



UnitedHealthcare West **Benefit Interpretation Policy Update Bulletin: September 2024**

In This Issue

Benefit Interpretation Policy Updates

Page

Revised

- Biofeedback – Effective Oct. 1, 2024 2
- Home Health Care – Effective Oct. 1, 2024 3

Benefit Interpretation Policy Updates

Revised			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Biofeedback	Oct. 1, 2024	California	<p>Covered Benefits</p> <ul style="list-style-type: none"> Revised language to indicate medically necessary biofeedback is covered for members with organic neuromuscular impairment when provided as part of an authorized treatment plan for the following conditions: <ul style="list-style-type: none"> Urinary incontinence Fecal incontinence or constipation Dysfunctional Voiding Syndrome with urinary retention in children <p>Not Covered</p> <ul style="list-style-type: none"> Replaced language indicating “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy] <i>including use of home biofeedback therapy</i>” with “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy]”
		Oklahoma, Texas, & Washington	<p>Covered Benefits</p> <p><i>Oklahoma, Texas, and Washington</i></p> <ul style="list-style-type: none"> Revised language to indicate medically necessary biofeedback is covered for members with organic neuromuscular impairment when provided as part of an authorized treatment plan for the treatment of: <ul style="list-style-type: none"> Urinary incontinence Fecal incontinence or constipation Dysfunctional Voiding Syndrome with urinary retention in children <p>Not Covered</p> <ul style="list-style-type: none"> Replaced language indicating “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy] <i>including use of home biofeedback therapy</i>” with “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy]”
		Oregon	<p>Not Covered</p> <ul style="list-style-type: none"> Replaced language indicating “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy] <i>including use of home biofeedback therapy</i>” with “biofeedback services are not covered for conditions other than those listed in the <i>State Market Plan Enhancements</i> and <i>Covered Benefits</i> sections [of the policy]”

Benefit Interpretation Policy Updates

Revised			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Home Health Care	Oct. 1, 2024	California	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Revised list of covered services: <ul style="list-style-type: none"> ○ Removed: <ul style="list-style-type: none"> ▪ Intramuscular injections (e.g., antibiotics) ▪ Subcutaneous injections other than self-administered medications (e.g., insulin) ▪ Insertion of catheters ▪ Extensive decubiti care (stage III or stage IV) aseptic or sterile dressing changes to open wound ▪ Pre-assessment visit in anticipation of home health care visits ▪ Phototherapy for neonatal hyperbilirubinemia ○ Replaced “home health aide services when medically necessary to the member’s illness or injury <i>when provided by trained individuals and ordered along with skilled nursing and/or therapy visits</i>” with “home health aide services when medically necessary to the member’s illness or injury” • Added language to clarify <i>UnitedHealthcare, in consultation with the member’s network medical group</i>, will determine if benefits are available by reviewing both the skilled nature of the service and the need for physician-directed medical management <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services; replaced “transportation services (e.g., Dial-a-Ride)” with “<i>non-emergency, non-authorized</i> transportation services (e.g., Dial-a-Ride, <i>private vehicle, or taxi fare</i>)” <p>Supporting Information</p> <ul style="list-style-type: none"> • Removed <i>Definitions</i> and <i>References</i> sections
		Oklahoma, Oregon, Texas, & Washington	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Revised list of covered services: <ul style="list-style-type: none"> ○ Added “skilled nursing visits” ○ Removed: <ul style="list-style-type: none"> ▪ Intramuscular injections (e.g., antibiotics) ▪ Subcutaneous injections other than self-administered medications (e.g., insulin) ▪ Insertion of catheters ▪ Extensive decubiti care (stage III or stage IV) aseptic or sterile dressing changes to open wound ▪ Pre-assessment visit in anticipation of home health care visits ▪ Phototherapy for neonatal hyperbilirubinemia ○ Replaced “home health aide services that provide supportive care in the home when medically necessary to the member’s illness or injury <i>when provided by trained persons</i>”

Benefit Interpretation Policy Updates

Revised			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Home Health Care (continued)	Oct. 1, 2024	Oklahoma, Oregon, Texas, & Washington (continued)	<p><i>and ordered along with skilled nursing and/or therapy visits</i>” with “home health aide services that provide supportive care in the home when medically necessary to the member’s illness or injury”</p> <p>Not Covered</p> <ul style="list-style-type: none"> Revised list of non-covered services; replaced “transportation services (e.g., Dial-a-Ride)” with “<i>non-emergency, non-authorized</i> transportation services (e.g., Dial-a-Ride, <i>private vehicle, or taxi fare</i>)” <p>Supporting Information</p> <ul style="list-style-type: none"> Removed <i>Definitions</i> and <i>References</i> sections

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 Medical Management Guideline Update Bulletin was developed to share important information regarding changes to our Medical Policies and Medical Benefit Drug Policies. 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, state market plan enhancements, and/or benefit plan changes



The complete library of UnitedHealthcare West Benefit Interpretation Policies is available at UHCprovider.com/policies > For Commercial Plans > [UnitedHealthcare West Benefit Interpretation Policies](#).