



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

June 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 20220	Correlated Audioelectric Cardiography	*****ARCHIVED*****
CAM 20451	Genetic Testing for Tamoxifen Treatment	*****ARCHIVED***** (Included in CAM 218 Pharmacogenetic Testing)
CAM 83	Eculizumab (Soliris®) IV	*****ARCHIVED***** (Included in CAM 220 CD 5 Complement Inhibitors)
CAM 50112	Trastuzumab/Trastuzumab-dkst (Herceptin/Ogivri)	Added codes (J9356, Q5112, Q5113, and Q5114) effective 07/01/19.
CAM 150	TECENTRIQ™ (atezolizumab)	Annual review adding coverage for: Tecentriq™ is considered MEDICALLY NECESSARY in combination with paclitaxel protein-bound for the treatment of adult patients with unresectable locally advanced or metastatic TNBC whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells (IC) of any intensity covering > 1% of the tumor area), as determined by an FDA approved test. and Tecentriq™ is considered MEDICALLY NECESSARY in combination with carboplatin and etoposide , for the first-line treatment of adult patients with extensive- stage small cell lung cancer (ES-SCLC). No other changes made. Please review for approval.
CAM 20113	Human Antihemophilic Factor (AHF)	Annual review including specific product names and updating coding.
CAM 195	Cimzia® (certolizumab pegol)	Annual review, adding medical necessity coverage for moderate to severe Crohn's disease. No other changes made.
CAM 046	Breast Pumps	Interim review indicating that Ameda is phasing out the Finesse model and replacing it with the Mya model.
CAM 20426	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis	Interim review to remove reference to CAM 20469 as this policy has been retired. No changes to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review to remove: IRON SUPPLEMENTATION FOR CHILDREN
CAM 154	DNA Ploidy Cell Cycle Analysis	Updated category from medicine to laboratory. No other changes made.

CAM 106	Nivolumab (Opdivo)	Annual review, adding medical necessity criteria "Opdivo is indicated for the treatment of patients with metastatic small cell lung cancer with progression after platinum-based chemotherapy and at least one other line of therapy". No other changes made.
CAM 50109	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Annual review, correcting typo in table two, updating rationale and references. No other changes made
CAM 108	Abdominoplasty, Panniculectomy and Lipectomy	Annual review, no change to policy intent.
CAM 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
CAM 90316	Conjunctival Incision with Posterior Juxtasclear Placement of Anecortave Acetate Depot Suspension	Annual review, no change to policy intent.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 70142	Endoscopic Laser for Gastrointestinal Bleeding	Annual review, no change to policy intent.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Annual review, no change to policy intent.
CAM 20106	Hypnosis	Annual review, no change to policy intent.
CAM 196	Inflectra™ (infliximab-dyyb)	Annual review, no change to policy intent.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 20172	Insulin Potentiation Therapy	Annual review, no change to policy intent.
CAM 60119	Intracoronary Doppler Ultrasound	Annual review, no change to policy intent.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent.
CAM 70162	Minimally Invasive Coronary Artery Bypass Graft Surgery	Annual review, no change to policy intent.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 10115	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Annual review, no change to policy intent.
CAM 80304	Speech Therapy	Annual review, no change to policy intent.
CAM 701142	Surgery for Groin Pain in Athletes	Annual review, no change to policy intent.
CAM 701161	Three-Dimensional Printed Orthopedic Implants	Annual review, no change to policy intent.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Annual review, no change to policy intent.
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent.

CAM 199	Tumor Treatment Fields Therapy for Glioblastoma	Annual review, no change to policy intent.
CAM 036	Unicompartmental and Bicompartamental Knee Arthroplasties	Annual review, no change to policy intent.
CAM 194	ustekinumab (Stelara™)	Annual review, no change to policy intent.
CAM 034	Visual and Auditory Evoked Potentials	Annual review, no change to policy intent.
CAM 60141	Whole Body Computed Tomography Scan as a Screening Test	Annual review, no change to policy intent.
CAM 20180	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 80153	Cellular Immunotherapy for Prostate Cancer	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80162	Electronic Brachytherapy for Nonmelanoma Skin Cancer	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20198	Orthopedic Applications of Platelet-Rich Plasma	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20184	Chromoendoscopy as an Adjunct to Colonoscopy	Annual review, no change to policy intent. Updating description, background, regulatory status, rationale and references.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 70163	Deep Brain Stimulation	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 701107	Interspinous and Interlaminar Stabilization/Distracton Devices (Spacers)	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 701144	Patient-Specific Instrumentation (eg, Cutting Guides) for Joint Arthroplasty	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 204140	Proteogenomic Testing for Patients With Cancer	Annual review, no change to policy intent. Updating guidelines.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent. Updating rationale and references.
CAM 20187	Confocal Laser Endomicroscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 80311	Endobronchial Brachytherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701120	Facet Arthroplasty	Annual review, no change to policy intent. Updating rationale and references.

CAM 80132	Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 50108	Intravenous Antibiotic Therapy for Lyme Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 20189	Laser Treatment of Onychomycosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 70181	Nerve Graft with Radical Prostatectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 60148	Positional Magnetic Resonance Imaging (MRI)	Annual review, no change to policy intent. Updating rationale and references.
CAM 20139	Quantitative Sensory Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, no change to policy intent. Updating rationale and references.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent. Updating rationale and references.
CAM 701110	Vertical Expandable Prosthetic Titanium Rib	Annual review, no change to policy intent. Updating rationale and references.
CAM 70193	Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty™)	Annual review, no change to policy intent. Updating rationale and references.
CAM 20183	Interventions for Progressive Scoliosis	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 70169	Sacral Nerve Neuromodulation/Stimulation	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80139	Treatment of Tinnitus	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 60150	Use of Magnetic Resonance Imaging to Monitor Integrity of Silicone Gel-Filled Breast Implants	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 60151	Interim Positron Emission Tomography Scanning in Oncology to Detect Early Response During Treatment	Annual review, no change to policy intent. Updating title, background, regulatory status rationale and references.
CAM 20186	Targeted Phototherapy and Psoralen with Ultraviolet A for Vitiligo	Annual review, no change to policy intent. Updating title, rationale and references.
CAM 701109	Magnetic Resonance–Guided Focused Ultrasound	Annual review, updating policy verbiage to include: Magnetic resonance-guided high-intensity ultrasound ablation may be considered medically necessary for the treatment of essential tremors. Also updating background, description, regulatory status, rationale and references.

CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Corrected typo in coding section
CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Corrected typo to coding
CAM 126	Vitamin D Testing	Corrected typo to coding