United Healthcare Medicare Advantage

Effective Date: November 1, 2026

Medical Records Documentation Used for Reviews: Medicare Advantage Plans

These guidelines list medical records documentation used and which may be required, when applicable for reviews. This content is developed using the clinical criteria in UnitedHealthcare medical policies in conjunction with the guidance provided by UnitedHealthcare physicians and pharmacists with experience in reviewing service requests for coverage. This medical record documentation content was developed in an effort to decrease the need for repeated requests for additional information and to improve turnaround time for coverage decisions.

We reserve the right to request more information, if necessary. Medical record documentation content used for case review(s) may vary among UnitedHealthcare Medicare Advantage benefit plans.

This content is provided for reference purposes only and may not include all services. Listing of a service in these guidelines does not imply that it is a covered or non-covered health service. Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

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Click a category from the ***Table of Contents*** to jump to the applicable section of these guidelines.

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Table of Contents

Click a service category below to jump to the applicable section of this document.

Pain Management - Interventional Pain Injections..3
Joint Procedures - Total Hip Arthroplasty.....3
Joint Procedures - Total Knee Arthroplasty..... 4

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Service	Medical Records Used for Reviews
Pain Management - Interventional Pain Injections	Medical notes documenting the following, when applicable: 1. Requested procedure codes 2. Diagnosis code(s) of the condition or concern targeted by the requested service 3. Body part or region being treated, including laterality (left, right, or bilateral) 4. Include the number of spine levels being treated and their location 5. Relevant symptoms, duration, frequency, and severity 6. Functional impairment, related to the condition targeted by requested service, and interference with ADLs. 7. Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools 8. Comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each 9. Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed 10. Relevant injection history related to the target condition for which the service is requested; include results of prior injections (e.g., % pain relief and duration) 11. Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response 12. List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use 13. Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS) 14. Physical examination and relevant findings 15. Indicate whether the requested service is diagnostic, therapeutic, or both 16. If a medial branch block or a facet injection is the requested service, provide a plan for a radiofrequency (RFA) joint denervation procedure 17. Provide plan of imaging guidance (e.g., fluoroscopy, ultrasound, CT) 18. Clinician post-procedure treatment plan, including comprehensive rehabilitation program
Joint Procedures - Total Hip Arthroplasty	Medical notes documenting the following, when applicable: 1. Requested procedure codes 2. Body part being treated; include laterality if relevant (left, right, or bilateral) 3. Diagnosis codes of the condition or concern targeted by requested service 4. Functional impairment, related to the condition targeted by requested service, and interference with ADLs 5. Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools, if any tools are listed below 6. Comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each 7. Nicotine history and status, including nicotine cessation, if applicable (e.g., smoking pack year history) 8. Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response 9. List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use 10. Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS) 11. Results of relevant tests (e.g., laboratory studies, tests, procedures). 12. Physical examination and relevant findings

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Service	Medical Records Used for Reviews
	13. Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes 14. Reason for revision or removal, including indication 15. For revision or removal, provide treatment plan
Joint Procedures - Total Knee Arthroplasty	Medical notes documenting the following, when applicable: 1. Requested procedure codes 2. Body part being treated; include laterality if relevant (left, right, or bilateral) 3. Diagnosis code(s) of the condition or concern targeted by the requested service 4. Functional impairment, related to the condition targeted by requested service, and interference with ADLs 5. Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools 6. Comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each. 7. Nicotine history and status, including nicotine cessation, if applicable (e.g. smoking pack year history) 8. Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response 9. List of medications (OTC and Rx) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use 10. Imaging reports (e.g., x-rays, CT, MRI, nuclear scans): include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS) 11. Results of relevant tests (e.g., laboratory studies, tests, procedures) 12. Physical examination and relevant findings 13. Specific plan, including the type of implant and/or graft and pre- and post-service care to optimize outcomes 14. Reason for revision or removal, including indication 15. For revision or removal, provide treatment plan

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