

UnitedHealthcare Oxford Policy Update Bulletin: January 2022

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

Annual CPT® and HCPCS Code Updates

Effective Jan. 1, 2022, all applicable Clinical and Administrative Policies have been updated to reflect the 2022 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](#).

Oxford Reimbursement Policies Relocated

Effective Jan. 1, 2022, Oxford will utilize the [UnitedHealthcare Commercial Reimbursement Policies](#) on UHCprovider.com; we will no longer maintain Oxford-specific Reimbursement Policy versions. Updates to the Reimbursement Policies will now only be announced in the *UnitedHealthcare Commercial Reimbursement Policy Update Bulletin*.

Clinical Policy Updates

Policy Title	Status	Effective Date
Ablative Treatment for Spinal Pain	Revised	Mar. 1, 2022
Actemra® (Tocilizumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Bariatric Surgery	Revised	Mar. 1, 2022
Beds and Mattresses	Updated	Feb. 1, 2022
Cimzia® (Certolizumab Pegol)	Revised	Feb. 1, 2022
Discogenic Pain Treatment	Revised	Mar. 1, 2022
Drug Coverage Criteria: New and Therapeutic Equivalent Medications	Revised	Feb. 1, 2022
Drug Coverage Guidelines <ul style="list-style-type: none"> • Albuterol HFA [Ventolin HFA Authorized Generic (Prasco)] • Besremi (Ropeginterferon-Alfa-2b-Njft) • Bydureon (Exenatide) • Bydureon BCise (Exenatide) • Bynfezia (Octreotide Acetate) • Cabometyx (Cabozantinib) • Cerdelga (Eliglustat) • Copiktra (Duvelisib) • Cotellic (Cobimetinib) • Dhivy (Carbidopa/Levodopa) • Elyxyb Oral Solution (Celecoxib Oral Solution) • Eprontia Oral Solution (Topiramate Oral Solution) 	Revised	Feb. 1, 2022

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> ● Ergomar (Ergotamine Tartrate) ● Exkivity (Mobocertinib) ● Extavia (Interferon B-1b) ● Fasentra Pen (Benralizumab) ● Gavreto (Pralsetinib) ● Glucophage XR (Metformin Extended-Release [Brand Only]) ● Hemophilia Drugs ● Hycamtin (Topotecan Hydrochloride) ● Iclusig (Ponatinib) ● Intron-A (Interferon Alfa-2b) ● Invokana (Canagliflozin) ● Jakafi (Ruxolitinib) ● Klonopin (Brand Only) (Clonazepam) ● Lenvima (Lenvatinib) ● Lescol XL (Fluvastatin) (Brand and Generic) ● Livmarli (Maralixibat) ● Livtencity (Maribavir) ● Lotronex (Alosetron) (Brand) ● Mesalamine (Generic Apriso) ● Methylphenidate Extended-Release Tablet (Generic Concerta) ● Migranal (Dihydro-Ergotamine) (Brand) ● Migranal (Dihydro-Ergotamine) (Generic) ● Nucala (Auto-Injector & Prefilled Syringe) (Mepolizumab) ● Nuplazid (Pimavanserin) ● Opzelura Cream (Ruxolitinib) ● Orkambi™ (Lumacaftor/Ivacaftor) ● Orladeyo (Berotralstat) ● Pegasys (Peginterferon Alfa-2a) ● Peg-Intron (Peginterferon Alfa-2b) ● Proair Respiclick (Albuterol Sulfate) ● Rebif (Interferon Beta-1a) ● Rebif Rebidose (Interferon Beta-1a) ● Rubraca (Rucaparib) ● Sylatron (Peginterferon Alfa-2b) ● Synribo (Omacetaxine) ● Tagrisso (Osimertinib) ● Tarceva (Erlotinib) (Brand Only) ● Tassigna (Nilotinib) ● Trudhesa (Dihydroergotamine Mesylate) ● Tukysa (Tucatinib) ● Tymlos (Abaloparatide) ● Ventolin HFA (Albuterol Sulfate) ● Verquvo (Vericiguat) ● Victoza (Liraglutide) ● Vizimpro (Dacomitinib) ● Vosevi (Sofosbuvir/Velpatasvir/Voxilaprevir) ● Votrient (Pazopanib) ● Vuity 1.25% Ophthalmic Solution (Pilocarpine HCl Ophthalmic Solution) ● Xolair (Omalizumab) (Prefilled Syringe) ● Xyrem (Sodium Oxybate) ● Xywav (Calcium, Magnesium, Potassium, and Sodium Oxybates) ● Zovirax Ointment (Acyclovir) ● Zydelig (Idelalisib) ● Zypitamag (Pitavastatin) 		
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Mar. 1, 2022

Policy Title	Status	Effective Date
Ilumya™ (Tildrakizumab-Asmn)	Revised	Feb. 1, 2022
Implanted Electrical Stimulator for Spinal Cord	Revised	Mar. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis and Treatment Decisions	Revised	Feb. 1, 2022
Orencia® (Abatacept) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®)	Revised	Feb. 1, 2022
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Updated	Feb. 1, 2022
Simponi Aria® (Golimumab) Injection for Intravenous Infusion	Revised	Feb. 1, 2022
Skin and Soft Tissue Substitutes	Revised	Jan. 1, 2022
Speech Generating Devices	Updated	Jan. 1, 2022
Stelara® (Ustekinumab)	Revised	Feb. 1, 2022
Surgery of the Hip	Revised	Mar. 1, 2022
Surgery of the Knee	Revised	Feb. 1, 2022
Surgery of the Shoulder	Revised	Mar. 1, 2022
Surgical Treatment for Spine Pain	Revised	Mar. 1, 2022
Temporomandibular Joint Disorders	Revised	Mar. 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Recording	Revised	Feb. 1, 2022
Vitamin D Testing	New	Mar. 1, 2022
Xiaflex® (Collagenase Clostridium Histolyticum)	Revised	Feb. 1, 2022

Administrative Policy Updates

Policy Title	Status	Effective Date
Ambulance Services	Updated	Jan. 1, 2022
Comprehensive and Component CPT Codes	Updated	Jan. 1, 2022
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements	Updated	Jan. 1, 2022
In-Office Laboratory Testing and Procedures List	Updated	Jan. 1, 2022
Site of Service Differential	Updated	Jan. 1, 2022
Specialty Pharmacy for Certain Specialty Medications Administered in an Outpatient Hospital Setting	Updated	Jan. 1, 2022

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.