

UnitedHealthcare Oxford Policy Update Bulletin Quick View: May 2025



A list of recently approved, revised, and/or retired Clinical and/or Administrative Policies is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the [Policy Update Bulletin: May 2025](#).**

Clinical Policy Updates

Policy Title	Status	Effective Date
Cell-Free Fetal DNA Testing	Revised	Jun. 1, 2025
Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements	Updated	May 1, 2025
Enteral Nutrition (Oral and Tube Feeding)	Revised	Jun. 1, 2025
Facet Joint and Medial Branch Block Injections for Spinal Pain	Updated	May 1, 2025
Home Hemodialysis	Updated	May 1, 2025
Mobility Devices, Options, and Accessories	Replaced	May 1, 2025
Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Jun. 1, 2025
Negative Pressure Wound Therapy	Revised	Jul. 1, 2025
Orthognathic (Jaw) Surgery	Updated	May 1, 2025
Otoacoustic Emissions Testing	Updated	May 1, 2025
Patient Lifts	Retired	May 1, 2025
Pediatric Gait Trainers and Standing Systems	Retired	May 1, 2025
Pneumatic Compression Devices	Revised	Jun. 1, 2025
Prostate Surgeries and Interventions	Revised	Jul. 1, 2025
Proton Beam Radiation Therapy	Revised	Jun. 1, 2025
Respiratory Pathogen Nucleic Acid Detection Testing	New	Jun. 1, 2025
Speech Generating Devices	Replaced	May 1, 2025
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Revised	Jul. 1, 2025
Walkers	Updated	Jun. 1, 2025

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 changes to our UnitedHealthcare Oxford® Clinical and Administrative Policies. 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 Clinical and Administrative Policies is available at UHCprovider.com/policies > For Commercial Plans > [UnitedHealthcare Oxford Clinical and Administrative Policies](#).