

UnitedHealthcare Oxford Policy Update Bulletin: May 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](#).

Clinical Policy Updates

| Policy Title | Status | Effective Date |
|--|---------|----------------|
| Airway Clearance Devices | Revised | May 1, 2021 |
| Antiemetics for Oncology | New | Aug. 1, 2021 |
| Attended Polysomnography for Evaluation of Sleep Disorders | Revised | May 1, 2021 |
| Cardiology Procedures Requiring Prior Authorization for eviCore healthcare Arrangement | Revised | May 1, 2021 |
| Cell-Free Fetal DNA Testing | Revised | Jul. 1, 2021 |
| Chromosome Microarray Testing (Non-Oncology Conditions) | Updated | Jun. 1, 2021 |
| Clinical Trials | Updated | May 1, 2021 |
| Deep Brain and Cortical Stimulation | Revised | May 1, 2021 |
| Denosumab (Prolia® & Xgeva®) | Revised | Aug. 1, 2021 |
| Drug Coverage Criteria – New and Therapeutic Equivalent Medications | Revised | Jun. 1, 2021 |
| Drug Coverage Guidelines <ul style="list-style-type: none"> • Evkeeza (Evinacumab-dgnb) | Revised | May 1, 2021 |
| Drug Coverage Guidelines <ul style="list-style-type: none"> • Actonel (Risedronate Sodium) (Brand Only) • Amicar (Aminocaproic Acid) (Brand Only) • Arazlo (Tazarotene) • Aromasin (Exemestane) (Brand Only) • Atacand (Candesartan Cilexetil) (Brand Only) • Avapro (Irbesartan) (Brand Only) • Bethkis (Tobramycin) (Brand Only) • Bronchitol (Mannitol) • Cabometyx (Cabozantinib) • Capecitabine (Generic Xeloda) • Carafate (Sucralfate) (Brand Only) • Chantix (Varenicline Tartrate) • Cinryze (C1 Esterase Inhibitor (Human)) • Cozaar (Losartan) (Brand Only) • Doral (Quazepam) • Doxepin Cream • Elidel (Pimecrolimus) (Brand Only) • Estrace Vaginal Cream (Estradiol Vaginal Cream) (Brand Only) • Estradiol (Generic Estrace Cream 0.01%) • Fareston (Toremifene) (Brand Only) • Frova (Frovatriptan Succinate) (Brand Only) • Haegarda [C1 Esterase Inhibitor Subcutaneous (Human)] | Revised | Jun. 1, 2021 |

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|---|--------|----------------|
| <ul style="list-style-type: none"> • Halog Cream (Halcinonide Cream) (Brand Only) • Jadenu Granule, Tablet (Deferasirox) (Brand Only) • Jakafi (Ruxolitinib) • Kineret (Anakinra) • Kuvan (Sapropterin Dihydrochloride) (Brand Only) • Lithobid (Lithium Carbonate) • Lotrel (Amlodipine Besylate And Benazepril Hydrochloride) (Brand Only) • Mekinist (Trametinib) • Niacor (Niacin) • Nicotrol Inhaler (Nicotine) • Nicotrol NS (Nicotine) • Nitisinone Capsules (Generic Orfadin) • Nityr (Nitisinone) • Norco (Hydrocodone Bitartrate and Acetaminophen) (Brand Only) • Nucala (Auto-Injector & Prefilled Syringe) (Mepolizumab) • Nucala (Mepolizumab) • Orfadin Capsules and Suspension (Nitisinone) (Brand Only) • Orladeyo (Berotralstat) • Otezla (Apremilast) • Paxil CR Paroxetine Hydrochloride) (Brand Only) • Phexxi Vaginal Gel (Lactic Acid, Citric Acid and Potassium Bitartrate) • Prevacid Solutab (Lansoprazole) (Brand Only) • Proair HFA (Albuterol Sulfate) (Brand Only) • Proair Respiclick (Albuterol Sulfate) • Proventil HFA (Albuterol Sulfate) (Brand Only) • Prudoxin (Doxepin) • Relafen (Nabumetone) (Brand Only) • Revatio Suspension (Sildenafil) (Brand Only) • Riabni (Rituximab-Arrx) • Riomet ((Metformin Hydrochloride) (Brand Only) • Roxicodone (Oxycodone Hydrochloride) (Brand Only) • Seasonique (Levonorgestrel, Ethinyl Estradiol) (Brand Only) • Sensipar (Cinacalcet) (Brand Only) • Sprycel (Dasatinib) • Sutab (Sodium Sulfate/Magnesium Sulfate/Potassium Chloride) • Sutent (Sunitinib Malate) • Syprine (Trientine Hydrochloride) (Brand Only) • Tafinlar (Dabrafenib) • Takhzyro (Lanadelumab-Flyo) • Tarceva (Erlotinib) (Brand Only) • Tazverik (Tazemetostat) • Temodar Capsules (Temozolomide) (Brand Only) • Travatan Z ((Travoprost) (Brand Only) • Trientine (Generic Syprine) • Trikafta (Elexacaftor/ Tezacaftor/Ivacaftor) • Uroxatral (Alfuzosin HCL) (Brand Only) • Varubi (Rolapitant) • Vascepa (Icosapent Ethyl) • Vascepa 0.5 Gram Only (Icosapent Ethyl) • Ventolin HFA (Albuterol Sulfate) • Viberzi (Eluxadoline) • Wakix (Pitolisant) • Xeloda (Capecitabine) (Brand Only) • Xolair (Omalizumab) (Prefilled Syringe) • Zelboraf (Vemurafenib) • Zokinvy (Lonafarnib) | | |

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|---|---------|----------------|
| <ul style="list-style-type: none"> Zomig (Zolmitriptan) (Nasal Spray) (Brand Only) Zomig Tablets (Zolmitriptan) (Brand Only) Zonalon (Doxepin) Zonalon (Doxepin Hydrochloride) (Brand Only) Zortress (Everolimus) (Brand Only) | | |
| Drug Coverage Guidelines <ul style="list-style-type: none"> Zileuton Extended-Release (Generic Zyflo CR) Zyflo (Zileuton) (Brand Only) | Revised | Sep. 1, 2021 |
| Evkeeza™ (Evinacumab-dgnb) | New | May 1, 2021 |
| Fertility Preservation for Iatrogenic Infertility | New | Jul. 1, 2021 |
| Home Hemodialysis | Updated | May 1, 2021 |
| Immune Globulin – Site of Care | Updated | Jun. 1, 2021 |
| Observation Care | Retired | May 1, 2021 |
| Obstructive Sleep Apnea Treatment | Revised | May 1, 2021 |
| Oncology Medication Clinical Coverage | Revised | Aug. 1, 2021 |
| Otoacoustic Emissions Testing | Revised | Jul. 1, 2021 |
| Pectus Deformity Repair | Revised | May 1, 2021 |
| Pharmacogenetic Testing | Updated | May 1, 2021 |
| Preimplantation Genetic Testing (PGT) and Related Services | New | Jul. 1, 2021 |
| Provider Administered Drugs – Site of Care | Updated | Jun. 1, 2021 |
| Spravato® (Esketamine) | Revised | Jun. 1, 2021 |
| Surgery of the Elbow | Revised | Jul. 1, 2021 |
| Surgery of the Knee | Revised | Jul. 1, 2021 |
| Surgery of the Shoulder | Revised | Jul. 1, 2021 |
| Surgical Treatment for Spine Pain | Revised | May 1, 2021 |
| Total Artificial Disc Replacement for the Spine | Revised | May 1, 2021 |
| White Blood Cell Colony Stimulating Factors | Revised | Aug. 1, 2021 |

Administrative Policy Updates

| Policy Title | Status | Effective Date |
|--------------------------|---------|----------------|
| Diabetes Supply Coverage | Revised | Jun. 1, 2021 |

Reimbursement Policy Updates

| Policy Title | Status | Effective Date |
|--|---------|----------------|
| CCI Editing (CES) | New | Aug. 1, 2021 |
| In-Office Laboratory Testing and Procedures List | Revised | Jun. 1, 2021 |
| Rebundling Policy (CES) | New | Aug. 1, 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.