UnitedHealthcare®
Oxford

October 2020

policy update bulletin

Medical & Administrative Policy Updates

Take Note

ANNUAL ICD-10 CODE UPDATES

All applicable Clinical, Administrative, and Reimbursement Policies have been modified to reflect the annual ICD-10 code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- Centers for Medicare & Medicaid Services (CMS) International Classification of Diseases, Tenth Revision (ICD-10) Clinical Modification (CM) (Diagnosis) Codes
- Centers for Medicare & Medicaid Services (CMS) International Classification of Diseases, Tenth Revision (ICD-10) Procedure Coding System (PCS) Codes

For the list of impacted policies and corresponding details, click here.

QUARTERLY CPT® AND HCPCS CODE UPDATES

All applicable Clinical, Administrative, and Reimbursement Policies have been modified to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- American Medical Association. Current Procedural Terminology: CPT®
- Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II

For the list of impacted policies and corresponding details, click here.

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.

Policy Title	Status	Effective Date
CLINICAL POLICY		
Cardiology Procedures Requiring Prior Authorization for eviCore healthcare Arrangement	Revised	Jan. 1, 2021
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Revised	Nov. 1, 2020
Clotting Factors, Coagulant Blood Products & Other Hemostatics	Revised	Jan. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris™)	Revised	Nov. 1, 2020
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures	Revised	Nov. 1, 2020
Drug Coverage Criteria – New and Therapeutic Equivalent Medications	Revised	Nov. 1, 2020
Drug Coverage Guidelines • Adzenys XR-ODT (Amphetamine Extended-Release) • Airduo Digihaler (Fluticasone Propionate and Salmeterol) • Alvesco (Ciclesonide) • Apadaz (Brand Only) (Benzhydrocodone/Acetaminophen) • Armonair Digihaler (Fluticasone Propionate) • Arnuity Ellipta (Fluticasone Furoate) • Asmanex HFA (Mometasone) • Asmanex Twisthaler (Mometasone Furoate) • Brompheniramine/Pseudoephedrine/Dextromethorphan	Revised	Nov. 1, 2020

Policy Title	Status	Effective Date
• Cetrotide (Cetrorelix Acetate) • Cystadrops (Cysteamine) • Devices: Aquoral, Atopaderm, Eletone, Entty Spray, Epiceram, Halucort, Hprplus, Hylatopic Plus, Kamdoy Rx, Neocera, Neosalus, Neutrasal, Nutraseb, Promiseb, Promiseb Complete Kit, Salivamax, Synerderm, Tetrix • Dimethyl Fumarate (Generic Tecfidera) • Doptelet (Avatrombopag) • (Emtricitabine and Tenofovir Disoproxil Fumarate) (Generic) 200/300mg • Enspryng • Extina (Ketoconazole) • Flovent Diskus, Flovent HFA (Fluticasone) • Gavreto (Pralsetinib) • Gimoti (Metoclopramide) • Hemady (Dexamethasone) • Hemophilia Drugs • Janumet (Sitagliptin and Metformin Hydrochloride) • Janumet XR (Sitagliptin and Metformin Hydrochloride, Extended Release) • Januvia (Sitagliptin) • Kalydeco (Ivacaftor) • Kesimpta (Ofatumumab) • Koselugo (Selumetinib) • Lonhala Magnair (Glycopyrrolate) • Movantik (Naloxegol) • Mydayis (Dextroampheta-Mineamphetamine Mixed Salts) • Nucala (Auto-Injector & Prefilled Syringe) (Mepolizumab) • Ongentys (Opicapone) • Oriahnn (Elagolix/Estradiol/Norethindrone Acetate) • Piqray (Alpelisib) • Pulmicort Flexhaler (Budesonide) • QVAR Redihaler (Beclomethasone Diproprionate HFA) • Rukobia (Fostemsavir) • Symdeko (Tezacaftor/Ivacaftor) • Synthroid (Brand Only) • Tazarotene 0.1% Cream (Generic Tazorac) • Truvada (Emtricitabine and Tenofovir Disoproxil Fumarate) (Brand) 200/300mg • Xcopri (Cenobamate)		
Electric Tumor Treatment Field Therapy	Revised	Dec. 1, 2020
Eloctate™ [Antihemophilic Factor (Recombinant), FC Fusion Protein] for Connecticut Lines of Business	Updated	Nov. 1, 2020
Enzyme Replacement Therapy	Revised	Nov. 1, 2020
Erythropoiesis-Stimulating Agents	Revised	Nov. 1, 2020
Gender Dysphoria Treatment	Revised	Nov. 1, 2020
Genetic Testing for Hereditary Cancer	Revised	Dec. 1, 2020
Genitourinary Pathogen Nucleic Acid Detection Panel Testing	Revised	Oct. 1, 2020
Ilaris® (Canakinumab)	Revised	Nov. 1, 2020
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	Dec. 1, 2020
Maximum Dosage and Frequency	Revised	Oct. 1, 2020
Obstetrical Ultrasonography	Revised	Jan. 1, 2021
Oxford's Outpatient Imaging Self-Referral	Revised	Nov. 1, 2020
Pharmacogenetic Testing	Updated	Oct. 1, 2020
Plagiocephaly and Craniosynostosis Treatment	Updated	Oct. 1, 2020
Radiation Therapy Procedures Requiring Prior Authorization for eviCore healthcare Arrangement	Revised	Jan. 1, 2021

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Policy Title	Status	Effective Date
Radiology Procedures Requiring Prior Authorization for eviCore healthcare Arrangement	Revised	Jan. 1, 2021
Scenesse® (Afamelanotide)	New	Oct. 1, 2020
Scenesse® (Afamelanotide)	Revised	Jan. 1, 2021
Screening Colonoscopy Procedures – Site of Service	New	Jan. 1, 2021
Spinraza® (Nusinersen)	Revised	Nov. 1, 2020
Uplizna™ (Inebilizumab-Cdon)	New	Oct. 1, 2020
Uplizna™ (Inebilizumab-Cdon)	Revised	Jan. 1, 2021
Viltepso™ (Viltolarsen)	New	Oct. 1, 2020
Viltepso™ (Viltolarsen)	Revised	Jan. 1, 2021
White Blood Cell Colony Stimulating Factors	Revised	Jan. 1, 2021
Zolgensma® (Onasemnogene Abeparvovec-Xioi)	Revised	Nov. 1, 2020
ADMINISTRATIVE POLICY		
Prior Authorization Exemptions for Outpatient Services	Revised	Nov. 1, 2020
Vision Services (Including Refractive Surgery)	Revised	Nov. 1, 2020
REIMBURSEMENT POLICY		
Emergency Department (ED) Facility Evaluation and Management (E&M) Coding (CES)	Revised	Jan. 1, 2021
Maximum Frequency Per Day	Revised	Oct. 1, 2020
Maximum Frequency Per Day (CES)	Revised	Oct. 1, 2020

UnitedHealthcare Oxford

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare 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 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® Medical and Administrative Policy updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria and/or documentation review requirements 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 or documentation review requirements; 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 and/or documentation review requirements

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

A complete library of 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.