

## UnitedHealthcare West

# Benefit Interpretation Policy Update Bulletin: March 2023

## Benefit Interpretation Policy Updates

Click the document title in the table below to view a complete copy of the updated policy.

Updated			
Policy Title	Effective Date	Applicable State(s)	Summary of Changes
Gender Dysphoria (Gender Identity Disorder) Treatment (for California Only)	Mar. 1, 2023	California	<b>Title Change/Template Update</b> <ul style="list-style-type: none"> <li>● Previously titled <i>Gender Dysphoria (Gender Identity Disorder) Treatment</i></li> <li>● Transferred content to shared policy template that applies to: <ul style="list-style-type: none"> <li>○ UnitedHealthcare West plans: <ul style="list-style-type: none"> <li>▪ UnitedHealthcare of California (HMO)</li> <li>▪ UnitedHealthcare Benefits Plan of California (EPO/POS)</li> <li>▪ UnitedHealthcare Insurance Company (California)</li> </ul> </li> <li>○ UnitedHealthcare Commercial fully-insured group plans</li> </ul> </li> </ul>
Gender Dysphoria (Gender Identity Disorder) Treatment (for Washington Only)	Mar. 1, 2023	Washington	<b>Title Change/Template Update</b> <ul style="list-style-type: none"> <li>● Previously titled <i>Gender Dysphoria (Gender Identity Disorder) Treatment</i></li> <li>● Transferred content to shared policy template that applies to: <ul style="list-style-type: none"> <li>○ UnitedHealthcare West plans (UnitedHealthcare of Washington, Inc.)</li> <li>○ UnitedHealthcare Commercial fully-insured group plans</li> <li>○ UnitedHealthcare Individual Exchange fully-insured group plans</li> </ul> </li> </ul>

## 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 Policy Update Bulletin was developed to share important information regarding UnitedHealthcare West Benefit Interpretation Policy updates. Where 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 or state market plan enhancements and/or benefit plan changes



The complete library of Benefit Interpretation Policies for UnitedHealthcare West is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [UnitedHealthcare West Benefit Interpretation Policies](#).