul>

## General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

**Note:** The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare West Benefit Interpretation Policy updates. Where information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

## Policy Update Classifications

### *New*

A new policy detailing applicable federal/state mandated regulations, state market plan enhancements and/or benefit coverage guidelines has been adopted for a health service (e.g., test, drug, device or procedure)

### *Updated*

An existing policy has been reviewed and no changes have been made to the applicable federal/state mandated regulations, state market plan enhancements, and/or benefit coverage guidelines; however, supporting information such as definitions and reference links may have been updated

### *Revised*

An existing policy has been reviewed and revisions have been made to the applicable federal/state mandated regulations, state market plan enhancements and/or benefit coverage guidelines

### *Replaced*

An existing policy has been replaced with a new or different policy

### *Retired*

An existing policy has been retired due to lack of federal/state mandated regulations or state market plan enhancements and/or benefit plan changes



The complete library of UnitedHealthcare West Benefit Interpretation Policies is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Benefit Interpretation Policies](#).