

UnitedHealthcare West Medical Management Guideline Update Bulletin Quick View: November 2024



A list of recently approved, revised, and/or retired Medical Management Guidelines is provided below for your reference. For a comprehensive summary of the latest updates, refer to the [Medical Management Guideline Update Bulletin: November 2024](#).

Take Note

UnitedHealthcare West to Use UnitedHealthcare Commercial Medical & Drug Policies

Effective **Jan. 1, 2025**, UnitedHealthcare West will utilize the UnitedHealthcare Commercial Medical & Drug Policies and corresponding update bulletins at UHCprovider.com/policies > [For Commercial Plans](#) > [Medical & Drug Policies](#); we will no longer maintain UnitedHealthcare West plan-specific Medical Management Guidelines. Unless otherwise announced, there will be no change to clinical guidelines as a result of this consolidation.

Update: Medical Records Documentation Used for Reviews

Effective **Jan. 1, 2025**, the list of *Required Clinical Information/Documentation Requirements* will be removed from applicable policies and replaced with an instruction to refer to the protocol titled [Medical Records Documentation Used for Reviews](#) for related information. Unless otherwise announced, there will be no change to the requirements as a result of this update. Refer to the [Medical Management Guideline Update Bulletin: November 2024](#) for a list of impacted policies.

Medical Management Guidelines Updates

Policy Title	Status	Effective Date
Ambulance Services	New	Jan. 1, 2025
Beds and Mattresses	New	Jan. 1, 2025
Computed Tomographic Colonography	Retired	Nov. 1, 2024
Corneal Collagen Cross-Linking	Retired	Nov. 1, 2024
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	New	Jan. 1, 2025
Hyperbaric Oxygen Therapy and Topical Oxygen Therapy	New	Jan. 1, 2025
Infertility Diagnosis, Treatment, and Fertility Preservation	New	Jan. 1, 2025
Inhaled Nitric Oxide Therapy	Updated	Nov. 1, 2024
Intensive Behavioral Therapy for Autism Spectrum Disorder	Retired	Nov. 1, 2024
Lower Extremity Prosthetics	New	Jan. 1, 2025
Mobility Devices, Options, and Accessories	New	Jan. 1, 2025
Patient Lifts	New	Jan. 1, 2025
Pediatric Gait Trainers and Standing Systems	New	Jan. 1, 2025
Private Duty Nursing Services	New	Jan. 1, 2025
Provider Administered Drugs – Site of Care	Retired	Nov. 1, 2024
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	New	Jan. 1, 2025
Speech Generating Devices	New	Jan. 1, 2025
Surgery of the Shoulder	Updated	Nov. 1, 2024
Upper Extremity Prosthetic Devices	New	Jan. 1, 2025

Policy Title	Status	Effective Date
Walkers	New	Jan. 1, 2025

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 UnitedHealthcare West Medical Management Guidelines. 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

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device, or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

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

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare West Medical Management Guidelines is available at UHCprovider.com/policies > For Commercial Plans > [UnitedHealthcare West Medical Management Guidelines](#).