



**May 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 Number	Policy Name	Recent Changes
CAM 132	Lipid Panels	<b>****ARCHIVED**** (included in CAM 188 Cardiovascular Disease Risk Assessment)</b>
CAM 20433	Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer	<b>****ARCHIVED****(included in CAM 20302 Serum Tumor Markers for Malignancies)</b>
CAM 204144	Gene Therapy for Inherited Retinal Dystrophy/ Luxturna™	<b>****NEW POLICY****</b>
CAM 219	Ketamine for the Treatment of Depression	<b>****NEW POLICY****</b>
CAM 50129	Monoclonal Antibody Therapies for Migraine Prevention	<b>****NEW POLICY****</b>
CAM 169	Lynch Syndrome Testing	<b>04/02/2019</b> Annual review, major revision of policy for clarity and specificity of coding and testing criteria. Also adding rationale, regulatory status and updating coding. <b>07/26/2018</b> Annual review, rewriting medical necessity criteria to address the genes being tested in one medical necessity statement rather than breaking them out individually. Removing age criteria for testing. Updating guidelines to reflect the changes in the policy criteria.
CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	<b>04/02/2019</b> Interim review updating coding. No change to policy intent. <b>01/10/2019</b> Annual review, updating policy title to enlarge scope of policy to include Iron Homeostasis and Metabolism. Adding additional criteria for medical necessity, adding investigational testing statements. Updating ICD coding. Adding "Note 1."

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CAM 20493	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	<p><b>04/12/2019</b> Returned from management review to add PLA codes 0104U, 0101U, 0103U and 0102U, which will become effective 07/19/2019.</p> <p><b>04/04/2019</b> Annual review, no change made to policy intent.</p> <p><b>01/11/2019</b> Interim review, updating policy verbiage to include medical necessity criteria (service previously considered investigational for all indications). Also updating background, description, rationale and references</p>
CAM 176	Telehealth	<p><b>04/24/2019</b> Interim review to add licensed professional counselor and licensed marriage and family therapist as specialty types approved to file for telehealth services. No other changes made.</p> <p><b>03/28/2019</b> Interim Review. Updated Policy Guidelines and definition of services and updated coding.</p> <p><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.</p>
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	<p><b>04/25/2019</b> Interim review to add Bright Futures verbiage regarding tuberculosis screening and testing.</p> <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>
CAM 166	General Genetic Testing, Germline Disorders	<p><b>05/10/2019</b> Updating verbiage regarding genetic counseling for specificity..</p> <p><b>04/03/2019</b> Annual review, adding policy statement #3 regarding germline multi gene panel testing. No other changes to policy intent. Also updating coding.</p>

Policy Number	Policy Name	Recent Changes
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	<p><b>05/13/2019</b> Updated policy section. No other changes</p> <p><b>05/02/2019</b> Annual review, updating policy verbiage regarding supervised polysomnography from: Supervised polysomnography in a sleep laboratory may be considered <b>MEDICALLY NECESSARY</b> as a diagnostic test in patients with any of the following (1-3): Also updated description, background, policy guidelines, rationale and references.</p> <p><b>07/09/2018</b> Interim review to expand medical necessity criteria related to oral appliances. Expansion allows that failed APAP trial is no longer required for patients with greater than 5 and less than or equal to 30 AHI/hr. If greater than 30 AHI/ hr, will still require APAP trial unless contraindicated. No other changes made.</p> <p><b>05/28/2018</b> Annual review, adding investigational statement related to palate and mandible expansion devices. Also updating description, background, regulatory status, rationale and references.</p> <p><b>05/25/2017</b> Annual review, no change to policy intent. Updating background, description, rationale and references.</p> <p><b>02/13/2017</b> Interim review, removing CPAP as the standard of care and replacing it with APAP.</p>
CAM 060	Rituximab	Added myasthenia and immune checkpoint inhibitor related toxicities as investigational
CAM 20101	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Annual review with major rewrite of policy for clarity and specificity of testing. Also updating description, rationale, references and coding.
CAM 20402	BRCA	Annual review with reformatting and revision of medical policy criteria, also reformatting description, rationale and references.
CAM 188	Cardiovascular Disease Risk Assessment	Annual review, adding medical necessity criteria for high sensitivity C reactive protein (hs-CRP) testing. Also updating coding.
CAM 50123	Testosterone Replacement Therapies	Annual review, adding medical necessity criteria for HIV infected members and chronic steroid treatment. Also updating description, background, guidelines, rationale and references.
CAM 20416	Diagnosis of Vaginitis including Multi-target PCR Testing	Annual review, adding one additional policy statement.
CAM 20302	Serum Tumor Markers for Malignancies	Annual review, major rewrite of policy for clarity and specificity of testing and requirements. Also updating description, rationale, regulatory status, coding and references.

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CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Annual review. Investigational statement added related to cryoneurolysis to treat knee osteoarthritis or total knee arthroplasty, RFA to treat pain associated with occipital neuralgia or cervicogenic headache and ablation of peripheral nerves in all other conditions with the exception of facet joint pain. Title, description, background, guidelines, rationale and references updated to include the updated policy verbiage.
CAM 204120	Gene Expression Profiling for Uveal Melanoma	Interim review to add code 0081U. No other changes.
CAM 20426	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis	Interim review to update coding. No change to policy intent.
CAM 20407	Urinary Tumor Markers for Bladder Cancer	Major revision for clarity and specificity. No change to policy intent.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Updating next review date. No other changes made.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 30102	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	Annual review, no change to policy intent.
CAM 512	Radiopharmaceutical Agents and Other In Vivo Diagnostic Aids	Annual review, no change to policy intent.
CAM 155	InflammaDry Test	Annual review, no change to policy intent, but, expanded specificity of tests that are not medically necessary. Also, updated coding.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.
CAM 365	Behavioral Health Guidelines	Annual review, no change to policy intent.
CAM 70165	Chronic Pulmonary Thromboendarterectomy	Annual review, no change to policy intent.
CAM 116	External Insulin Infusion Pump	Annual review, no change to policy intent.

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CAM 168	Familial Adenomatous Polyposis and MUYTH-Associated Polyposis Testing	Annual review, no change to policy intent.
CAM 204109	Genetic Testing for Epileps	Annual review, no change to policy intent.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent.
CAM 30201	Methadone Treatment for Opiate Addiction	Annual review, no change to policy intent.
CAM 701125	Occipital Nerve Stimulation	Annual review, no change to policy intent.
CAM 170	Ocrelizumab (Ocrevus™)	Annual review, no change to policy intent.
CAM 70166	Partial Left Ventriculectomy	Annual review, no change to policy intent.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow with or without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 20122	Plasma HIV-1 RNA Quantification for HIV-1 Infection	Annual review, no change to policy intent.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.

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CAM 60130	Screening for Lung Cancer Using CT Scanning	Annual review, no change to policy intent.
CAM 40115	Speculoscopy	Annual review, no change to policy intent.
CAM 70116	Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinson's Disease	Annual review, no change to policy intent.
CAM 60107	Transcranial Doppler Ultrasound	Annual review, no change to policy intent.
CAM 70188	Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	Annual review, no change to policy intent.
CAM 70199	Vasectomy Using a Polymeric Clip	Annual review, no change to policy intent.
CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent.
CAM 90326	Viscocanalostomy and Canaloplasty	Annual review, no change to policy intent.
CAM 70153	Transjugular Intrahepatic Portosystemic Shunt (TIPS)	Annual review, no change to policy intent.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, no change to policy intent. Updating background and rationale.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Faciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70307	Lung and Lobar Lung Transplant	Annual review, no change to policy intent. Updating background, rationale and references.

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CAM 70179	Whole Gland Cryoablation of Prostate Cancer	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80204	Lipid Apheresis	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 80155	Stem-cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 204141	Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	Annual review, no change to policy intent. Updating coding.
CAM 120	Flow Cytometry	Annual review, no change to policy intent. Updating coding.
CAM 20478	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, no change to policy intent. Updating coding.
CAM 70184	Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hearing Loss	Annual review, no change to policy intent. Updating guidelines to correct previous ordering of bullet points, no change to actual content. Also updating rationale.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating guidelines to include coding and staging of procedure.
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Annual review, no change to policy intent. Updating guidelines to remove outdated coding.
CAM 80149	Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis	Annual review, no change to policy intent. Updating rationale and description.
CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Annual review, no change to policy intent. Updating rationale and references.

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CAM 701121	Saturation Biopsy for Diagnosis and Staging of Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 204111	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management	Annual review, no change to policy intent. Updating rationale and references.
CAM 70154	Transmyocardial Revascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating rationale.
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating regulatory status, guidelines (coding updated), and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	Annual review, no change to policy intent. Updating regulatory status.
CAM 50112	Trastuzumab/Trastuzuma b-dkst (Herceptin/Ogivri)	Annual review, no change to policy intent. Updating title to include trastuzumab-dkst. Also updating rationale and references.
CAM 20460	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, no change to policy intent. Updating title to reflect scope of testing addressed. Also adding policy statement referring to related policy 204115 if testing 5 or more genes.
CAM 159	Lyme Disease Testing	Annual review, no change to policy intent. Updating verbiage for clarity. Also updating coding.
CAM 149	SIMPONI ARIA (golimumab injection for intravenous use)	Annual review, no change to policy intent.