



## April 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](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) regularly to stay informed of these changes and to read any policy in its entirety.

**Policy Archiving Notice:** During our recent review of **CAM 132 – Lipid Panels**, we found the verbiage in the policy is identical to the policy information written in **CAM 188 – Cardiovascular Disease Risk Assessment**. Effective May 1, 2019, CAM 132 will be archived and CAM 188 will need to be referenced for the policy coverage of the many different types of cardiovascular lab testing, to include lipid panels.

Policy #	Policy Name	Recent Changes
CAM 218	Pharmacogenetic Testing	NEW POLICY
CAM 216	Imfinzi (durvalumab)	NEW POLICY
CAM 10128	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	<b>03/20/2019</b> Interim review to add the following statement already published in CAM 115: Vascular Compression Units (VCU), utilized postoperatively for cold/compression therapy, as well as DVT and PE prevention, including, but not limited to, ThermoTek, VascuTherm 2, VascuTherm 3, ThermaCare, are considered NOT MEDICALLY NECESSARY.
CAM 70121	Reduction Mammoplasty for Breast-Related Symptoms	<b>03/20/2019</b> Interim review to update policy verbiage for clarity of amount of tissue to be removed and update to appendix 1. No other changes made. <b>08/13/2018</b> Annual review, no change to policy intent. Updating background and description. <b>12/12/2017</b> Updating policy with website after Appendix one. No other changes. <b>09/12/2017</b> Update policy with Appendix one. No other changes.
CAM 176	Telehealth	<b>03/28/2019</b> Interim Review. Updated Policy Guidelines and definition of services and updated coding. <b>10/18/2018</b> Annual review of policy, multiple revisions to description and policy for clarity, intent of policy unchanged. Removing modifier GT from coding section.

Policy #	Policy Name	Recent Changes
CAM 70109	Risk-Reducing Mastectomy	<p><b>04/01/2019</b> Annual review, updating entire policy to change the verbiage "prophylactic mastectomy" to "risk-reducing mastectomy" in line with NCCN verbiage. Also removing policy statement: "Prophylactic mastectomy may be considered MEDICALLY NECESSARY in patients with such extensive mammographic abnormalities (i.e., calcifications) that adequate biopsy or excision is impossible."</p>
CAM 50116	Intravenous Anesthetics for the Management of Chronic Neuropathic Pain	<p><b>04/02/2019</b> Annual review, adding "psychiatric disorders" to the policy statement. No change to policy intent, also expanded list of other investigational issues. Also updating rationale and references.</p> <p><b>04/16/2018</b> Annual review, no change to policy intent. Updating background and description, rationale and references.</p> <p><b>02/12/2018</b> Interim review to update policy verbiage for clarity and specificity. No other changes made.</p>
CAM 135	Thyroid Disease Testing	<p><b>04/02/2019</b> Annual review, adding policy statement: Testing for thyroid dysfunction in asymptomatic nonpregnant individuals for thyroid disease DOES NOT MEET COVERAGE CRITERIA during general exam without abnormal findings. Updating coding. No other changes.</p>
CAM 128	ANA/ENA Testing	<p><b>04/02/2019</b> Annual review, adding the following policy statement: Testing of specific antibodies when ANA test is negative or low positive MEETS COVERAGE CRITERIA only in the following situations: Testing for Anti-Jo-1 in unique clinical subset of myositis, Testing for Anti-SSA in the setting of lupus or Sjögren's syndrome. Updated coding section.</p> <p><b>04/17/2018</b> Annual review, no change to policy intent.</p> <p><b>04/26/2017</b> Interim review to align with Avalon quarterly schedule. Updated category to Laboratory</p> <p><b>03/20/2017</b> Interim review, updating policy for clarity.</p> <p><b>03/07/2017</b> Updated coding section.</p>
CAM 20406	Testing for Diagnosis of Helicobacter Pylori	<p><b>04/02/2019</b> Annual review, no change to policy intent. Policy statement #10 rewritten for clarity/specificity. Also updating coding.</p> <p><b>06/26/2018</b> Updated coding section. No other changes made.</p> <p><b>05/16/2018</b> Annual review, major rewrite to policy verbiage with an expansion in medical necessity criteria to allow testing as well as a delineation for criteria related to adults and children. No other changes made.</p>

Policy #	Policy Name	Recent Changes
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	<p><b>04/15/2019</b> Interim review to add USPSTF recommendation: Perinatal depression: counseling and intervention: The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. No other changes made.</p> <p><b>02/11/2019</b> Interim review to update USPSTF recommendation released 01/31/2019 for gonorrhea prophylactic medication: newborns.</p> <p><b>11/21/2018</b> Interim review to update the 2013 recommendation regarding alcohol misuse. No change to intent of recommendation, mirroring the updated USPSTF verbiage. No other changes made.</p> <p><b>10/17/2018</b> Interim review. Adding coverage for CPT code 81528 in the colon cancer screening section of the policy.</p> <p><b>09/11/2018</b> Interim review updating language for colorectal screening to mirror USPSTF language, adding new recommendation language regarding syphilis screening in pregnant women, updating language regarding cervical cancer screening (no change to intent, mirroring USPSTF verbiage) and updating fall-prevention language, which has removed requirements for physical therapy and vitamin D.</p> <p><b>07/23/2018</b> Interim review, adding Z113 and V745 in relation to gonorrhea testing/screening. No other changes made.</p> <p><b>07/11/2018</b> Interim review, adding updated verbiage related to osteoporosis screening from USPSTF (no change to policy intent), adding Bright Futures recommendations regarding newborn bilirubin testing and psychosocial/behavioral assessments. No other changes.</p> <p><b>04/18/2018</b> Interim Review. Breast Cancer Screening adding codes, G0202 and Human Immunodeficiency virus, counseling and screening deleted code ICD10 Z390-Z392.No other changes.</p> <p><b>04/10/2018</b> Interim review, adding most recent recommendations related to skin cancer behavioral counseling, screening for diabetes mellitus after pregnancy and screening for urinary incontinence in women. No other changes.</p> <p><b>04/04/2018</b> Updating HRSA Bright Futures recommendations: Alcohol &amp; Drug use screening adding 99409, G0442 &amp; G0443, Adding 99401 &amp; 99402 for HIV counseling, editing.</p>
CAM 119	Prenatal Screening	Annual review, adding statement: "Next generation sequencing (NGS) panel testing of either Ashkenazi Jewish-related disorders panel or panethnic carriers screening panel of 15 tests, as long as a single appropriate AMA genetic sequencing procedure test code is submitted." No other changes to policy intent. Updating coding.
CAM 148	Surgery for Lymphedema	Annual review, no change in policy intent.

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 20182	Bioimpedance Devices for Detection and Management of Lymphedema	Annual review, no change in policy intent. Updating rationale.
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	Annual review, no change to policy intent or USPSTF guidelines regarding these services.
CAM 069	Abatacept (Orencia®)	Annual review, no change to policy intent.
CAM 90328	Corneal Collagen Cross-linking	Annual review, no change to policy intent.
CAM 201100	Dry Needling and Trigger Point Injections for Myofascial Pain	Annual review, no change to policy intent.
CAM 80301	Functional Neuromuscular Electrical Stimulation , Robotic-assisted Rehabilitation & Robotic-assisted Orthotics	Annual review, no change to policy intent.
CAM 20228	Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy	Annual review, no change to policy intent.
CAM 20473	Intracellular Micronutrient Analysis	Annual review, no change to policy intent.
CAM 90323	Intravitreal Corticosteroid Implants	Annual review, no change to policy intent.
CAM 204129	Marfan Syndrome Testing	Annual review, no change to policy intent.

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CAM 058	Omalizumab (Xolair®)	Annual review, no change to policy intent.
CAM 110	Pre-implantation Genetic Testing	Annual review, no change to policy intent.
CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent.
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent.
CAM 061	Tocilizumab (Actemra®)	Annual review, no change to policy intent.
CAM 164	Ultraviolet Light Therapy in the Home Setting (UVB)	Annual review, no change to policy intent.
CAM 204119	Vectra DA Blood Test for Rheumatoid Arthritis	Annual review, no change to policy intent.
CAM 10119	Threshold Electrical Stimulation as a Treatment of Motor Disorders	Annual review, no change to policy intent.
CAM 10122	Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy and Miscellaneous Musculoskeletal	Annual review, no change to policy intent.
CAM 20155	Breast Duct Endoscopy	Annual review, no change to policy intent.
CAM 163	Light Therapy for Dermatologic Conditions	Annual review, no change to policy intent.

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 20173	Actigraphy	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 20156	Low-Level Laser Therapy	Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 10117	Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	Annual review, no change to policy intent. Updating guidelines with updated coding.
CAM 20130	Biofeedback as a Treatment of Chronic Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 60125	Percutaneous Vertebroplasty and Sacroplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 80152	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used With Autologous Bone Marrow)	Annual review, no change to policy intent. Updating rationale and references.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating rationale and references.
CAM 80116	Chemical Peels	Annual review, no change to policy intent. Updating rationale.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating rationale.

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CAM 10123	Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	Annual review, no change to policy intent. Updating rationale.
CAM 20482	Venous Thrombosis Risk Testing	Annual review, updating title to reflect scope of testing being addressed.
CAM 019	Implantable Hormone Pellets for Females	Annual review, updating title, no change to policy intent.
CAM 20464	Systems Pathology in Prostate Cancer	ARCHIVED
CAM 204108	Noninvasive Fetal RHD Genotyping Using Cell-Free Fetal DNA	ARCHIVED (Addressed in CAM 119 Prenatal Screening)
CAM 20447	Biomarker Genes for Detection of Lymph Node Metastases in Breast Cancer	ARCHIVED (Addressed in multiple policies)
CAM 20422	High-Sensitivity C-Reactive Protein and Peripheral Arterial Tonometry	ARCHIVED (Included in CAM 188 Cardiovascular Disease Risk Assessment)
CAM 20438	Cytochrome p450 Genotyping	ARCHIVED (Included in CAM 218 Pharmacogenetic Testing)
CAM 20448	Genetic Testing for Warfarin Dose	ARCHIVED (Included in CAM 218 Pharmacogenetic Testing)
CAM 204131	Pharmacogenetic Testing for Pain Management	ARCHIVED (Included in CAM 218 Pharmacogenetic Testing)