

UnitedHealthcare Oxford Policy Update Bulletin: October 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

Annual ICD-10 Diagnosis Code and Quarterly CPT® and HCPCS Code Updates

All applicable Clinical, Administrative, and Reimbursement Policies have been updated to reflect the annual ICD-10 diagnosis code and quarterly CPT/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 \(CMS\) 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](#)
- [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#)

For the list of impacted policies and corresponding details, click [here](#).

Clinical Policy Updates

Policy Title	Status	Effective Date
Antiemetics for Oncology	Revised	Nov. 1, 2021
Beds and Mattresses	Revised	Nov. 1, 2021
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures	Updated	Oct. 1, 2021
Deep Brain and Cortical Stimulation	Revised	Nov. 1, 2021
Drug Coverage Criteria: New and Therapeutic Equivalent Medications	Revised	Nov. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Amondys 45™ (Casimersen) • Annovera (Segesterone Acetate and Ethinyl Estradiol Vaginal System) • Cabenuva (Cabotegravir; Rilpivirine) • [CAR-T (Chimeric Antigen Receptor) Cell Therapy] • Evkeeza (Evinacumab-Dgnb) • Eluryng (Etonogestrel/Ethinyl Estradiol) • Nuvaring (Etonogestrel/Thinyl Estradiol) • Ryplazim (Plasminogen, Human-Tvmh) • Saphnelo (Anifrolumab-Fnia) 	Revised	Oct. 1, 2021

Policy Title	Status	Effective Date
Drug Coverage Guidelines <ul style="list-style-type: none"> • Alecensa (Alectinib) • Annovera (Segesterone Acetate and Ethinyl Estradiol Vaginal System) • Banzel (Brand Only) (Rufinamide) • Banzel (Generic) (Rufinamide) • Cetrotide (Cetrorelix Acetate) • Chlorpromazine Concentrate (Generic Thorazine) • Epcclusa (Sofosbuvir/Velpatasfir) • Flowtuss (Hydrocodone/Guaifenesin) • Fotivda (Tivozanib) • Hycofenix (Hydrocodone/Pseudoephedrine/Guaifenesin) • Hydrocodone Bitartrate/Chlorpheniramine • Hydrocodone Bitartrate/Guaifenesin • Hydrocodone Polistirex/Chlorpheniramine Polistirex • Kalydeco (Ivacaftor) • Kapvay (Brand Only) (Clonidine Hydrochloride) • Klisyri (Tirbanibuli) • Koselugo (Selumetinib) • Levemir (Insulin Detemir) • Lidocaine Patch (Lidoderm) (Generic) • Lidoderm (Lidocaine) (Brand) • Loreev XR (Lorazepam) • Mavyret (Glecaprevir and Pibrentasvir) • Mektovi (Binimetinib) • Myfembree (Relugolix and Estradiol Hemihydrate/Norethindrone) • Myrbetriq Granules (Mirabegron for Oral Suspension) • Nevirapine Extended Release (Nevirapine) • Nexviazyme (Avalglucosidase Alfa-Ngpt) • Oriahnn (Elagolix/Estradiol/Norethindrone Acetate) • Orladeyo (Berotralstat) • Pantoprazole • Sanctura (Trospium) (Brand) and Sanctura XR (Trospium Chloride) (Brand and Generic) • Sensipar (Cinacalcet) • Solosec (Secnidazole) • Striant (Testosterone) • Stromectol (Ivermectin) • Symdeko (Tezacaftor/Ivacaftor) • Tadalafil 2.5 mg and 5 mg (Generic Cialis) • Tolterodine (Generic Detrol) • Truseltiq (Infigratinib) • Tussionex • Xolair (Omalizumab) (Prefilled Syringe) • Zegalogue (Dasiglucagon) • Ztlido (Lidocaine) 	Revised	Nov. 1, 2021
Electric Tumor Treatment Field Therapy	Revised	Nov. 1, 2021
Epidural Steroid Injections for Spinal Pain	Updated	Nov. 1, 2021
Facet Joint Injections for Spinal Pain	Updated	Nov. 1, 2021
Follicle Stimulating Hormone (FSH) Gonadotropins	Revised	Nov. 1, 2021
Gender Dysphoria Treatment	Updated	Oct. 1, 2021
Genetic Testing for Neuromuscular Disorders	Revised	Oct. 1, 2021
Glaucoma Surgical Treatments	Updated	Nov. 1, 2021
Human Menopausal Gonadotropins (hMG)	Revised	Nov. 1, 2021

Policy Title	Status	Effective Date
Implanted Spinal Drug Delivery Systems	Updated	Nov. 1, 2021
Intrauterine Fetal Surgery	Revised	Nov. 1, 2021
Maximum Dosage and Frequency	Revised	Oct. 1, 2021
Medical Therapies for Enzyme Deficiencies	Revised	Oct. 1, 2021
Medical Therapies for Enzyme Deficiencies	Revised	Jan. 1, 2022
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia	Revised	Nov. 1, 2021
Obstructive Sleep Apnea Treatment	Updated	Nov. 1, 2021
Oncology Medication Clinical Coverage	Revised	Nov. 1, 2021
Outpatient Physical and Occupational Therapy	Updated	Oct. 1, 2021
Prostate Surgeries and Interventions	Updated	Nov. 1, 2021
Radiology Procedures Requiring Prior Authorization for eviCore healthcare Arrangement	Revised	Dec. 1, 2021
Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®)	Revised	Nov. 1, 2021
Ryplazim® (Plasminogen, Human-Tvmh)	New	Oct. 1, 2021
Ryplazim® (Plasminogen, Human-Tvmh)	Revised	Jan. 1, 2022
Saphnelo™ (Anifrolumab-Fnia)	New	Oct. 1, 2021
Saphnelo™ (Anifrolumab-Fnia)	Revised	Jan. 1, 2022
Sodium Hyaluronate	Revised	Nov. 1, 2021
Synagis® (Palivizumab)	Revised	Nov. 1, 2021
Total Artificial Heart and Ventricular Assist Devices	Updated	Nov. 1, 2021

Administrative Policy Updates

Policy Title	Status	Effective Date
Acquired Rare Disease Drug Therapy Exception Process	Revised	Nov. 1, 2021
Autism Spectrum Disorder and Developmental Disabilities	Revised	Nov. 1, 2021
Extended Benefits for Total Disability & Succeeding Carrier for Inpatient Admissions	Updated	Oct. 1, 2021

Reimbursement Policy Updates

Policy Title	Status	Effective Date
Co-Surgeon/Team Surgeon (CES)	Updated	Oct. 1, 2021
Injection and Infusion Services (CES)	Updated	Oct. 1, 2021
National Drug Code (NDC) Requirement	New	Jan. 1, 2022
Site of Service Differential	Updated	Oct. 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.