



UnitedHealthcare West Benefit Interpretation Policy Update Bulletin: November 2021

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Benefit Interpretation Policy Updates

Policy Title	Applicable State(s)	Status	Effective Date
Chemotherapy	California	Updated	Dec. 1, 2021
Dental Care and Oral Surgery	California	Revised	Dec. 1, 2021
	Oklahoma, Oregon, Texas, & Washington		
Diagnostic and Therapeutic Radiology Services	California	Updated	Nov. 1, 2021
	Oklahoma, Oregon, Texas, & Washingtonmp		
Gender Dysphoria (Gender Identity Disorder) Treatment	Washington	Revised	Dec. 1, 2021
Pain Management	California	Revised	Dec. 1, 2021
Parenteral Nutrition Therapy	Oklahoma	Revised	Dec. 1, 2021

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 > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Benefit Interpretation Policies](#).