



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

September 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 50133	Brexanolone for Postpartum Depression	NEW POLICY
CAM 230	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	NEW POLICY
CAM 229	Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedi™)	NEW POLICY
CAM 50105	Botulinum Toxin	Corrected typo in diagnosis code N39.81 to correct N39.41. No other changes made.
CAM 70192	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate Tumors or Dermatologic Tumors	Annual review, updating guidelines, rationale, references and coding.
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 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Adding Code J7331 to coding section.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Updating recommendation on vision screening by removing ICD coding requirements. Also adding statement that for members 6 years and older, 99174 and 99177 will be considered not medically necessary.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review to update BRCA verbiage, Hepatitis screening in adolescents and adults and adding verbiage for HIV preexposure prophylaxis.

CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Annual review additional medical necessity statements added for mesial temporal lobe epilepsy, malignant neoplastic intracranial lesions, uveal melanoma, primary or metastatic spinal or vertebral tumors, primary or metastatic tumors of the liver, primary renal cell carcinoma, and oligometastases involving the lung, adrenal gland and bone. Also updating description, background, regulatory status, guidelines, rationale and references.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Interim review to update verbiage regarding percutaneous technologies, which were previously investigational for all reasons, to state: Percutaneous Ventricular Assist Devices (VADs) may be medically necessary for some indications.
CAM 20305	Uses of Monoclonal Antibodies	Annual review, updating description and adding compendial uses for Mylotarg and Rituxan Hycela. No other changes made.
CAM 100105	Ambulance and Medical Transport Services	Annual review, no change to policy intent.
CAM 701105	Balloon Sinuplasty for Treatment of Chronic Sinusitis	Annual review, no change to policy intent. Updating regulatory status and references.
CAM 80157	Baroreflex Stimulation Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent. Updating rationale and references.
CAM 046	Breast Pumps	Annual review, no change to policy intent.
CAM 079	Breast Surgical Procedures/Prosthesis	Annual review, no change to policy intent.
CAM 20137	Canalith Repositioning as a Treatment of Benign Paroxysmal Positional Vertigo (BPPV)	Annual review, no change to policy intent.
CAM 20219	Catheter Ablation as Treatment for Atrial Fibrillation	Annual review, no change to policy intent. Updating background, guidelines, rationale, references and coding.
CAM 20404	Cervicography	Annual review, no change to policy intent.
CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	Annual review, no change to policy intent. Updating background, guidelines, benefit applications, rationale and references.
CAM 80158	Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 20163	Electrical Impedance Scanning of the Breast	Annual review, no change to policy intent.
CAM 20223	Electrocardiographic Body Surface Mapping	Annual review, no change to policy intent.
CAM 20217	End Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema	Annual review, no change to policy intent.

CAM 40104	Endometrial Ablation	Annual review, no change to policy intent.
CAM 20162	Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease	Annual review, no change to policy intent.
CAM 10114	Home Prothrombin Time Monitoring	Annual review, no change to policy intent.
CAM 70111	Ilizarov Bone-Lengthening Procedure	Annual review, no change to policy intent.
CAM 50110	Immune Prophylaxis for Respiratory Syncytial Virus	Annual review, no change to policy intent.
CAM 015	Influenza Vaccine	Annual review, no change to policy intent.
CAM 80159	Intensity-Modulated Radiotherapy: Central Nervous System Tumors	Annual review, no change to policy intent. Updating background, regulatory status, guidelines, rationale and references.
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent.
CAM 80144	Intradialytic Parenteral Nutrition	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 093	Ipilimumab (Yervoy)	Annual review, no change to policy intent.
CAM 20132	Ketogenic Diet as a Treatment of Refractory Epilepsy	Annual review, no change to policy intent.
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for the Myolysis of Uterine Fibroids	Annual review, no change to policy intent. Updating background, regulatory status, guidelines and references.
CAM 701137	Magnetic Esophageal Sphincter Augmentation to Treat Gastroesophageal Reflux Disease	Annual review, no change to policy intent. Updating background, guidelines, rationale, references and coding.
CAM 173	Medication Administration Site of Care	Annual review, no change to policy intent.
CAM 059	Natalizumab (Tysabri®)	Annual review, no change to policy intent.
CAM 014	Neuromuscular Electrical Stimulation (NMES)	Annual review, no change to policy intent.
CAM 90330	Ocriplasmin for Symptomatic Vitreomacular Adhesion	Annual review, no change to policy intent. Updating rationale.
CAM 90312	Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool to Detect Amblyogenic Factors	Annual review, no change to policy intent.
CAM 60105	Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma)	Annual review, no change to policy intent.
CAM 20116	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 20124	Sensory Stimulation for Coma Patients	Annual review, no change to policy intent. Updating rationale and references.

CAM 20439	Serum Holo-Transcobalamin as a Marker of Vitamin B12 (i.e., Cobalamin) Status	Annual review, no change to policy intent.
CAM 564	Surgical Guidelines (Secondary, Multiple Procedures, Co-Surgeons, Assistant Surgeons, Stand- By Physicians, Microsurgery/Microdissection)	Annual review, no change to policy intent.
CAM 701112	Transanal Endoscopic Microsurgery (TEMS)	Annual review, no change to policy intent. Updating rationale.
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Annual review, no change to policy intent. Updating background, guidelines, rationale and references.
CAM 701150	Vagus Nerve Blocking Therapy for Treatment of Obesity	Annual review, no change to policy intent. Updating background, rationale and references.