

UnitedHealthcare Oxford Policy Update Bulletin: August 2021

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Take Note

Clinical Policy Implementation Delay

Implementation of the revisions to the Clinical Policy titled Xolair® (Omalizumab), previously announced for an effective date of Aug. 1, 2021, has been postponed until Oct. 1, 2021.

Implementation of the new Clinical Policies titled Fertility Preservation for Iatrogenic Infertility and Preimplantation Genetic Testing (PGT) and Related Services, previously announced for an effective date of Jul. 1, 2021, has been postponed until Jan. 1, 2022.

Clinical Policy Updates

Policy Title	Status	Effective Date
Actemra® (Tocilizumab) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Brineura® (Cerliponase Alfa)	Updated	Aug. 1, 2021
Cell-Free Fetal DNA Testing	Updated	Aug. 1, 2021
Cimzia® (Certolizumab Pegol)*	Revised	Sep. 1, 2021
Drug Coverage Criteria: New and Therapeutic Equivalent Medications	Revised	Sep. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Evenity (Romosozumab-Aqqg) 	Revised	Aug. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Actemra (Tocilizumab): Sq. Injection • Actimmune (Interferon Gamma-1b) • Adcirca (Tadalafil) (Brand Only) • Adempas (Riociguat) • Aimovig (Erenumab-Aooe) • Ajovy (Fremanezumab-Vfrm) • Alunbrig (Brigatinib) • Arcalyst (Rilonacept) • Brexafemme (Ibrexafungerp) • Bronchitol (Mannitol) • Bryhali 0.01% (Halobetasol Propionate) • Cimzia (Certolizumab Pegol) • Continuous Glucose Monitor • Cordran 0.05% Ointment (Flurandrenolide) • Cosentyx (Secukinumab) • Depakote (Divalproex Sodium) • Depakote ER (Divalproex Sodium Extended Release) • Dupixent (Dupilumab) • Emgality (Galcanezumab-Gnlm) 	Revised	Sep. 1, 2021

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> ● Emgality (100mg Only) (Galcanezumab-Gnlm) ● Enbrel (Etanercept) ● Exforge HCT (Amlodipine, Hydrochlorothiazide and Valsartan) ● Exjade (Brand Only) (Deferasirox) ● Fasentra Pen (Benralizumab) ● Felbatol (Felbamate) ● Ferriprox (Deferiprone) ● Fetzima (Levomilnacipran) ● Gilotrif (Afatinib) ● Humira (Adalimumab) ● Humira (Adalimumab)10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml, 80 mg/0.8 ml Strengths Only ● Ilumya (Tildrakizumab-Asmn) ● Jadenu (Deferasirox) ● Keppra (Levetiracetam): Tablet ● Keppra XR (Levetiracetam Extended Release [XR]) ● Kevzara (Sarilumab) ● Klisyri (Tirbanibuli) ● Kloxxado (Naloxone Hydrochloride) ● Lamictal (Lamotrigine) ● Lamictal ODT (Lamotrigine Orally Disintegrating Tablet) (Brand and Generic) ● Lamictal XR (Lamotrigine Extended Release) (Brand and Generic) ● Lamotrigine XR ● Letairis (Ambrisentan) (Brand Only) ● Lyrica (Pregabalin) (Brand Only) ● Lyrica CR (Pregabalin) ● Mektovi (Binimetinib) ● Mysoline (Primidone) ● Neurontin (Gabapentin) ● Nucala (Auto-Injector & Prefilled Syringe) (Mepolizumab) ● Nucala (Mepolizumab) ● Nurtec ODT (Rimegepant) ● Olumiant (Baricitinib) ● Onfi (Clobazam) ● Opsumit (Macitentan) ● Orenzia (Abatacept): Sq. Injection ● Orenitram (Trepstinil) ● Orgovyx (Relugolix) ● Oxtellar XR (Oxcarbazepine Extended Release) ● Palynziq (Pegvaliase-Pqpz) ● Pemazyre (Pemigatinib) ● Praluent (Alirocumab) ● Qudexy XR (Topiramate) (Brand and Authorized Generic) ● Repatha (Evolocumab) ● Revatio (Sildenafil Citrate) 10mg/ml ● Reyvow (Lasmiditan) ● Rinvoq (Upadacitinib) ● Rydapt (Midostaurin) ● Sabril Powder Pack (Vigabatrin) ● Samsca (Tolvaptan) ● Siliq (Brodalumab) ● Simponi (Golimumab): Sq. Injection ● Skyrizi (Risankizumab-Rzaa) ● Sorilux (Calcipotriene) ● Spritam (Levetiracetam) ● Stelara (Ustekinumab): Sub-Cutaneous Injection 		

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> ● Stendra (Avanafil) ● Stivarga (Regorafenib) ● Strensiq (Asfotase Alfa) ● Taltz (Ixekezumab) ● Tasmar (Tolcapone) (Brand) ● Tibsovo (Ivosidenib) ● Topamax (Topiramate) ● Tracleer (Bosentan) ● Tremfya (Guselkumab) ● Trileptal (Oxcarbazepine) ● Trintellix (Vortioxetine) ● Trokendi XR (Topiramate) ● Tyvaso (Treprostinil) ● Ubrelvy (Ubrogepant) ● Upravi (Selexipag) ● Ventavis (Iloprost) ● Verquvo (Vericiguat) ● Vraylar (Cariprazine) ● Wakix (Pitolisant) ● Winlevi (Clascoterone Cream 1%) ● Xeljanz (Tofacitinib) ● Xeljanz (Tofacitinib) ● Xeljanz (Tofacitinib) XR ● Xolair (Omalizumab) (Prefilled Syringe) ● Zejula (Niraparib) ● Zonegran (Zonisamide) ● Zykadia (Ceritinib) 		
Epidural Steroid Injections for Spinal Pain	Updated	Oct. 1, 2021
Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable	Updated	Aug. 1, 2021
Implanted Spinal Drug Delivery Systems	New	Oct. 1, 2021
Intensity-Modulated Radiation Therapy	New	Nov. 1, 2021
Intrauterine Fetal Surgery	Revised	Sep. 1, 2021
Liposuction for Lipedema	New	Oct. 1, 2021
Obstructive and Central Sleep Apnea Treatment	Revised	Oct. 1, 2021
Omnibus Codes	Revised	Oct. 1, 2021
Onpattro® (Patisiran)	Updated	Aug. 1, 2021
Orencia® (Abatacept) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Percutaneous Neuroablation for Severe Cancer Pain and Trigeminal Neuralgia	New	Nov. 1, 2021
Plagiocephaly and Craniosynostosis Treatment	Updated	Aug. 1, 2021
Prolotherapy and Platelet Rich Plasma Therapies	Updated	Aug. 1, 2021
Prostate Surgeries and Interventions	New	Oct. 1, 2021
Proton Beam Radiation Therapy	New	Nov. 1, 2021
Provider Administered Drugs – Site of Care	Revised	Oct. 1, 2021
Radiation Therapy: Fractionation, Image-Guidance, and Special Services	New	Nov. 1, 2021
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Sep. 1, 2021
Sacroiliac Joint Injections	New	Oct. 1, 2021
Simponi Aria® (Golimumab) Injection for Intravenous Infusion*	Revised	Sep. 1, 2021
Stelara® (Ustekinumab)*	Revised	Sep. 1, 2021
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	New	Nov. 1, 2021

Policy Title	Status	Effective Date
Surgery of the Ankle	New	Nov. 1, 2021
Surgery of the Foot	Revised	Sep. 1, 2021
Surgery of the Hand or Wrist	New	Nov. 1, 2021
Surgery of the Shoulder	Revised	Sep. 1, 2021
Sympathetic Blockade	New	Nov. 1, 2021
White Blood Cell Colony Stimulating Factors	Revised	Sep. 1, 2021

*Updated Aug. 3, 2021: Corrected summary of changes; refer to the detailed version of the bulletin for complete details

Administrative Policy Updates

Policy Title	Status	Effective Date
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements	Revised	Sep. 1, 2021
Emergency Room Visits (Including Coverage for Members Outside of the United States)	Revised	Sep. 1, 2021

Reimbursement Policy Updates

Policy Title	Status	Effective Date
Add-On Policy	Revised	Sep. 1, 2021
Advanced Practice Health Care Provider	Revised	Aug. 1, 2021
Anesthesia (CES)	Updated	Aug. 1, 2021
Assistant-at-Surgery	Updated	Aug. 1, 2021
B Bundle Codes	Updated	Aug. 1, 2021
B Bundle Codes (CES)	Updated	Aug. 1, 2021
Bilateral Procedures	Updated	Aug. 1, 2021
Bilateral Procedures (CES)	Updated	Aug. 1, 2021
Durable Medical Equipment, Orthotics and Prosthetics	Revised	Aug. 1, 2021
Durable Medical Equipment, Orthotics and Prosthetics (CES)	Revised	Aug. 1, 2021
From - To Date Policy	Revised	Aug. 1, 2021
Inpatient Unacceptable Principal Diagnosis	New	Aug. 1, 2021
Maximum Frequency Per Day	Updated	Jul. 12, 2021
Maximum Frequency Per Day	Updated	Aug. 1, 2021
Maximum Frequency Per Day (CES)	Updated	Jul. 12, 2021
Maximum Frequency Per Day (CES)	Updated	Aug. 1, 2021
Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services	Updated	Jul. 12, 2021
Professional/Technical Component (CES)	Updated	Jul. 12, 2021
Services Incident-To a Supervising Health Care Provider	Revised	Aug. 1, 2021
Supply Policy	Updated	Jul. 12, 2021

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare Oxford® is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare Oxford® 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 Oxford® reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare Oxford® 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 Oxford® Clinical, Administrative, and Reimbursement Policy updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare Oxford® follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Oxford® Medical and Administrative Policies is available at OxfordHealth.com > Providers > Tools & Resources > Medical Information > [Medical and Administrative Policies](#) or at UHCprovider.com > Policies and Protocols > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#). Refer to the back of the member's health care ID card for the applicable website.