



BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

November 2019 Medical Policy Updates

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan frequently revise the medical policies we use to make clinical determinations for a member’s coverage. Here are medical policies that have been updated or newly added. A revision history for each policy is included. Please visit the Medical Policies and Clinical Guidelines pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 236	Therapeutic Drug Monitoring for 5-Fluorouracil	NEW POLICY
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	Interim review updating policy to update language regarding home sleep studies. Changing verbiage to home sleep apnea test and updating the description of devices adequate for performing this testing. In relation to that, will be updating background, description, rationale and references.
CAM 204120	Gene Expression Profiling for Uveal Melanoma	Annual review. Updating policy with additional coverage criteria for copy number assessment for chromosomes 3, 6 and/or 8 and sequence analysis of BAP1, EIF1AX, PRAME and SF3B1. Reformatting for clarity.
CAM 20441	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Annual review, updating policy verbiage to expand coverage for FibroTest, FibroSure and ELF. Expanding list of noncovered testing. Also adding medical necessity verbiage regarding magnetic resonance elastography (CPT 76391), previously considered investigational, will now have medical necessity criteria. Reformatting for clarity.
CAM 093	Pembrolizumab (Keytruda)	Annual review, updating policy verbiage to include medical necessity for recent FDA approval for treatment of hepatocellular carcinoma, Merkel cell carcinoma, renal cell carcinoma and endometrial carcinoma. No other changes.
CAM 164	Ultraviolet Light Therapy in the Home Setting (UVB)	Interim review to add vitiligo as an approved indication for treatment. No other changes made.
CAM 051	Allergen Testing	Annual review, Updating title, description, policy, rationale, regulatory status, references and coding. No other changes made.
CAM 180	Avelumab (Bavencio®)	Annual review, no change to policy intent. Policy rewritten for clarity.
CAM 90305	Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy	Annual review no change to policy intent. Updating regulatory status and rationale.
CAM 048	CT Scanning of the Chest (Thorax) and Chest (Non-Coronary) Computed Tomography Angiography (CTA)	Annual review, no change to policy intent.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Annual review, adding policy statement regarding NAAT or PCR-based testing for T. vaginalis and rapid identification of Trichomonas. Also updating coding.

CAM 20426	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis	Annual review, adding medical necessity statement for testing prior to fecal microbiota transplant for specific organisms. Policy being reformatted for clarity.
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	Annual review, no change to policy intent. Reformatting for clarity. Updating coding.
CAM 80118	Lysis of Epidural Adhesions	Annual review, no change to policy intent. Updating regulatory status and rationale.
CAM 20458	Nerve Fiber Density Testing	Annual review, no change to policy intent. Updating background, rationale and references. Policy verbiage reformatted for clarity.
CAM 30103	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder	Annual review, no change to policy intent. Updating rationale and references.
CAM 177	RADICAVA (edaravone injection)	Annual review, no change to policy intent. Updating policy verbiage for clarity.
CAM 90315	Retinal Prosthesis	Annual review, no change to policy intent. Updating rationale.