

September 2020

policy update bulletin

Medical & Administrative Policy Updates

Take Note

NEW LOOK FOR UNITEDHEALTHCARE OXFORD POLICIES

As announced in the *August 2020 Oxford Policy Update Bulletin*, we will be refreshing the look of the Oxford Clinical, Administrative, and Reimbursement Policies over the next several months.

In coordination with this template refresh, the following changes will be made to Oxford’s **Clinical and Administrative Policies**, if applicable, effective **Sep. 1, 2020**:

- The *Conditions of Coverage* section of the policy will be reformatted, relocated, and renamed *Prior Authorization Requirements*
 - Language pertaining to prior authorization guidelines will be simplified
 - Language addressing benefit type and referral requirements will be removed
- All references to “precertification” will be replaced with “prior authorization”

Unless otherwise announced, there will be no additional changes to policy content as a result of the new look.

ANNUAL ICD-10 CODE UPDATES

Effective Oct. 1, 2020, all applicable Clinical, Administrative, and Reimbursement Policies will be 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](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2020 edition of the Oxford Policy Update Bulletin.

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		
Crysvita® (Burosumab-Twza)	Revised	Oct. 1, 2020
Diabetes Supply Coverage	Revised	Oct. 1, 2020
Drug Coverage Criteria – New and Therapeutic Equivalent Medications	Revised	Oct. 1, 2020
Drug Coverage Guidelines <ul style="list-style-type: none"> • Aimovig (Erenumab-Aooe) • Ajovy (Fremanezumab-Vfrm) • Amitiza (Lubiprostone) • Anastrozole (Generic) • Androderm (Testosterone) • Androgel (Testosterone) • Aptiom (Eslicarbazepine Acetate) • Axiron (Testosterone) 	Revised	Oct. 1, 2020

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> • Bafiertam (Monomethyl Fumarate) • Berinert (C1 Esterase Inhibitor Human) • Breztri Aerosphere (Budesonide/Glycopyrrolate/Formoterol Fumarate) • Briviact (Brivaracetam) • Bunavail Film (Buprenorphine and Naloxone) • Carbaglu (Carglumic Acid) • Car-T (Chimeric Antigen Receptor) Cell Therapy <ul style="list-style-type: none"> ○ Kymriah (Tisagenlecleucel) ○ Tecartus (Brexucabtagene Autoleucel) ○ Yescarta (Axicabtagene Ciloleucel) • Cinryze (C1 Esterase Inhibitor [Human]) • Cosentyx (Secukinumab) • Descovy (Emtricitabine/Tenofovir Alafenamide) • Dojolvi (Triheptanoin) • Emgality (Galcanezumab-Gnlm) • Emgality (100mg Only) (Galcanezumab-Gnlm) • Epidiolex (Cannabidiol) • Eucrisa (Crisaborole) • Exemestane (Generic) • Farxiga (Dapagliflozin) • Firazyr (Icatibant) • Fortesta (Testosterone): Gel • Fycompa (Perampanel) • Glyxambi (Empagliflozin/Linagliptin) • Invokamet (Canagliflozin/Metformin) • Invokamet XR (Canaglifloxin/Metformin Extended-Release) • Invokana (Canagliflozin) • Januvia (Sitagliptin) • Jardiance (Empagliflozin) • Jatenzo (Testosterone Undecanoate) • Kalbitor (Ecallantide) • Krystexxa (Pegloticase) • Lamictal ODT (Lamotrigine Orally Disintegrating Tablet) (Brand and Generic) • Lamictal XR (Lamotrigine Extended Release) (Brand and Generic) • Letrozole (Generic) • Lynparza (Olaparib) • Lyrica (Pregabalin) (Brand Only) • Monoferric (Ferric Derisomaltose) • Natesto (Testosterone Nasal Gel) • Nexletol (Bempedoic Acid) • Nexlizet (Bempedoic Acid/Ezetimibe) • Nuedexta (Dextromethor-Phan/Quinidine) • Ortikos (Budesonide) • Palyzinq (Pegvaliase-Pqpz) • Qinlock (Ripretinib) • Qtern (Dapagliflozin/Saxagliptin) • Qudexy XR (Topiramate) (Brand and Authorized Generic) • Raloxifene (Generic) • Relistor (Methylnaltrexone Bromide): Injection • Relistor (Methylnaltrexone Bromide): Tablet • Retevmo (Selpercatinib) • Reyvow (Lasmiditan) • Ruconest (C1 Esterase Inhibitor [Recombinant]) • Ruzurgi (Amifampridine) • Scenesse (Afamelanotide) • Segluromet (Ertugliflozin/Metformin Hcl) • Slynd (Drospirenone) • Steglatro (Ertugliflozin) • Steglujan (Ertugliflozin/Sitagliptin) 		

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> • Striant (Testosterone) • Suboxone (Buprenorphine/Naloxone) (Brand Only) • Sympazan (Clobazam) • Tabrecta (Capmatinib) • Taltz (Ixezumab) • Tamoxifen 20mg (Generic) • Tenofovir Disoproxil Fumarate 300mg (Generic) • Tepezza (Teprotumumab-Trbw) • Testim (Testosterone Gel) • Truvada (Emtricitabine and Tenofovir Disoproxil Fumarate) (Brand) 200/300mg • Tysabri (Natalizumab) • Uloric (Febuxostat) • Uplizna (Inebilizumab-Cdon) • Vimpat (Lacosamide): Tablet • Vogelxo (Testosterone) • Vyepi (Eptinezumab-JJMR) • Xcopri (Cenobamate) • Xigduo XR (Dapagliflozin and Metformin Hcl) • Xyosted (Testosterone Enanthate) • Zcort (Deflazacort) • Zovirax Cream (Acyclovir) 		
Hereditary Angioedema (HAE), Treatment and Prophylaxis	New	Oct. 1, 2020
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia	Revised	Oct. 1, 2020
Outpatient Physical and Occupational Therapy	Revised	Oct. 1, 2020
Physical, Occupational, and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members	Revised	Oct. 1, 2020
Preventive Care Services	Revised	Oct. 1, 2020
Radiology Procedures Requiring Prior Authorization for eviCore Healthcare Arrangement	Revised	Oct. 1, 2020
Radiopharmaceuticals and Contrast Media	Revised	Oct. 1, 2020
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Oct. 1, 2020
Rituximab (Rituxan®, Ruxience®, & Truxima®)	Revised	Nov. 1, 2020
Scenese® (Afamelanotide)	New	Oct. 1, 2020
Uplizna™ (Inebilizumab-Cdon)	New	Oct. 1, 2020
REIMBURSEMENT POLICY		
Acupuncture	Revised	Oct. 1, 2020
Assistant-at-Surgery	Updated	Oct. 1, 2020
Bilateral Procedures	Updated	Oct. 1, 2020
Bilateral Procedures (CES)	Updated	Oct. 1, 2020
Maximum Frequency Per Day	Revised	Oct. 1, 2020
Maximum Frequency Per Day (CES)	Revised	Oct. 1, 2020
Outpatient Hospital Blood and Blood Products (CES)	New	Dec. 1, 2020
Outpatient Hospital Observation (CES)	New	Dec. 1, 2020
T Status Codes	Revised	Oct. 1, 2020
T Status Codes (CES)	Revised	Oct. 1, 2020
Time Span Codes	Updated	Sep. 1, 2020

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](https://www.oxfordhealth.com) > [Providers](#) > [Tools & Resources](#) > [Medical Information](#) > [Medical and Administrative Policies](#) or at [UHCprovider.com](https://www.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.