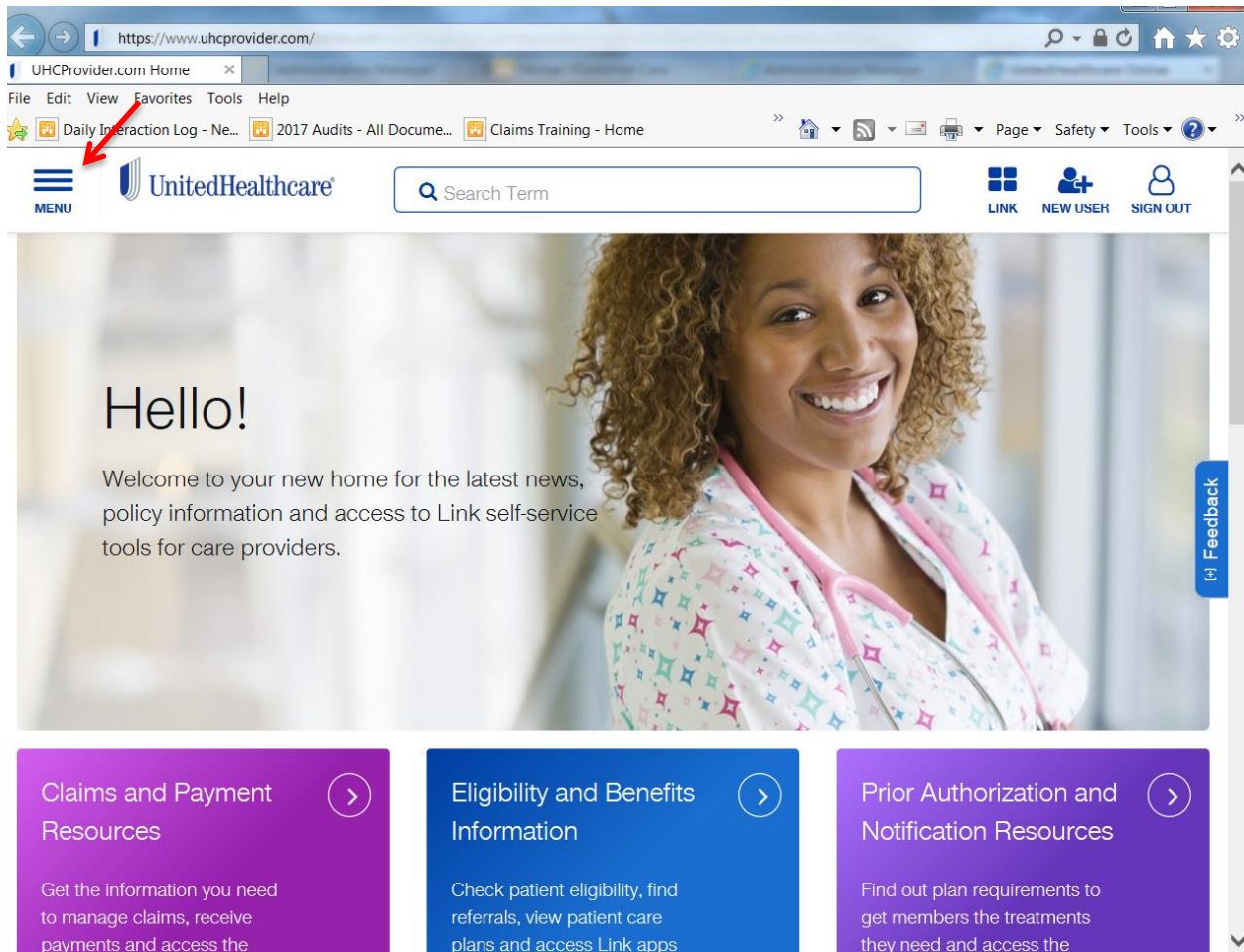


Steps to locate current Coverage Determination Guidelines (CDGs)

Go to www.uhcprovider.com

Click on the menu at the top left hand corner of the page.



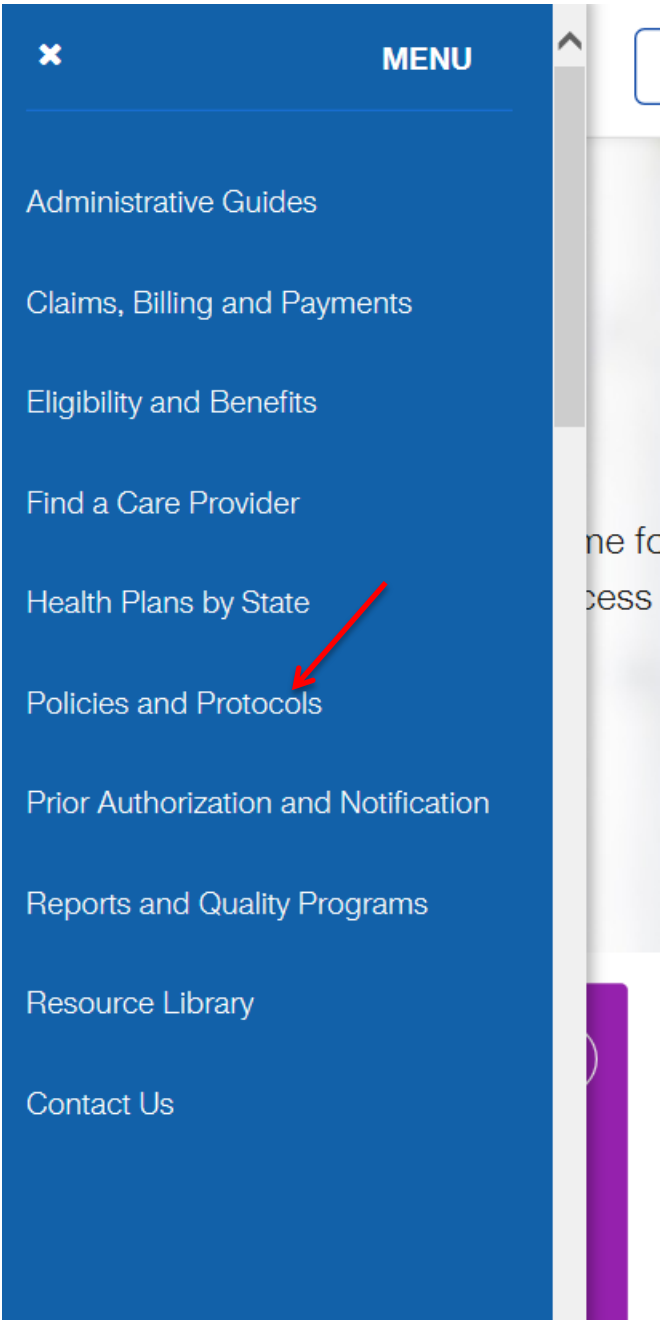
The screenshot shows a web browser window with the URL <https://www.uhcprovider.com/>. The browser's address bar and tabs are visible at the top. The website's header includes the UnitedHealthcare logo, a search bar, and navigation links for LINK, NEW USER, and SIGN OUT. A red arrow points to the 'MENU' icon in the top left corner. Below the header is a large banner image of a smiling healthcare professional with a stethoscope. The main content area features three purple and blue boxes with the following text:

- Claims and Payment Resources**
Get the information you need to manage claims, receive payments and access the
- Eligibility and Benefits Information**
Check patient eligibility, find referrals, view patient care plans and access Link apps
- Prior Authorization and Notification Resources**
Find out plan requirements to get members the treatments they need and access the

A vertical 'Feedback' button is located on the right side of the page.

Steps to locate current Coverage Determination Guidelines (CDGs)

Select policies and protocols from the menu



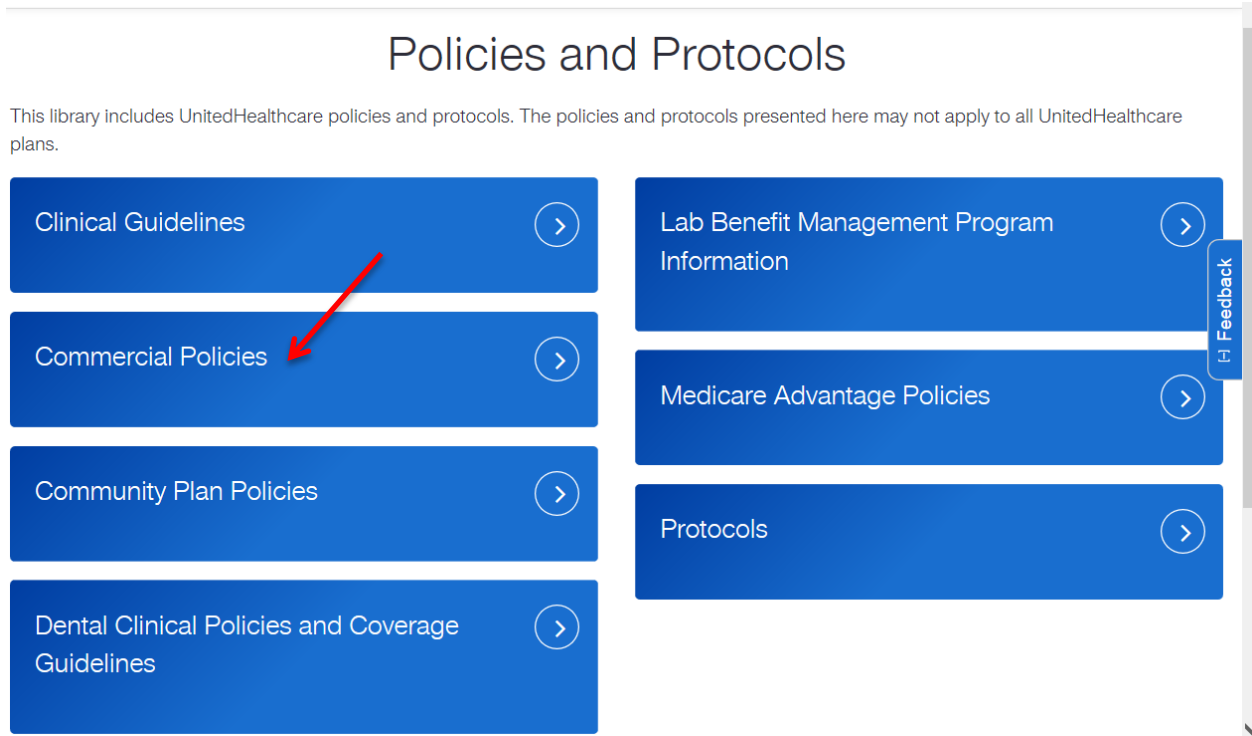
Steps to locate current Coverage Determination Guidelines (CDGs)

Select Commercial Policies

Policies and Protocols

This library includes UnitedHealthcare policies and protocols. The policies and protocols presented here may not apply to all UnitedHealthcare plans.

- Clinical Guidelines
- Commercial Policies
- Community Plan Policies
- Dental Clinical Policies and Coverage Guidelines
- Lab Benefit Management Program Information
- Medicare Advantage Policies
- Protocols



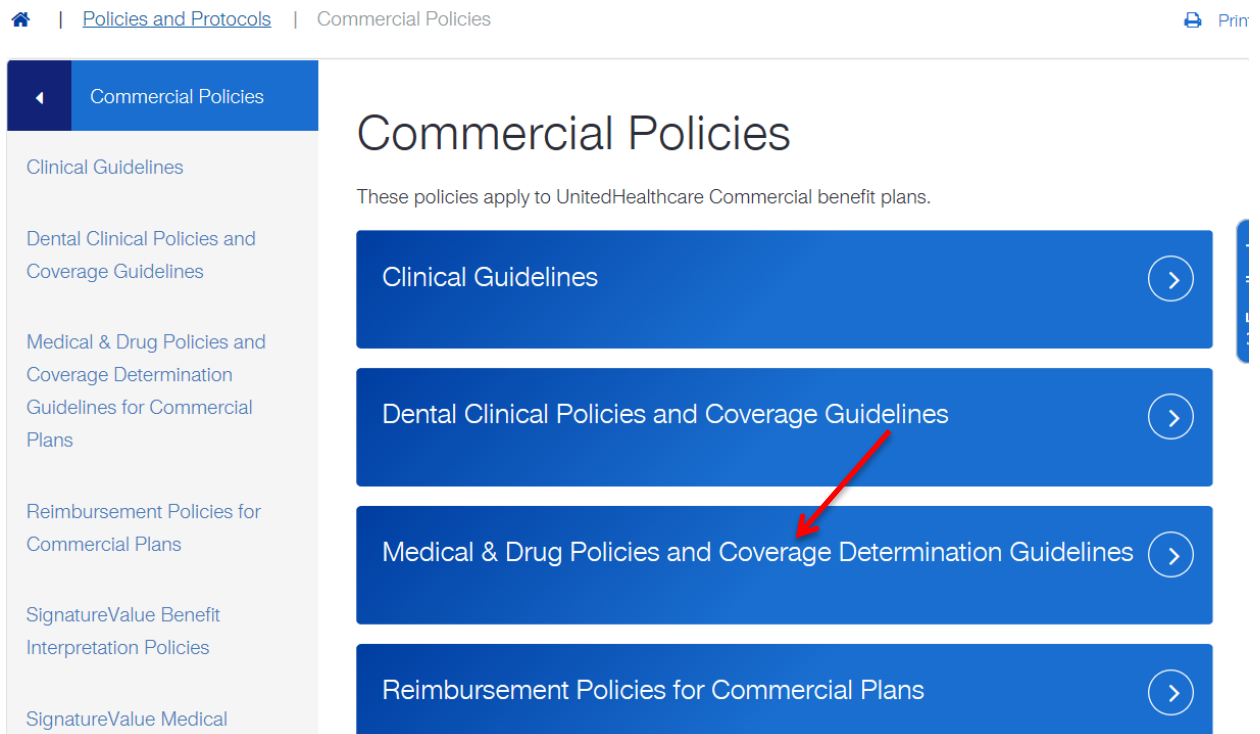
Selection Medical & Drug Policies and Coverage Determination Guidelines

Home | Policies and Protocols | Commercial Policies Print

Commercial Policies

These policies apply to UnitedHealthcare Commercial benefit plans.

- Clinical Guidelines
- Dental Clinical Policies and Coverage Guidelines
- Medical & Drug Policies and Coverage Determination Guidelines
- Reimbursement Policies for Commercial Plans



Steps to locate current Coverage Determination Guidelines (CDGs)

Scroll down and click on the "I Agree".

Commercial Medical & Drug Policies and Coverage Determination Guidelines Terms and Conditions

Please read the terms and conditions below carefully.

UnitedHealthcare has developed Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines to assist us in administering health benefits. These policies and guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Our Medical Policies and Medical Benefit Drug Policies express our determination of whether a health service (e.g., test, drug, device or procedure) is proven to be effective based on the published clinical evidence. They are also used to decide whether a given health service is medically necessary. Services determined to be experimental, investigational, unproven, or not medically necessary by the clinical evidence are typically not covered

Coverage Determination Guidelines are used to determine whether a service falls within a benefit category or is excluded from coverage. Coverage Determination Guidelines may address such matters as whether services are skilled versus custodial, or reconstructive versus cosmetic.

Benefit coverage for health services is determined by the member specific benefit plan document, such as a Certificate of Coverage, Schedule of Benefits, or Summary Plan Description, and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the

Medical Policies, Medical Benefit Drug Policies and Coverage Determination Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. The information presented in these policies and guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Additionally, UnitedHealthcare may use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

UnitedHealthcare's Medical Policies, Medical Benefit Drug Policies, and Coverage Determination Guidelines do not include notations regarding prior authorization requirements. [View the services that are subject to notification/prior authorization requirements.](#)

Medical Policies, Medical Benefit Drug Policies and Coverage Determination Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited. The MCG™ Care Guidelines are proprietary to MCG™ and are not published on this website.

By clicking "I Agree," you agree to be bound by the terms and conditions expressed herein, in addition to our Site Use Agreement.

Steps to locate current Coverage Determination Guidelines (CDGs)

It will pull up all the CDG's in alphabetical order. Scroll down to locate the CDG you need. For example, scroll down to "P" to locate "Preventive Care Services" or "G" to locate "Gender Dysphoria Treatment." Click on the title and it will open the most current document.

Home | Policies and Protocols | Commercial Policies Print

Medical & Drug Policies and Coverage Determination Guidelines for Commercial Plans

Commercial Policies

- Clinical Guidelines
- Dental Clinical Policies and Coverage Guidelines
- Medical & Drug Policies and Coverage Determination Guidelines for Commercial Plans**
- Reimbursement Policies for Commercial Plans
- SignatureValue Benefit Interpretation Policies

Commercial Medical & Drug Policies and Coverage Determination Guidelines

The Medical Policy Update Bulletins, Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, Quality of Care Guidelines, and Utilization Review Guidelines for UnitedHealthcare Commercial plans are listed below. Click the "+" sign to view more information.

Medical Policy Update Bulletins +

Current Policies & Guidelines

SORT BY / ▼

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

[Gender Dysphoria Treatment – Commercial Medical Policy](#)
Last Modified 08.01.2017
Effective Date: 01.01.2017 – This policy addresses gender dysphoria treatment, including gender reassignment surgery and certain ancillary procedures.

[Preventive Care Services – Commercial Coverage Determination Guideline](#)
Last Modified 08.01.2017
Effective Date: 07.01.2017 – This policy addresses preventive care services.