

UnitedHealthcare Oxford Policy Update Bulletin: November 2020

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

Policy Implementation Delay: Outpatient Hospital Inappropriate Primary Diagnosis Codes (CES)

Implementation of the new Reimbursement Policy titled *Outpatient Hospital Inappropriate Primary Diagnosis Codes (CES)*, previously announced for an effective date of Nov. 1, 2020, has been postponed until further notice.

Clinical Policy Updates

Policy Title	Status	Effective Date
Airway Clearance Devices	Revised	Jan. 1, 2021
Buprenorphine (Probuphine® & Sublocade®)	Updated	Nov. 1, 2020
Cimzia® (Certolizumab Pegol)	Updated	Nov. 1, 2020
Drug Coverage Criteria – New and Therapeutic Equivalent Medications	Revised	Dec. 1, 2020
Drug Coverage Guidelines <ul style="list-style-type: none"> Nyvepria (Pegfilgrastim-Apgf) Viltepso (Viltolarsen) 	Revised	Nov. 1, 2020
Drug Coverage Guidelines <ul style="list-style-type: none"> Benlysta (Belimumab) Caverject (Alprostadil) Cialis (Tadalafil) Conjupri (Levamlodipine) Dayvigo (Lemborexant) Edex (Alprostadil) Eligard (Leuprolide Acetate) Epidiolex (Cannabidiol) Evryssi (Risdiplam) Forteo (Teriparatide) Fintepla (Fenfluramine) Hemophilia Drugs Imbruvica (Ibrutinib) Inlyta (Axitinib) Iressa (Gefitinib) Kisqali Femara Co-Pak (Ribociclib/Letrozole) Lampit (Nifurtimox) Leuprolide Acetate (Subcutaneous) (Eligard), 1mg/0.2ml Levitra (Vardenafil HCl) Lyrice CR (Pregabalin) Metopirone (Metyrapone) Muse (Alprostadil) Natpara (Parathyroid Hormone) 	Revised	Dec. 1, 2020

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> ● Nexletol (Bempedoic Acid) ● Nexlizet (Bempedoic Acid/Ezetimibe) ● Onfi (Clobazam) ● Prenatal Vitamins ● Relafen (Nabumetone) ● Repository Corticotropin Injection (Acthar Gel): Self-Administered ● Retevmo (Selpercatinib) ● Sandostatin (Octreotide Acetate) ● Sandostatin (Brand Only) (Octreotide Acetate) ● Staxyn (Vardenafil) ● Stendra (Avanafil) ● Tabrecta (Capmatinib) ● Tadalafil 2.5 mg and 5 mg (Generic Cialis) ● Tavalisse (Fostamatinib Disodium Hexahydrate) ● Teriparatide Injectable ● Temodar (Temozolomide) ● Test Strips and Meters (Diabetic) ● Viagra (Sildenafil Citrate) ● Viagra (Sildenafil Citrate) (Brand Only) ● Xywav (Calcium, Magnesium, Potassium, and Sodium Oxybates) ● Zydelig (Idelalisib) 		
Electrical and Ultrasound Bone Growth Stimulators	Revised	Jan. 1, 2021
Fecal Calprotectin Testing	Updated	Dec. 1, 2020
Genetic Testing for Hereditary Cancer	Revised	Dec. 1, 2020
Hip Resurfacing and Replacement Surgery (Arthroplasty)	Updated	Nov. 1, 2020
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Revised	Dec. 1, 2020
Knee Replacement Surgery (Arthroplasty), Total and Partial	Updated	Nov. 1, 2020
Krystexxa® (Pegloticase)	Updated	Nov. 1, 2020
Lyme Disease	Revised	Dec. 1, 2020
Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service	Revised	Jan. 1, 2021
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions	Revised	Jan. 1, 2021
Outpatient Surgical Procedures – Site of Service	Revised	Jan. 1, 2021
Panniculectomy and Body Contouring Procedures	Updated	Nov. 1, 2020
Percutaneous Vertebroplasty and Kyphoplasty	Updated	Nov. 1, 2020
Provider Administered Drugs – Site of Care	Revised	Jan. 1, 2021
Shoulder Replacement Surgery (Arthroplasty)	Updated	Nov. 1, 2020
Skin and Soft Tissue Substitutes	Revised	Dec. 1, 2020
Surgical Treatment for Spine Pain	Updated	Nov. 1, 2020
Total Artificial Disc Replacement for the Spine	Updated	Nov. 1, 2020
Total Artificial Heart	Updated	Nov. 1, 2020

Reimbursement Policy Updates

Policy Title	Status	Effective Date
Ambulance	Updated	Nov. 9, 2020
Assistant-at-Surgery	Revised	Dec. 1, 2020
B Bundle Codes	Revised	Nov. 1, 2020

Policy Title	Status	Effective Date
B Bundle Codes (CES)	Revised	Nov. 1, 2020
Consultation Services	Updated	Nov. 1, 2020
Co-Surgeon/Team Surgeon	Updated	Nov. 1, 2020
Co-Surgeon/Team Surgeon (CES)	Updated	Nov. 1, 2020
From - To Date Policy	Updated	Nov. 9, 2020
In-Office Laboratory Testing and Procedures List	Updated	Oct. 14, 2020
Maximum Frequency Per Day	Revised	Nov. 9, 2020
Maximum Frequency Per Day (CES)	Revised	Nov. 9, 2020
Nonphysician Health Care Professionals Billing Evaluation and Management Codes	Revised	Dec. 1, 2020
Outpatient Hospital Observation (CES)	New	Dec. 1, 2020
Preventive Medicine and Screening	Updated	Nov. 9, 2020
Preventive Medicine and Screening (CES)	Updated	Nov. 9, 2020
Supply Policy	Revised	Nov. 9, 2020
Supply Policy	Revised	Dec. 1, 2020

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.