

# UnitedHealthcare Oxford Policy Update Bulletin Quick View: April 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: April 2025](#).**

## Take Note

### Quarterly CPT/HCPCS Code Updates

Effective **Apr. 1, 2025**, all applicable Clinical Policies have been updated to reflect the quarterly 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: April 2025](#) for a list of impacted policies and corresponding details.

## Clinical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Ambulance Services</a>	Updated	May 1, 2025
<a href="#">Athletic Pubalgia Surgery</a>	Retired	Apr. 1, 2025
<a href="#">Cardiovascular Disease Risk Tests</a>	Revised	May 1, 2025
<a href="#">Category III Codes</a>	Updated	May 1, 2025
<a href="#">Fecal Microbiota Transplantation</a>	Retired	Apr. 1, 2025
<a href="#">Implantable Loop Recorders and Wearable Heart Rhythm Monitors</a>	Revised	May 1, 2025
<a href="#">Infertility Diagnosis, Treatment, and Fertility Preservation</a>	Revised	May 1, 2025
<a href="#">Rhinoplasty and Other Nasal Procedures</a>	Updated	May 1, 2025
<a href="#">Transanal Minimally Invasive Surgical Procedures</a>	Retired	Apr. 1, 2025
<a href="#">Transcatheter Procedures for Heart Valve Conditions</a>	Updated	May 1, 2025
<a href="#">Transpupillary Thermotherapy</a>	Retired	Apr. 1, 2025

## Administrative Policy Updates

Policy Title	Status	Effective Date
<a href="#">In-Office Laboratory Testing and Procedures List</a>	Revised	May 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](https://UHCprovider.com/policies) > For Commercial Plans > [UnitedHealthcare Oxford Clinical and Administrative Policies](#).