

# Veteran's Administration (VA)

**Policy Number:** BIP189.O  
**Effective Date:** February 1, 2026

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li>• <a href="#">Emergency and Urgent Services</a></li> <li>• <a href="#">Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care</a></li> </ul>

## Federal/State Mandated Regulations

### 38 U.S. Code Section 1729, Recovery by the United States of the Cost of Certain Care and Services

[38 USC 1729: Recovery by the United States of the cost of certain care and services \(house.gov\)](#)

- (a) (1) Subject to the provisions of this section, in any case in which the United States is required by law to furnish or pay for care or services under this chapter for a non-service-connected disability described in paragraph (2) of this subsection, the United States has the right to recover or collect from a third party the reasonable charges of care or services so furnished or paid for to the extent that the recipient or provider of the care or services would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished or paid for by a department or agency of the United States.
- (2) Paragraph (1) of this subsection applies to a non-service-connected disability:
- (E) For which care and services are furnished under this chapter to a veteran who-
- (i) Has a service-connected disability; and
  - (ii) Is entitled to care (or payment of the expenses of care) under a health-plan contract.

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

- The ER/urgent criteria and nearest facility must be reviewed to determine coverage.
  - **Emergency Services**  
UnitedHealthcare will cover emergency and out-of-area Urgently needed care provided by a VA facility in accordance with the member's emergency services benefits (such services are considered to be out of network). When stable for transfer, the member must be transferred to a contracted UnitedHealthcare facility for continued care.

**Note:** Refer to the Benefit Interpretation Policy titled [Emergency and Urgent Services](#).

- For members who are VA eligible (i.e., veterans, retired military personnel, and eligible dependents):
  - **Emergency Services**  
UnitedHealthcare will cover emergency, out-of-area urgent services provided by a VA or other government medical facilities, in accordance with the member's emergency services benefits.
  - **Skilled Nursing Facility (SNF) Care**  
Continued SNF care is covered when the member exhausts his/her VA SNF benefit and when both of the following are met:
    - Criteria for SNF care are met.
    - The skilled level determination is made by the member's network medical group or UnitedHealthcare and the care is directed, furnished, and authorized by the member's PCP, network medical group, or UnitedHealthcare.

**Note:** VA SNF days (that are authorized and paid by VA) do not count against the UnitedHealthcare SNF benefit. Members who exhaust the UnitedHealthcare SNF benefit may qualify for continued SNF coverage through VA.

Refer to the Benefit Interpretation Policies titled [Emergency and Urgent Services](#) and [Skilled Nursing Facility \(SNF\): Skilled Nursing Facility \(SNF\) Care](#).

## Not Covered

- Coverage for service-related (service-connected) services.  
Examples include but are not limited to military service-related post-traumatic stress disorder (PTSD) treatment, Gulf War syndrome, treatments for Agent Orange.
- Non-emergency services, urgent services in area, or non-urgent (routine services) unless the services are authorized and directed by the member's network medical group or UnitedHealthcare.
- Post-stabilization emergency services when the member may have been safely transferred to the member's network medical group hospital had the member's network medical group or UnitedHealthcare been contacted.
- Services that are not emergent or out-of-area urgent services and are obtained in a VA facility by UnitedHealthcare members who are VA eligible. The VA may provide services that are not authorized or directed by the member's network medical group or UnitedHealthcare.  
(Example: Member routinely self-directs and receives out-patient lab or x-ray services at a VA facility.)
- Services that are self-directed by the member or the member's family that could have been safely provided by the member's network medical group.  
(Example: The member or member's family transfers the member from a UnitedHealthcare participating emergency room to a VA facility for further care.)

## Policy History/Revision Information

Date	Summary of Changes
02/01/2026	<ul style="list-style-type: none"> <li>• Routine review; no change to coverage guidelines</li> <li>• Archived previous policy version BIP189.N</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.