

UnitedHealthcare Oxford Policy Update Bulletin: June 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
Breast Reconstruction Post Mastectomy and Poland Syndrome	Updated	Jul. 1, 2021
Cochlear Implants	Revised	Jul. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Jul. 1, 2021
Cosmetic and Reconstructive Procedures	Updated	Jul. 1, 2021
Drug Coverage Criteria: New and Therapeutic Equivalent Medications	Revised	Jul. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Cabenuva (Cabotegravir; Rilpivirine) 	Revised	Jun. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Amondys 45™ (Casimersen) • Amzeeq (Minocycline 4% Topical Foam) • Arazlo (Tazarotene) • Atralin (Tretinoin) (Brand and Generic) • Berinert (C1 Esterase Inhibitor Human) • Bronchitol (Mannitol) • Cablivi (Caplacizumab-Yhdp) • Cataflam (Diclofenac Potassium Immediate-Release) • Digital Applications: Endeavorrx, Reset, Reset-O, Somrys • Elepsia XR (Levetiracetam Extended-Release) • Entresto (Valsartan – Sacubitril) • Fasenra Pen (Benralizumab) • Firazyr (Icatibant) • Fotivda (Tivozanib) • Gemtesa (Vibegron) • Hetlioz LQ (Tasimelteon) • Inrebic (Fedratinib) • Jublia (Efinaconazole) • Kerydin (Tavaborole) • Kisqali (Ribociclib) • Lonsurf (Trifluridine/Tipiracil) • Nextstellis (Estetrol/Drospirenone) • Northera (Droxidopa) • Oxlumo (Lumasiran) • Ponvory (Ponesimod) • Prudoxin (Doxepin) • Quelbree (Viloxazine Extended-Release) • Reltone (Ursodiol) • Retin-A Micro (Tretinoin Microspheres) • Roszet (Rosuvastatin and Ezetimibe) 	Revised	Jul. 1, 2021

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<ul style="list-style-type: none"> Ruconest (C1 Esterase Inhibitor [Recombinant]) Slynd (Drospirenone) Spravato (Esketamine) Tepmetko (Tepotinib) Ukoniq (Umbralisib) Venclexta (Venetoclax) Vocabria (Cabotegravir) Weight Loss Xifaxan (Rifaximin) Xiidra (Lifitegrast 5% Ophthalmic Solution) Zegalogue (Dasiglucagon) Zonalon (Doxepin) 		
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	Revised	Aug. 1, 2021
Electroencephalographic (EEG) Monitoring and Video Recording	Revised	Jul. 1, 2021
Gastrointestinal Motility Disorders, Diagnosis and Treatment	Updated	Jul. 1, 2021
Genetic Testing for Cardiac Disease	Revised	Jul. 1, 2021
Glaucoma Surgical Treatments	Revised	Aug. 1, 2021
Implantable Beta Emitting Microspheres for Treatment of Malignant Tumors	Revised	Aug. 1, 2021
Implanted Electrical Stimulator for Spinal Cord	Revised	Jul. 1, 2021
Infertility Diagnosis and Treatment	Revised	Jul. 1, 2021
Long-Acting Injectable Antiretroviral Agents for HIV	New	Jun. 1, 2021
Lower Extremity Invasive Diagnostic and Endovascular Procedures	Revised	Jul. 1, 2021
Macular Degeneration Treatment Procedures	Revised	Jul. 1, 2021
Obstructive Sleep Apnea Treatment	Revised	Jul. 1, 2021
Office Based Procedures – Site of Service	Revised	Aug. 1, 2021
Outpatient Surgical Procedures – Site of Service	Revised	Aug. 1, 2021
Preventive Care Services	Revised	Jul. 1, 2021
Rhinoplasty and Other Nasal Surgeries	Updated	Jun. 1, 2021
Spinraza® (Nusinersen)	Revised	Jul. 1, 2021
Surgery of the Elbow	Revised	Jul. 1, 2021
Surgery of the Foot	New	Jul. 1, 2021
Surgery of the Knee	Revised	Jul. 1, 2021
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	Updated	Jun. 1, 2021
Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Revised	Jul. 1, 2021

Administrative Policy Updates

Policy Title	Status	Effective Date
Ambulance Services	Revised	Aug. 1, 2021

Reimbursement Policy Updates

Policy Title	Status	Effective Date
B Bundle Codes	Revised	Jul. 1, 2021
B Bundle Codes (CES)	Revised	Jul. 1, 2021
Increased Procedural Services	Updated	Jun. 1, 2021
Increased Procedural Services (CES)	Updated	Jun. 1, 2021

Policy Title	Status	Effective Date
Injection and Infusion Services	Revised	Jul. 1, 2021
Injection and Infusion Services (CES)	Revised	Jul. 1, 2021
Modifier Reference	Revised	Jul. 1, 2021
Modifier Reference (CES)	Revised	Jul. 1, 2021
Obstetrical Policy	Revised	Jul. 1, 2021
Outpatient Hospital Inappropriate Primary Diagnosis (CES)	New	Jun. 1, 2021
Professional/Technical Component (CES)	Revised	Jul. 1, 2021
Prolonged Services	Revised	Jul. 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.