

UnitedHealthcare Oxford Policy Update Bulletin: November 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
Abnormal Uterine Bleeding and Uterine Fibroids	Updated	Dec. 1, 2021
Breast Imaging for Screening and Diagnosing Cancer	Revised	Jan. 1, 2022
Breast Reconstruction Post Mastectomy and Poland Syndrome	Updated	Nov. 1, 2021
Breast Repair/Reconstruction Not Following Mastectomy	Updated	Dec. 1, 2021
Chemosensitivity and Chemoresistance Assays in Cancer	Retired	Nov. 1, 2021
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Revised	Dec. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Jan. 1, 2022
Drug Coverage Criteria: New and Therapeutic Equivalent Medications	Revised	Dec. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Accupril (Brand Only) (Quinapril) • Actigall (Brand Only) (Ursodiol) • Agrylin (Brand Only) (Anagrelide) • Alunbrig (Brigatinib) • Amaryl (Brand Only) (Glimepiride) • Arava (Brand Only) (Leflunomide) • Avinza (Morphine Sulfate Controlled Release) (Generic Only) • Ayvakit (Avapritinib) • Boniva Tablet (Brand Only) (Ibandronate Sodium) • Bylvay (Odevixibat) • Carac (Fluorouracil) 0.5% Cream • Cataflam (Brand Only) (Diclofenac Potassium Immediate-Release) • Chlorpromazine Concentrate (Generic Thorazine): Oral Concentrate • Cordran 0.05% Ointment (Brand Only) (Flurandrenolide) • Diclofenac (Potassium) 25 mg Tablet (Voltaren) • Diflucan (Brand Only) (Fluconazole) • Ditropan XL (Brand Only) (Oxybutynin Extended-Release) • Dolophine (Methadone) (Generic) • Dovonex (Brand Only) (Calcipotriene) • Duragesic (Brand Only) (Fentanyl) (12, 25, 50, 75, 100 mcg/hr Strengths Only) • Duragesic (Generic) (Fentanyl) (12, 25, 50, 75, 100 mcg/hr Strengths Only) • Dyrenium (Brand Only) (Triamterene) • Edecrin (Brand Only) (Ethacrynic Acid) • Emend (Brand Only) (Aprepitant) • Emtricitabine and Tenofovir (Disoproxil Fumarate) (Generic) 200/300mg • Enbrel (Etanercept) • Estrostep FE (Brand Only) (Ethinyl Estradiol and Norethindrone) 	Revised	Dec. 1, 2021

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> ● Exalgo (Hydromorphone Extended Release) (Generic Only) ● Exkivity (Mobocertinib) ● Femhrt (Brand Only) (Norethindrone/Ethinyl Estradiol) ● Fentanyl Transdermal Patch (37.5, 62.5 And 87.5 mcg/hr Strengths Only) ● Hemophilia Drugs ● Hycodan (Brand Only) (Hydrocodone and Homatropine Syrup) ● Hydroxychloroquine 100, 300, 400 mg (Generic Plaquenil) ● Hysingla ER (Hydrocodone Bitartrate Extended Release) ● Imitrex (Sumatriptan) (Brand Only) ● Isordil Titradoso (Brand Only) (Isosorbide Dinitrate) ● Ivermectin Topical (Generic Soolantra) ● Kadian (Morphine Sulfate Extended Release) (Generic Only) ● Kerendia (Finerenone) ● Kerydin (Brand Only) (Tavaborole) ● Kerydin (Generic Only) (Tavaborole) ● Kisqali Femara Co-Pak (Ribociclib/Letrozole) ● Levemir (Insulin Detemir) ● Livmarli (Maralixibat) ● Loestrin 1/20 (Brand Only) (Ethinyl Estradiol and Norethindrone) ● Loestrin 1.5/30 (Brand Only) (Norethindrone/Ethinyl Estradiol) ● Loestrin/FE 1.5/30 (Brand Only) (Ethinyl Estradiol and Norethindrone) ● Lybalvi (Olanzapine and Samidorphan) ● Lyrica CR (Pregabalin) ● Mephyton (Brand Only) (Phytonadione) ● Mircette (Brand Only) (Desogestrel/Ethinyl Estradiol) ● Mobic (Brand Only) (Meloxicam) ● MS Contin (Morphine Sulfate Controlled-Release) (Brand and Generic) ● Myfembree (Relugolix and Estradiol Hemihydrate/Norethindrone) ● Namenda (Brand Only) (Memantine) ● Niaspan (Brand Only) (Niacin Extended-Release) ● Nityr (Nitisinone) ● Nucala (Auto-Injector & Prefilled Syringe) (Mepolizumab) ● Nucala (Vial) (Mepolizumab) ● Nucynta ER (Tapentadol Extended Release) ● Opana ER (Oxymorphone Extended Release) (Generic Only) ● Opzelura Cream (Ruxolitinib) ● Orilissa (Elagolix) ● Oxycontin (Oxycodone Extended Release) (Brand and Generic) (Includes authorized Generic) ● Patanase (Brand Only) (Olopatadine) ● Pravachol (Brand Only) (Pravastatin) ● Procysbi (Cysteamine Bitartrate) ● Proscar (Brand Only) (Finasteride) ● Qelbree (Viloxazine Extended-Release) ● Qulipta (Atogepant) ● Rebif (Interferon Beta-1a) ● Rebif Rebidose (Interferon Beta-1a) ● Remeron Soltab (Brand Only) (Mirtazapine) ● Rezurock (Belumosudil) ● Ritalin (Brand Only) (Methylphenidate) ● Semglee (Insulin Glargine) ● Sublingual Immunotherapy (SLIT) ● Sumatriptan ● Tarka (Brand Only) (Trandolapril/Verapamil) ● Toprol XL (Brand Only) (Metoprolol Succinate) ● Travoprost (Generic Travatan Z) 		

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> Trudhesa (Dihydroergotamine Mesylate) Tykerb (Brand Only) (Lapatinib) Tykerb (Generic Only) (Lapatinib) Urso 250 (Brand Only) (Ursodiol) Urso Forte (Brand Only) (Ursodiol) Weight Loss Xtampza ER (Oxycodone Extended Release) Zohydro ER (Hydrocodone Bitartrate Extended Release) (Brand and Generic) Zolmitriptan (Generic Zomig) Zomig (Zolmitriptan) (Nasal Spray) (Brand Only) 		
Elective Inpatient Services	Updated	Nov. 1, 2021
Eloctate™ [Antihemophilic Factor (Recombinant), FC Fusion Protein] for Connecticut Lines of Business	Revised	Dec. 1, 2021
Genetic Testing for Hereditary Cancer	Revised	Dec. 1, 2021
Infertility Diagnosis and Treatment	Revised	Jan. 1, 2022
Intensity-Modulated Radiation Therapy	New	Nov. 1, 2021
Maximum Dosage and Frequency	Revised	Dec. 1, 2021
Observation Services	Updated	Nov. 1, 2021
Omnibus Codes	Revised	Jan. 1, 2022
Outpatient Surgical Procedures – Site of Service	Revised	Feb. 1, 2022
Oxford's Outpatient Imaging Self-Referral	Updated	Nov. 1, 2021
Pharmacogenetic Testing	Revised	Jan. 1, 2022
Proton Beam Radiation Therapy	New	Nov. 1, 2021
Provider Administered Drugs – Site of Care	Revised	Jan. 1, 2022
Radiation Therapy Procedures Requiring Prior Authorization for eviCore healthcare Arrangement	Retired	Nov. 7, 2021
Radiopharmaceuticals and Contrast Media	Updated	Nov. 1, 2021
Saphnelo™ (Anifrolumab-Fnia)	Revised	Jan. 1, 2022
Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery	New	Nov. 1, 2021
Therapeutic Shoes and Inserts for Diabetes	Retired	Nov. 1, 2021
Total Artificial Disc Replacement for the Spine	Updated	Nov. 1, 2021
Xolair® (Omalizumab)	Revised	Dec. 1, 2021

Administrative Policy Updates

Policy Title	Status	Effective Date
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Revised	Dec. 1, 2021
Member Administrative Grievance & Appeal (Non-UM) Process & Timeframes	Revised	Dec. 1, 2021

Reimbursement Policy Updates

Policy Title	Status	Effective Date
Ambulance	Updated	Oct. 11, 2021
Clinical Laboratory Improvement Amendments (CLIA) ID Requirement (CES)	Updated	Nov. 1, 2021
From - To Date Policy	Updated	Oct. 11, 2021
Maximum Frequency Per Day (CES)	Updated	Oct. 11, 2021

Policy Title	Status	Effective Date
Obstetrical Policy	Updated	Oct. 11, 2021
Outpatient From - To Date Policy	New	Nov. 1, 2021
Outpatient Hospital Add-On Codes Policy (CES)	Revised	Dec. 1, 2021
Outpatient Hospital Observation Policy (CES)	Revised	Dec. 1, 2021
Outpatient Medical Visits (CES)	Revised	Dec. 1, 2021
Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction	Revised	Dec. 1, 2021
Procedure and Place of Service	Updated	Nov. 1, 2021
Professional/Technical Component (CES)	Updated	Nov. 1, 2021
Supply Policy	Updated	Oct. 11, 2021
Supply Policy	Revised	Dec. 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.