

Veteran's Administration (VA)

Policy Number: BIP189.K
Effective Date: March 1, 2022

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies

- [Emergency and Urgent Services](#)
- [Skilled Nursing Facility SNF: Skilled Nursing Facility SNF Care](#)

Federal/State Mandated Regulations

38 U.S. Code §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 a veteran is furnished 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 reasonable charges for such care or services (as determined by the Secretary) from a third party to the extent that the veteran (or the 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 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 the definitions of 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

- 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.
- 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.
- 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
- 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 the UnitedHealthcare participating Emergency Room to a VA facility for further care.

Definitions

Emergency Services: Refer to *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections of the Benefit Interpretation Policy titled [Emergency and Urgent Services](#) for state-specific definition.

Urgent Services: Refer to *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections of the Benefit Interpretation Policy titled [Emergency and Urgent Services](#) for state-specific definition.

Policy History/Revision Information

Date	Summary of Changes
03/01/2022	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> • Revised language pertaining to <i>38 U.S. Code §1729: Recovery by the United States of the Cost of Certain Care and Services</i> <p>Covered Benefits</p> <p>Skilled Nursing Facility (SNF) Care</p> <ul style="list-style-type: none"> • Replaced language indicating “the skilled level determination is made by the member's <i>UnitedHealthcare physician or the UnitedHealthcare Medical Director</i> and the care is directed, furnished and authorized by the member's <i>PMG/IPA</i> or UnitedHealthcare” with “the skilled level

Date	Summary of Changes
	<p>determination is made by the member's <i>Network Medical Group</i> or UnitedHealthcare and the care is directed, furnished and authorized by the member's <i>PCP, Network Medical Group, or UnitedHealthcare</i>"</p> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version BIP189.J

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.