Steps to locate current Coverage Determination Guidelines (CDGs)

Go to www.uhcprovider.com

Select Policies and Protocols

Select Commercial Policies

Additional Resources
- Clinical Guidelines
- Dental Clinical Policies and Coverage Guidelines
- Lab Benefit Management Program Information
- Protocols

Hospital Outpatient Facility Reimbursement Policies
- Hospital Outpatient Radiology Services Rebundling Reimbursement Policy - Commercial and UnitedHealthcare Community Plan: This policy describes the rebundling edits applied by UnitedHealthcare to determine reimbursement for the technical component of hospital outpatient radiology services contracted under the UnitedHealthcare Facility Outpatient Radiology Fee Schedule.
- Hospital Outpatient Laboratory and Pathology Services Rebundling Reimbursement Policy - Commercial and UnitedHealthcare Community Plan: This policy describes reimbursement for hospital outpatient laboratory and pathology services reimbursed according to the UnitedHealthcare Facility Laboratory and Pathology Fee Schedule.
Steps to locate current Coverage Determination Guidelines (CDGs)

Selection Medical & Drug Policies and Coverage Determination Guidelines for United Healthcare Commercial Plans

Commercial Policies

These policies apply to United-healthcare Commercial benefit plans.

Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans

Reimbursement Policies for UnitedHealthcare Commercial Plans

More UnitedHealthcare Commercial Policies and Clinical Guidelines:
- Clinical Guidelines
- Dental Clinical Policies and Coverage Guidelines

UnitedHealthcare Affiliates Commercial Policies:
- UnitedHealthcare® Oxford Clinical, Administrative and Reimbursement Policies
- UnitedHealthcare® West Benefit Interpretation Policies
- UnitedHealthcare® West Medical Management Guidelines

GEHA (Government-Employee Health Association) coverage policies, administered by United-healthcare, are available at geha.com.
Steps to locate current Coverage Determination Guidelines (CDGs)

It will pull up all the CDG’s in alphabetical order. Select Refine Results.

UnitedHealthcare Commercial Medical & Drug Policies and Coverage Determination Guidelines

The Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, Quality of Care Guidelines, Utilization Review Guidelines and corresponding update bulletins for UnitedHealthcare Commercial plans are listed below.

Click the "**" sign to view more information.

Quick Tip: Embedded Document Files in Policy PDFs

Many of our policies include embedded documents within the PDFs to help provide you with the best information possible. To open an embedded document please save a copy of the policy PDF to your local desktop then double-click on the embedded document icon to open.

Medical Policy Update Bulletins

Current Policies & Guidelines

View Clinical Practice Guidelines

Refine Results

Filter through lots of information with little effort by clicking this button.

17-Alpha-Hydroxyprogesterone Caproate (Makena™ and 17P) – Commercial Medical Benefit Drug Policy

Last Modified 07.01.2014
Steps to locate current Coverage Determination Guidelines (CDGs)

Type in the coverage determination guidelines you are looking for.

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Medical Policy Update Bulletins

Current Policies & Guidelines

View Clinical Practice Guidelines
Steps to locate current Coverage Determination Guidelines (CDGs)

For example, type in “Gender” for “Gender Dysphoria Treatment” or type in “Preventive” to locate “Preventive Care Services.” This will open the most current document.

Current Policies & Guidelines

[View Clinical Practice Guidelines]

Preventive Care Services – Commercial Coverage Determination Guideline

Last Modified 01.01.2019

Effective Date: 01.01.2019 – This policy addresses preventive care services.

Current Policies & Guidelines

[View Clinical Practice Guidelines]

Gender Dysphoria Treatment – Commercial Medical Policy

Last Modified 11.01.2018

Effective Date: 11.01.2018 – This policy addresses gender dysphoria treatment, including gender reassignment surgery and certain ancillary procedures.