



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

August 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 50122	Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies	Annual review, updating policy verbiage to only address use of Kadcyła, refer to CAM 50112 for trastuzumab/trastuzumab-dkst (Herceptin/Ogivri)
CAM 009	Allergy Immunotherapy	Interim review, updating units allowable language to read 120 units in a 12-month period from the previous 30 units in a 12-week period. Also defining which specialty types can be considered for this service .
CAM 20485	BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia	Annual review, updating policy criteria #2, bullet point #3 for specificity. Also updating coding.
CAM 220	CD 5 Complement Inhibitors	Interim review to provide coverage for newly approved indications myasthenia gravis and neuromyelitis optica spectrum disorder. No other changes.
CAM 204122	Chromosomal Microarray	Annual review, policy being updated to include verbiage regarding maternal cell contamination. Policy item # 6 updated to include "postnatal" for specificity, does not change intent of policy. Updating coding.
CAM 172	Daratumumab (Darzalex®) Injection	Annual review, adding medical necessity criteria for newly diagnosed patients who are ineligible for an autologous stem cell transplant. No other changes.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Interim review to expand ICD coding. No change to policy intent.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Interim review, policy entirely revised to allow services as medically necessary that were previously investigational in nature.
CAM 20125	Erectile Dysfunction	Annual review. Removing verbiage regarding LH, FSH and prolactin testing, as this is addressed in other policies. No other changes made.
CAM 200	Folate Testing	Updated policy to include diagnosis of megaloblastic or macrocytic anemia. No other changes made.
CAM 20436	Gene Expression Testing for Breast Cancer Prognosis	Annual review, updating coding and policy. Policy updates are in line with NCCN recommendations and relate to tumor site and type, potential treatment, staging and timing of diagnosis. Updating verbiage related to testing for males for clarity.
CAM 167	General Genetic Testing, Somatic Disorders	Interim review to remove the word "hematologic" from the first medical necessity statement.
CAM 204104	Genetic Testing for Alpha- and Beta-Thalassemia	Annual review, updating title and policy to include Beta thalassemia. Also updating coding.
CAM 20487	Genetic Testing for Hereditary Hearing Loss	Annual review, updating title to remove "nonsyndromic," updating verbiage in criteria for implementation and clarity, adding verbiage regarding gene panel tests/NGS technologies for suspected syndromic hearing loss.
CAM 20480	Genetic Testing for Hereditary Hemochromatosis	Interim review to reword policy criteria #1 for specificity and clarity. No other changes.
CAM 20443	Genetic Testing for Inherited	Annual review, major revision of policy to now include information from CAM

	Cardiomyopathies and Channelopathies	204114 & 20228. Those policies will be archived upon the revised version of this policy being published. Updating entire policy.
CAM 20494	Genetic Testing for Lactase Insufficiency	Annual review, adding: 2. Genetic testing of the LCT gene and/or MCM6 gene for lactose intolerance and/or lactase insufficiency is considered INVESTIGATIONAL to address proprietary genetic tests
CAM 204110	Genetic Testing for Mental Health Conditions	Annual review, rephrasing policy verbiage for clarity, no change to policy intent.
CAM 204137	Genetic Testing for Neurofibromatosis and Related	Annual review, updating title and coding. Significant additions to policy criteria to include criteria for SMARCB1 and LZTR1, SPRED1 and CMMRD testing.
CAM 20489	Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies	Annual review, rewording criteria #2 for clarity, adding medical necessity language related to hereditary motor neuropathy testing and adding a reimbursement statement. Updating coding.
CAM 20113	Human Antihemophilic Factor (AHF)	Added code 'J7208'
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Interim review to indicate that cytoreductive surgery plus HIPEC is considered NOT MEDICALLY NECESSARY for peritoneal carcinomatosis from colorectal cancer, gastric cancer or endometrial cancer and for all other indications, including goblet cell tumors of the appendix. Also indicating the use of HIPEC in all other settings to treat ovarian cancer, including, but not limited to, stage IIIC or IV ovarian cancer is considered NOT MEDICALLY NECESSARY. Both statements previously indicated that the services were INVESTIGATIONAL for those issues. No other changes made.
CAM 077	Oral Screening, Lesion Identification Systems and Genetic Screening	Annual review, updating list of tests considered investigational and adding CPT 81599 to the policy. No other changes made.
CAM 181	Pathogen Panel Testing	Annual review, adding urine sample based tests such as UroSwab to the investigational list for specificity. Updating coding.
CAM 40114	Prenatal Screening for Fetal Aneuploidy	Interim review to add code Z36.82 to the coding section.
CAM 20302	Serum Tumor Markers for Malignancies	(Interim review updating policy criteria regarding: Castleman's Disease, uPA testing, AFP-L3 testing and REVEAL Lung Nodule Testing. Also updating coding.
CAM 225	Sufentanil Sublingual Tablet (Dsuvia)	NEW POLICY
CAM 20479	Testing for Alpha-1 Antitrypsin Deficiency	Annual review, reformatting policy verbiage for clarity and including verbiage regarding SERPINA 1 testing and testing in first-degree relatives. Also updating coding.
CAM 20445	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Annual review, updating policy with medical necessity verbiage for NTRK and TMB testing, no other change to policy intent. Updating coding.
CAM 60160	Therapeutic Radiopharmaceuticals in Oncology	Interim review, updating HCPCS coding. No other changes.
CAM 135	Thyroid Disease Testing	Interim review to update coding and specificity related to Total T4 testing during pregnancy.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Interim review, updating coding. No change to policy intent.
CAM 20215	Wearable Cardioverter-Defibrillators	Updating policy verbiage with medical necessity criteria.
CAM 153	Zika Virus Risk Assessment	Interim review to add coverage related to the CDC recommendation for testing of infants.
CAM 701153	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	Annual review, no change to policy intent. Updating rationale and references.
CAM 047	Amniotic Membrane and Limbal Stem Cell Transplantation for the Treatment of Ocular Conditions	Annual review, no change to policy intent.

CAM 80307	Back School	Annual review, no change to policy intent.
CAM 50118	Bevacizumab in Advanced Adenocarcinoma of the Pancreas	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20129	Biofeedback as a Treatment of Headache	Annual review, no change to policy intent. Updating rationale and references.
CAM 049	Brain Natriuretic Peptide (BNP)	Annual review, no change to policy intent.
CAM 701128	Bronchial Valves	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 193	Cardiac Biomarkers for Myocardial Infarction	Annual review, no change to policy intent.
CAM 80308	Cardiac Rehabilitation in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 70313	Composite Tissue Allotransplantation of the Hand and Face	Annual review, no change to policy intent. Updating rationale and references.
CAM 20225	Computerized 2-lead Resting Electrocardiogram Analysis for the Diagnosis of Coronary Artery Disease	Annual review, no change to policy intent.
CAM 2013	Cutaneous Electrogastrography (EGG)	Annual review, no change to policy intent.
CAM 154	DNA Ploidy Cell Cycle Analysis	Annual review, no change to policy intent. One clarification made regarding DNA index. Also updating coding.
CAM 60154	Dopamine Transporter Imaging with Single Photon Emission Computed Tomography (DAT-SPECT)	Annual review, no change to policy intent. Updating references.
CAM 115	Durable Medical Equipment (DME)	Annual review, no change to policy intent.
CAM 70160	Dynamic Cardiomyoplasty	Annual review, no change to policy intent.
CAM 70186	Endovascular Stent Grafts for Disorders of the Thoracic Aorta	Annual review, no change to policy intent. Updating description, background and references.
CAM 80136	Extracorporeal Photopheresis	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 90329	Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 60127	FDG Using Camera-Based Imaging (FDG-SPECT)	Annual review, no change to policy intent.
CAM 205	General Inflammation Testing	Annual review, no change to policy intent.
CAM 204124	Genetic Testing for Acute Myeloid Leukemia	Annual review, no change to policy intent. Updating guidelines
CAM 044	Genetic Testing for Cystic Fibrosis	Annual review, no change to policy intent.
CAM 20488	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Annual review, no change to policy intent. Adding note directing reader to CAM 204115 if needed.
CAM 80129	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	Annual review, no change to policy intent. Updating rationale and references.
CAM 80154	Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80120	Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas	Annual review, no change to policy intent. Updating rationale and references.

CAM 20418	HIV Genotyping and Phenotyping	Annual review, no change to policy intent.
CAM 80137	Inhaled Nitric Oxide	Annual review, no change to policy intent. Updating rationale and references.
CAM 80146	Intensity-Modulated Radiotherapy of the Breast and Lung	Annual review, no change to policy intent. Updating references.
CAM 80148	Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid	Annual review, no change to policy intent. Updating description.
CAM 70312	Islet Cell Transplantation	Annual review, no change to policy intent. Updating rationale and references.
CAM 472	Laboratory/Pathology Services	Annual review, no change to policy intent.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent. Coding for IMLYGIC administration. Guidelines updated regarding coding. No change to policy intent.
CAM 10405	Microprocessor-Controlled Prosthetic for the Lower Limb	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 60129	MRI of the Breast	Annual review, no change to policy intent.
CAM 20490	Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes	Annual review, no change to policy intent.
CAM 20461	Multigene Expression Assay for Predicting Recurrence in Colon Cancer	Annual review, no change to policy intent. Updating coding.
CAM 60156	Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 204136	Nutrient/Nutritional Panel Testing	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Annual review, no change to policy intent. Updating coding.
CAM 70129	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)	Annual review, no change to policy intent.
CAM 701139	Peripheral Subcutaneous Field Stimulation	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20199	Polysomnography for Non-Respiratory Sleep Disorders	Annual review, no change to policy intent. Updating rationale and references.
CAM 10128	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Annual review, no change to policy intent. Updating rationale and references.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Annual review, no change to policy intent
CAM 70191	Radiofrequency Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 80150	Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma	Annual review, no change to policy intent.
CAM 171	Radium Ra 223 (Xofigo®) Injection	Annual review, no change to policy intent.

CAM 70121	Reduction Mammoplasty for Breast-Related Symptoms	Annual review, no change to policy intent. Updating rationale and references.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Annual review, no change to policy intent. Rephrasing policy verbiage for clarity and updating coding.
CAM 701159	Sphenopalatine Ganglion Block for Headache	Annual review, no change to policy intent. Updating rationale and references.
CAM 701134	Steroid-Eluting Sinus Stents	Annual review, no change to policy intent. Updating title, description, regulatory status, guidelines and references.
CAM 70113	Surgical Treatment of Bilateral Gynecomastia	Annual review, no change to policy intent. Updating rationale and references.
CAM 20121	Temporomandibular Joint Dysfunction	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80111	Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies	Annual review, no change to policy intent.
CAM 20214	Transcoronary Ablation of Septal Hypertrophy (TASH)	Annual review, no change to policy intent.
CAM 20216	Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis	Annual review, no change to annual review. Updating rationale and references.
CAM 60115	Videofluoroscopic Evaluation of Velopharyngeal Dysfunction	Annual review, no change to policy intent.