

UnitedHealthcare Oxford Policy Update Bulletin: March 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](#).

Take Note

Policy Implementation Delay: Outpatient Hospital Maximum Frequency Per Day (CES)

The new Reimbursement Policy titled [Outpatient Hospital Maximum Frequency Per Day \(CES\)](#) will not be effective on Apr. 1, 2021 as previously announced; implementation has been postponed until Jun. 1, 2021.

Clinical Policy Updates

Policy Title	Status	Effective Date
Benlysta® (Belimumab)	Revised	Apr. 1, 2021
Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair	Revised	Apr. 1, 2021
Cardiology Procedures Requiring Prior Authorization for eviCore healthcare Arrangement	Revised	Jun. 1, 2021
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Apr. 1, 2021
Cosmetic and Reconstructive Procedures	Revised	May 1, 2021
Deep Brain and Cortical Stimulation	Revised	May 1, 2021
Drug Coverage Criteria – New and Therapeutic Equivalent Medications	Revised	Apr. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Adderall (Amphetamine/ Dextroamphetamine) (Brand Only) • Adderall XR Amphetamine/ Dextroamphetamine [Extended Release] • Adhansia XR (Methylphenidate Hydrochloride) • Adzenys XR-ODT (Amphetamine Extended-Release) • Amphetamine/Dextro-Amphetamine Extended-Release (Generic Adderall XR) • Apligraf • Aptensio XR • Brukinsa (Zanubrutini) • Compounds and Bulk Powders: Various Drugs • Concerta (Methylphenidate) • Cotelpla XR-ODT (Methylphenidate) • Cystadrops (Cysteamine) • Daurismo (Glasdegib) • Daytrana (Methylphenidate) • Desoxyn (Meth-Amphetamine) • Dexedrine (Dextro-Amphetamine) • Dexmethylphenidate Extended-Release Capsule (Generic Focalin XR) • Dimethyl Fumarate (Generic Tecfidera) • Dojolvi (Triheptanoin) • Dyanavel XR (Amphetamine Extended Release) • Enspryng 	Revised	Apr. 1, 2021

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> • Evekeo (Amphetamine Sulfate) • Evekeo ODT (Amphetamine Sulfate) • Focalin (Dexmethylphenidate Hcl) • Focalin XR (Dexmethylphenidate Hcl [Extended Release]) • Forteo (Teriparatide) • Jornay PM (Methylphenidate Hydrochloride) • Klisyri (Tirbanibuli) • Kynmobi (Apomorphine Hcl) • Lupkynis (Voclosporin) • Mavenclad (Cladribine) • Metadate CD (Methylphenidate Hydrochloride) ([Controlled Release Brand Only]) • Metadate ER • Methylin and Methylin ER (Methylphenidate) • Methylphenidate Extended-Release Capsule (Generic Metadate CD) • Methylphenidate Extended-Release Tablet (Generic Concerta) • Mydayis (Dextroampheta-Mineamphetamine Mixed Salts) • Oxlumo (Lumasiran) • Procentra (Dextro-Amphetamine) • Quillichew ER (Methylphenidate Hcl) Extended Release • Quillivant XR (Methylphenidate HCL) • Riabni (Rituximab-Arrx) • Ritalin (Methylphenidate) • Ritalin LA (Methylphenidate Hydrochloride [Extended Release]) (Brand and generic) • Ritalin SR (Methylphenidate [Controlled-Release]) • Rituxan (Rituximab) • Ruxience (Rituximab-Pvvr) • Synthroid (Brand Only) • Truxima (Rituximab-Abbs) • Verquvo (Vericiguat) • Vesicare LS (Solifenacin Succinate) • Vitrakvi® (Larotrectinib) • Vyvanse (Lisdexamfetamine) • Xpovio (Selinexor) • Zenzedi (Dextroampheta-Mine Sulfate) • Zilxi 1.5% (Minocycline) 		
Elbow Replacement Surgery (Arthroplasty)	Revised	May 1, 2021
Electric Tumor Treatment Field Therapy	Updated	Mar. 1, 2021
Facet Joint Injections for Spinal Pain	Revised	May 1, 2021
Gender Dysphoria Treatment	Updated	Mar. 1, 2021
Hysterectomy	Revised	May 1, 2021
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	Revised	Apr. 1, 2021
Knee Replacement Surgery (Arthroplasty), Total and Partial	Revised	May 1, 2021
Maximum Dosage and Frequency	Revised	Apr. 1, 2021
Negative Pressure Wound Therapy	Updated	Mar. 1, 2021
Obstructive Sleep Apnea Treatment	Revised	May 1, 2021
Pneumatic Compression Devices	Revised	May 1, 2021
Preventive Care Services	Revised	Apr. 1, 2021
Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement	Revised	Jun. 1, 2021
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Apr. 1, 2021

Policy Title	Status	Effective Date
Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)	Revised	Jun. 1, 2021
Sacroiliac Joint Injections	New	May 1, 2021
Shoulder Replacement Surgery (Arthroplasty)	Revised	May 1, 2021
Surgery of the Hip	Revised	May 1, 2021
Total Artificial Disc Replacement for the Spine	Revised	May 1, 2021
Transcatheter Heart Valve Procedures	Revised	Apr. 1, 2021

Administrative Policy Updates

Policy Title	Status	Effective Date
Ambulance Services	Revised	May 1, 2021
Dental and Oral Surgical Procedures	Revised	Apr. 1, 2021
Formula and Specialized Food	Revised	Mar. 1, 2021

Reimbursement Policy Updates

Policy Title	Status	Effective Date
Advanced Practice Health Care Provider	Revised	Mar. 1, 2021
Emergency Department (ED) Facility Evaluation and Management (E&M) Coding (CES)	Revised	Mar. 1, 2021
Outpatient Rehabilitation Therapy Services	New	Jun. 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.