

UnitedHealthcare Oxford Policy Update Bulletin: January 2022

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 CPT® and HCPCS Code Updates

Effective Jan. 1, 2022, all applicable Clinical and Administrative Policies have been updated to reflect the 2022 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (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. Healthcare Common Procedure Coding System: HCPCS Level II](#)

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

Oxford Reimbursement Policies Relocated

Effective Jan. 1, 2022, Oxford will utilize the [UnitedHealthcare Commercial Reimbursement Policies](#) on UHCprovider.com; we will no longer maintain Oxford-specific Reimbursement Policy versions. Updates to the Reimbursement Policies will now only be announced in the *UnitedHealthcare Commercial Reimbursement Policy Update Bulletin*.

Clinical Policy Updates

| Policy Title | Status | Effective Date |
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| Ablative Treatment for Spinal Pain | Revised | Mar. 1, 2022 |
| Actemra® (Tocilizumab) Injection for Intravenous Infusion | Revised | Feb. 1, 2022 |
| Bariatric Surgery | Revised | Mar. 1, 2022 |
| Beds and Mattresses | Updated | Feb. 1, 2022 |
| Cimzia® (Certolizumab Pegol) | Revised | Feb. 1, 2022 |
| Discogenic Pain Treatment | Revised | Mar. 1, 2022 |
| Drug Coverage Criteria: New and Therapeutic Equivalent Medications | Revised | Feb. 1, 2022 |
| Drug Coverage Guidelines <ul style="list-style-type: none"> • Albuterol HFA [Ventolin HFA Authorized Generic (Prasco)] • Besremi (Ropeginterferon-Alfa-2b-Njft) • Bydureon (Exenatide) • Bydureon BCise (Exenatide) • Bynfezia (Octreotide Acetate) • Cabometyx (Cabozantinib) • Cerdelga (Eliglustat) • Copiktra (Duvelisib) • Cotellic (Cobimetinib) • Dhivy (Carbidopa/Levodopa) • Elyxyb Oral Solution (Celecoxib Oral Solution) • Eprontia Oral Solution (Topiramate Oral Solution) | Revised | Feb. 1, 2022 |

| Policy Title | Status | Effective Date |
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| <ul style="list-style-type: none"> • Ergomar (Ergotamine Tartrate) • Exkivity (Mobocertinib) • Extavia (Interferon B-1b) • Fasentra Pen (Benralizumab) • Gavreto (Pralsetinib) • Glucophage XR (Metformin Extended-Release [Brand Only]) • Hemophilia Drugs • Hycamtin (Topotecan Hydrochloride) • Iclusig (Ponatinib) • Intron-A (Interferon Alfa-2b) • Invokana (Canagliflozin) • Jakafi (Ruxolitinib) • Klonopin (Brand Only) (Clonazepam) • Lenvima (Lenvatinib) • Lescol XL (Fluvastatin) (Brand and Generic) • Livmarli (Maralixibat) • Livtencity (Maribavir) • Lotronex (Alosetron) (Brand) • Mesalamine (Generic Apriso) • Methylphenidate Extended-Release Tablet (Generic Concerta) • Migranal (Dihydro-Ergotamine) (Brand) • Migranal (Dihydro-Ergotamine) (Generic) • Nucala (Auto-Injector & Prefilled Syringe) (Mepolizumab) • Nuplazid (Pimavanserin) • Opzelura Cream (Ruxolitinib) • Orkambi™ (Lumacaftor/Ivacaftor) • Orladeyo (Berotralstat) • Pegasys (Peginterferon Alfa-2a) • Peg-Intron (Peginterferon Alfa-2b) • Proair Respiclick (Albuterol Sulfate) • Rebif (Interferon Beta-1a) • Rebif Rebidose (Interferon Beta-1a) • Rubraca (Rucaparib) • Sylatron (Peginterferon Alfa-2b) • Synribo (Omacetaxine) • Tagrisso (Osimertinib) • Tarceva (Erlotinib) (Brand Only) • Tassigna (Nilotinib) • Trudhesa (Dihydroergotamine Mesylate) • Tukysa (Tucatinib) • Tymlos (Abaloparatide) • Ventolin HFA (Albuterol Sulfate) • Verquvo (Vericiguat) • Victoza (Liraglutide) • Vizimpro (Dacomitinib) • Vosevi (Sofosbuvir/Velpatasvir/Voxilaprevir) • Votrient (Pazopanib) • Vuity 1.25% Ophthalmic Solution (Pilocarpine HCl Ophthalmic Solution) • Xolair (Omalizumab) (Prefilled Syringe) • Xyrem (Sodium Oxybate) • Xywav (Calcium, Magnesium, Potassium, and Sodium Oxybates) • Zovirax Ointment (Acyclovir) • Zydelig (Idelalisib) • Zypitamag (Pitavastatin) | | |
| Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation | Revised | Mar. 1, 2022 |

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|------------------------------------------------------------------------------------|---------|----------------|
| Ilumya™ (Tildrakizumab-Asmn) | Revised | Feb. 1, 2022 |
| Implanted Electrical Stimulator for Spinal Cord | Revised | Mar. 1, 2022 |
| Molecular Oncology Testing for Cancer Diagnosis, Prognosis and Treatment Decisions | Revised | Feb. 1, 2022 |
| Orencia® (Abatacept) Injection for Intravenous Infusion | Revised | Feb. 1, 2022 |
| Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®) | Revised | Feb. 1, 2022 |
| Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®) | Updated | Feb. 1, 2022 |
| Simponi Aria® (Golimumab) Injection for Intravenous Infusion | Revised | Feb. 1, 2022 |
| Skin and Soft Tissue Substitutes | Revised | Jan. 1, 2022 |
| Speech Generating Devices | Updated | Jan. 1, 2022 |
| Stelara® (Ustekinumab) | Revised | Feb. 1, 2022 |
| Surgery of the Hip | Revised | Mar. 1, 2022 |
| Surgery of the Knee | Revised | Feb. 1, 2022 |
| Surgery of the Shoulder | Revised | Mar. 1, 2022 |
| Surgical Treatment for Spine Pain | Revised | Mar. 1, 2022 |
| Temporomandibular Joint Disorders | Revised | Mar. 1, 2022 |
| Video Electroencephalographic (vEEG) Monitoring and Recording | Revised | Feb. 1, 2022 |
| Vitamin D Testing | New | Mar. 1, 2022 |
| Xiaflex® (Collagenase Clostridium Histolyticum) | Revised | Feb. 1, 2022 |

Administrative Policy Updates

| Policy Title | Status | Effective Date |
|-----------------------------------------------------------------------------------------------------|---------|----------------|
| Ambulance Services | Updated | Jan. 1, 2022 |
| Comprehensive and Component CPT Codes | Updated | Jan. 1, 2022 |
| Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements | Updated | Jan. 1, 2022 |
| In-Office Laboratory Testing and Procedures List | Updated | Jan. 1, 2022 |
| Site of Service Differential | Updated | Jan. 1, 2022 |
| Specialty Pharmacy for Certain Specialty Medications Administered in an Outpatient Hospital Setting | Updated | Jan. 1, 2022 |

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.