

UnitedHealthcare® Community Plan Medical Policy

Out-of-State Services (for North Carolina Only)

Related Policies

None

Policy Number: CSNC.MP.052.05 Effective Date: July 1, 2025

Ü Instructions for Use

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Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the <u>North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy</u>, Facility Services: 2A-3, Out-of-State Services.

References

North Carolina Medicaid and Health Choice, Out-of-State Services (OOS) Clinical Coverage Policy, No: 2A-3. https://medicaid.ncdhhs.gov/2a-3-out-state-services-0/download?attachment. Accessed May 14, 2025.

Policy History/Revision Information

Date	Summary of Changes		
07/01/2025	Rout	ine review; no change to coverage guidelines	
	Archi	ved previous policy version CSNC.MP.52.04	

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. 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.