

UnitedHealthcare Oxford Policy Update Bulletin: September 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 Code and Quarterly CPT/HCPCS Code Updates

Effective Oct. 1, 2021, all applicable Clinical, Administrative, and Reimbursement Policies will be modified to reflect the annual ICD-10 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](#)

Complete details on impacted policies and corresponding code edits will be provided in the October 2021 edition of the Oxford Policy Update Bulletin.

InterQual® Clinical Criteria Release: July 2021

Effective Sep. 1, 2021, the following Clinical Policies have been updated to reflect the applicable InterQual® clinical criteria reference(s) associated with the July 2021 Release:

- [Catheter Ablation for Atrial Fibrillation](#)
- [Power Mobility Devices](#)
- [Surgical Treatment for Spine Pain](#)
- [Wheelchair Options and Accessories](#)
- [Wheelchair Seating](#)

Clinical Policy Updates

Policy Title	Status	Effective Date
Autologous Cellular Therapy	Updated	Oct. 1, 2021
Breast Imaging for Screening and Diagnosing Cancer	Revised	Oct. 1, 2021
Carrier Testing for Genetic Diseases	Updated	Sep. 1, 2021
Crysvita® (Burosumab-TWZA)	Revised	Oct. 1, 2021
Drug Coverage Criteria: New and Therapeutic Equivalent Medications	Revised	Oct. 1, 2021
Drug Coverage Guidelines <ul style="list-style-type: none"> • Absorica LD (Isotretinoin Micronized) • Adlyxin (Lixisenatide) • Albuterol Tablets • Aldactone (Brand Only) (Spironolactone) • Almotriptan (Generic) 	Revised	Oct. 1, 2021

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> ● Altace (Brand Only) (Ramipril) ● Amerge (Brand Only) (Naratriptan) ● Aricept 5 mg, 10 mg (Brand Only) ● Arixtra (Brand Only) (Fondaparinux) ● Arthrotec (Brand Only) (Diclofenac/Misoprostol) ● Atacand HCT (Candesartan-Hydrochlorothiazide) (Brand Only) ● Avalide (Brand Only) (Irbesartan/Hydrochlorothiazide) ● Azstays (Serdexmethylphenidate/Dexmethylphenidate) ● Benlysta (Belimumab) ● Bydureon (Exenatide) ● Bydureon Bcise (Exenatide) ● Byetta (Exenatide) ● Cabenuva (Cabotegravir; Rilpivirine) ● Caplyta (Lumateperone) ● Carbaglu (Carglumic Acid) ● Catapres-TTS (Brand Only) (Clonidine) ● Colchicine Capsule ● Colchicine Tablet ● Colcrys “Authorized Generic” (Colchicine) ● Coreg (Brand Only) (Carvedilol) ● Cosentyx (Secukinumab) ● DDAVP (Brand Only) (Desmopressin) ● Desoxyn (Brand Only) (Methamphetamine) ● Empaveli™ (Pegcetacoplan) ● Estrace Tablets (Brand Only) (Estradiol) ● Evkeeza (Evinacumab-Dgnb) ● Evoxac (Brand Only) (Cevimeline HCL) ● Farxiga (Dapagliflozin) ● Frova (Frovatriptan) ● Gastrocrom (Brand Only) (Cromolyn Sodium) ● Glyxambi (Empagliflozin/Linagliptin) ● Hepsera (Brand Only) (Adefovir) ● Hyzaar (Brand Only) (Losartan/Hydrochlorothiazide) ● Imitrex (Sumatriptan) ● Imitrex (Sumatriptan) (Brand Only): Injection ● Imitrex (Sumatriptan) (Brand Only): Tablet ● Inspra (Brand Only) (Eplerenone) ● Insulins ● Invokamet (Canagliflozin/Metformin) ● Invokamet XR (Canaglifloxin/Metformin Extended-Release) ● Invokana (Canagliflozin) ● Janumet (Sitagliptin and Metformin Hydrochloride) ● Janumet XR (Sitagliptin and Metformin Hydrochloride, Extended Release) ● Januvia (Sitagliptin) ● Jardiance (Empagliflozin) ● Juxtapid (Lomitapide) ● Kerendia (Finerenone) ● Kuvan (Sapropterin Dihydrochloride) ● Lexiva (Brand Only) (Fosamprenavir) ● Loestrin FE 1/20 (Brand Only) (Ethinyl Estradiol and Norethindrone) ● Lorbrena (Lorlatinib) ● Lotemax 0.5% Ophthalmic Suspension (Brand Only) (Loteprednol Etabonate Ophthalmic Suspension) ● Lumakras™ (Sotorasib) ● Lynparza (Olaparib) ● Maxalt and Maxalt-MLT (Brand Only) 		

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> • Mestinon Timespan (Brand Only) (Pyridostigmine Extended-Release) • Naprosyn Tablets (Brand Only) (Naproxen) • Nulibry (Fosdenopterin) • Onzetra Xsail (Sumatriptan) • Osmoprep (Sodium Phosphate Monobasic Monohydrate and Sodium Phosphate Dibasic Anhydrous) • Ozempic (Semaglutide) • Palyngziq (Pegvaliase-Pqpz) • Pamelor (Brand Only) (Nortriptyline) • Pancreaze (Pancrelipase) • Paxil (Brand Only) (Paroxetine) • Pertzze (Pancrelipase) • Pred Forte 1% (Brand Only) (Prednisolone Acetate Ophthalmic Suspension) • Procardia XL (Brand Only) (Nifedipine Extended-Release Tablet) • Proglycem (Brand Only) (Diazoxide) • Prolia, Xgeva (Denosumab) • Qelbree (Viloxazine Extended-Release) • Qinlock (Ripretinib) • Qtern (Dapagliflozin/Saxagliptin) • Relpax (Eletriptan) (Brand Only) • Retevmo (Selpercatinib) • Rezurock (Belumosudil) • Rybelsus (Semaglutide) • Rythmol SR (Brand Only) (Propafenone) • Segluromet (Ertugliflozin/Metformin Hcl) • Solaraze (Diclofenac) • Soma 350mg Tablets (Brand Only) (Carisoprodol) • Soriatane (Brand Only) (Acitretin) • Steglatro (Ertugliflozin) • Steglujan (Ertugliflozin/Sitagliptin) • Tabrecta (Capmatinib) • Test Strips and Meters (Diabetic) • Tosymra (Sumatriptan) • Transderm Scop (Brand Only) (Scopolamine Transdermal Patch) • Trikafta (Elexacaftor/Tezacaftor/Ivacaftor) • Trizivir (Brand Only) (Abacavir/Lamivudine/Zidovudine) • Trulicity (Dulaglutide) • Truseltiq (Infigratinib) • Ultram (Brand Only) (Tramadol) • Valcyte Oral Solution (Brand Only) (Valganciclovir) • Victoza (Liraglutide) • Viokace (Pancrelipase) • Xigduo XR (Dapagliflozin and Metformin Hcl) • Zembrace Symtouch (Sumatriptan Succinate) • Zocor (Brand Only) (Simvastatin) • Zofran Tablets (Brand Only) (Ondansetron) • Zomig (Zolmitriptan) (Nasal Spray) (Brand Only) • Zomig and Zomig-ZMT (Zolmitriptan) (Brand Only) • Zomig (Zolmitriptan) 		
Epiduroscopy, Epidural Lysis of Adhesions and Discography	Revised	Nov. 1, 2021
Functional Endoscopic Sinus Surgery (FESS)	Revised	Nov. 1, 2021
Genetic Testing for Neuromuscular Disorders	Revised	Oct. 1, 2021
Gonadotropin Releasing Hormone Analogs	Updated	Oct. 1, 2021
Hysterectomy	Updated	Oct. 1, 2021

Policy Title	Status	Effective Date
Infliximab (Avsola™, Inflectra®, Remicade®, & Renflexis®)	Updated	Sep. 1, 2021
Inhaled Nitric Oxide Therapy	Revised	Oct. 1, 2021
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Revised	Nov. 1, 2021
Meniscus Implant and Allograft	Updated	Sep. 1, 2021
Neuropsychological Testing Under the Medical Benefit	Updated	Sep. 1, 2021
Panniculectomy and Body Contouring Procedures	Revised	Oct. 1, 2021
Preventive Care Services	Revised	Oct. 1, 2021
Provider Administered Drugs – Site of Care	Revised	Oct. 1, 2021
Respiratory Interleukins (Cinqair®, Fasenra®, & Nucala®)	Revised	Oct. 1, 2021
Rhinoplasty and Other Nasal Surgeries	Updated	Oct. 1, 2021
Screening Colonoscopy Procedures - Site of Service	Revised	Oct. 1, 2021
Spinal Fusion Enhancement Products	Revised	Nov. 1, 2021
Surgery of the Knee	Updated	Sep. 1, 2021

Administrative Policy Updates

Policy Title	Status	Effective Date
Abortions (Therapeutic and Elective)	Updated	Oct. 1, 2021

Reimbursement Policy Updates

Policy Title	Status	Effective Date
Ambulance Policy	Revised	Oct. 1, 2021
From - To Date Policy	Revised	Oct. 1, 2021
Inpatient Readmission Review (CES)	New	Sep. 1, 2021
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging	Updated	Sep. 1, 2021
Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services	Revised	Oct. 1, 2021
Nonphysician Health Care Professionals Billing Evaluation and Management Codes	Updated	Sep. 1, 2021
Physician Extenders	Retired	Sep. 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.