



# *UnitedHealthcare West* **Benefit Interpretation Policy Update Bulletin: January 2023**

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## Benefit Interpretation Policy Updates

Revised			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Autism Spectrum Disorder	Feb. 1, 2023	California	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Pervasive Developmental Disorder and Autism Spectrum Disorder</i></li> </ul> <p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>Added reference link to <i>California Health and Safety Code Section 1374.72</i></li> </ul> <p><b>State Market Plan Enhancements</b></p> <ul style="list-style-type: none"> <li>Replaced reference to “<i>Pervasive Developmental Disorder or Autism</i>” with “<i>Autism Spectrum Disorder</i>”</li> </ul> <p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>Replaced references to “<i>Pervasive Developmental Disorder or Autism</i>” with “<i>Autism Spectrum Disorder</i>”</li> <li>Removed instruction to refer to the behavioral health supplement to [the] <i>Combined Evidence of Coverage and Disclosure Form</i> for a description of coverage of mental health care services for the diagnosis and treatment of Severe Mental Illness (SMI) and Serious Emotional Disturbances of a Child (SED)</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>Updated definition of: <ul style="list-style-type: none"> <li>Network Qualified Autism Service Paraprofessional</li> <li>Network Qualified Autism Service Professional</li> <li>Network Qualified Autism Service Provider</li> <li>Non-Physician Health Care Practitioners</li> </ul> </li> </ul>
		Oregon	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Pervasive Developmental Disorder and Autism Spectrum Disorder</i></li> </ul> <p><b>Covered Benefits and Not Covered</b></p> <ul style="list-style-type: none"> <li>Replaced reference(s) to “<i>Autism Spectrum Disorder/Pervasive Developmental Disorder</i>” with “<i>Autism Spectrum Disorder</i>”</li> </ul>
Emergency and Urgent Services	Feb. 1, 2023	California	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>Added language pertaining to <i>No Surprises Act, Federal Register, Requirements Related to Surprise Billing, Part I</i></li> <li>Updated reference link to <i>California Code of Regulations Title 28, Section 1300.67.01</i></li> </ul>

## Benefit Interpretation Policy Updates

Revised			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Emergency and Urgent Services (continued)	Feb. 1, 2023	California (continued)	<p><b>State Market Plan Enhancements</b></p> <ul style="list-style-type: none"> <li>Removed language indicating:               <ul style="list-style-type: none"> <li>For UnitedHealthcare Benefits Plan of Non-Network Providers, providers may not balance bill members for Emergency Health Care Services</li> <li>For Emergency Health Care Services, members are only required to pay the copayment amount specified in their schedule of benefits</li> </ul> </li> </ul>
		Oklahoma, Texas, & Washington	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>Added language pertaining to <i>No Surprises Act, Federal Register, Requirements Related to Surprise Billing, Part I</i></li> </ul>
		Oregon	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>Added language pertaining to <i>No Surprises Act, Federal Register, Requirements Related to Surprise Billing, Part I</i></li> <li>Updated language pertaining to <i>Oregon Revised Statute Section 743A.012</i></li> </ul> <p><b>State Market Plan Enhancements</b></p> <p><b><i>Emergency Health Care Services</i></b></p> <ul style="list-style-type: none"> <li>Removed instruction to refer to the <i>Federal/State Mandated Regulations</i> section [of the policy] for more information regarding “Emergency Medical Condition”</li> <li>Added language to indicate an Emergency Health Care Service, with respect to an Emergency, is a medical screening exam (as required under section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency, and further medical exam and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, as are required under section 1867 of the Social Security Act</li> </ul> <p><b><i>Urgently Needed Services</i></b></p> <ul style="list-style-type: none"> <li>Revised language to indicate urgently needed services are covered health care services that are provided when the member's network medical group is temporarily unavailable or inaccessible:               <ul style="list-style-type: none"> <li>This includes when the member is temporarily absent from the geographic area served by their network medical group</li> <li>These services must be medically necessary and cannot be delayed because of an unforeseen illness, injury, or condition</li> </ul> </li> </ul>

## Benefit Interpretation Policy Updates

Revised			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Pervasive Developmental Disorder and Autism Spectrum Disorder	Feb. 1, 2023	Oklahoma	<b>Federal/State Mandated Regulations</b> <ul style="list-style-type: none"> <li>Revised language pertaining to <i>Oklahoma Statute Title 36, Section 6060.21</i></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. When 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 Benefit Interpretation Policies is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Benefit Interpretation Policies](#).