

UnitedHealthcare Oxford Policy Update Bulletin Quick View: January 2025



A list of recently approved, revised, and/or retired Clinical and/or Administrative Policies is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the [Policy Update Bulletin: January 2025](#).**

Take Note

Annual CPT/HCPCS Code Updates

Effective **Jan. 1, 2025**, all applicable Clinical and Administrative Policies will be updated to reflect the 2025 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 \(HCPCS\) Quarterly Update](#)

Refer to the [Oxford Policy Update Bulletin: January 2025](#) for a list of impacted policies and corresponding details.

Update: Medical Records Documentation Used for Reviews

Effective **Jan. 1, 2025**, the list of *Required Clinical Information/Documentation Requirements* will be removed from applicable Clinical Policies and replaced with an instruction to refer to the protocol titled [Medical Records Documentation Used for Reviews](#) for related information. Unless otherwise announced, there will be no change to the requirements as a result of this update. Refer to the [Oxford Policy Update Bulletin: January 2025](#) for a list of impacted policies.

Clinical Policy Updates

| Policy Title | Status | Effective Date |
|--|---------|----------------|
| Airway Clearance Devices | Revised | Mar. 1, 2025 |
| Cardiology Procedures for eviCore healthcare Arrangement | Updated | Jan. 1, 2025 |
| FDA Cleared or Approved Companion Diagnostic Testing | Revised | Mar. 1, 2025 |
| Hysterectomy | Revised | Mar. 1, 2025 |
| Interspinous Fusion and Decompression Devices | Updated | Feb. 1, 2025 |
| Obstructive and Central Sleep Apnea Treatment | Revised | Feb. 1, 2025 |
| Radiation Therapy: Fractionation, Image-Guidance, and Special Services | Revised | Feb. 1, 2025 |
| Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery | Revised | Feb. 1, 2025 |
| Total Artificial Disc Replacement for the Spine | Revised | Feb. 1, 2025 |
| Treatment of Temporomandibular Joint Disorders | Revised | Feb. 1, 2025 |
| Vagus and External Trigeminal Nerve Stimulation | Revised | Feb. 1, 2025 |
| Vertebral Body Tethering for Scoliosis | Updated | Feb. 1, 2025 |

Administrative Policy Updates

| Policy Title | Status | Effective Date |
|--|---------|----------------|
| Follow-Up Care Rendered in an Emergency Room Site of Service | Retired | Jan. 1, 2025 |

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 changes to our UnitedHealthcare Oxford® Clinical and Administrative Policies. 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 Clinical and Administrative Policies is available at UHCprovider.com/policies > For Commercial Plans > [UnitedHealthcare Oxford Clinical and Administrative Policies](#).