

## BlueCross BlueShield and BlueChoice HealthPlan's Latest Medical Policy Updates

We frequently revise the medical policies we use to make clinical determinations for a member's coverage. Here are medical policies that have been reviewed, updated or newly added. A revision history for each policy covering the past two years 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.

### **CAM 069 Abatacept (Orencia®)**

**11/27/2018:** Interim review to add "Coverage of abatacept (Orencia) is provided when the FDA-approved indications below are met and there has been a trial and failure of preferred therapy."

**6/4/2018:** Interim review to adjust age of treatment for JIA to 2 years and older. Removing verbiage requiring failed treatment with a TNF.

**10/2/2017:** Interim review adding psoriatic arthritis as medically necessary based on the FDA approval received for this use.

### **CAM 80113 Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Stage Breast Cancer**

**8/3/2018:** Updating rationale and references.

**7/28/2017:** Annual review, policy verbiage updated: breast width criterion removed from first policy statement, a bullet point on age of at least 50 years added to the AWBI statement, clarification of technically clear surgical margins for AWBI made. Also updating title, background, description, guidelines, rationale and references.

**9/28/2016:** Updated the word guideline to policy, when applicable.

### **CAM 701153 Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast**

**8/13/2018:** Updating description, background and rationale.

**8/3/2016:** New policy.

### **CAM 80101 Adoptive Immunotherapy**

**12/6/2018:** Annual review, medical necessity statement for Axicabtagene cilucecl or tisagenlecleucel has been updated. Also updating description, background, guidelines, rationale and references.

**1/30/2018:** Updating coding with Q2041.

**1/11/2018:** Interim review to add verbiage related to precertification requirement.

**1/2/2018:** Interim review, policy updated to include medical necessity criteria for axicabtagene cilucecl. Also updating background, description, policy, guidelines, regulatory status rationale and references.

**12/4/2017:** Returned to in progress from the proof reader. Policy being updated to include medical necessity criteria. Also updating background, description, regulatory status, guidelines, rationale, references and coding.

### **CAM 50122 Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies**

**8/15/2018:** Updating description, rationale and references.

**8/23/2017:** Annual review, updating policy to include coverage for gastric and gastroesophageal junction adenocarcinoma. Medical necessity criteria expanded for clarity. Also updating rationale and references.

**8/9/2016:** Updating background, description and rationale.

### **CAM 20197 Alcohol Injections for Treatment of Peripheral Neuromas**

**9/4/2018:** This policy has an effective date of 10/1/2018.

**7/23/2018:** New policy.

### **CAM 009 Allergy Immunotherapy**

**8/29/2018:** Interim review, editing for clarity of dosages allowed in a 12 week period.

**CAM 051 Allergy Testing**

**11/27/2018:** Interim review adding investigational verbiage for basophil activation flow cytometry.

**12/7/2017:** Updating policy with 2018 coding.

**6/19/2017:** Updated coding section.

**11/7/2016:** Interim review to place correct number of allergen specific antibodies from 36 to 20.

**CAM 80121 Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms**

**7/19/2018:** Updating description, background, rationale and references.

**8/1/2017:** Updating title, background, description, rationale and references. Policy and guidelines being updated to utilize NCCN terminology, hematopoietic stem cell transplantation changed to hematopoietic cell transplantation.

**7/19/2016:** Updating background, description, rationale and references, Adding benefit application and regulatory status.

**CAM 80122 Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias**

**7/27/2018:** Updating background, description, rationale and references.

**7/25/2016:** Updating background, description, rationale and references. Adding benefit application and regulatory status.

**CAM 20208 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry**

**12/5/2018:** Update policy with 2019 coding.

**7/7/2018:** Annual review, adding mobile apps as an investigational modality. Also updating background, description, rationale, and references.

**CAM 204113 Analysis of MGMT Promoter Methylation in Malignant Gliomas**

**11/15/2018:** Updating policy to include medical necessity for multiple mutations and deletions. Also updating coding.

**12/7/2017:** Updating policy with 2018 coding.

**11/9/2017:** Annual review, providing medical necessity criteria for testing for prognosis of malignant gliomas. Updating background, description, regulatory status, rationale, references and appendixes.

**11/7/2016:** Annual review, adding Inflammadry and Liquid Biopsy as investigational.

**CAM 20193 Antigen Leukocyte Antibody Test**

**10/30/2018:** Annual review, no changes to policy intent, but, reformatting policy verbiage for clarity.

**CAM 90321 Aqueous Shunts and Devices for Glaucoma**

**10/18/2018:** Annual review, rewriting policy statement, previously, ab externo and ab interno devices were combined in one policy statement, they are now each addressed in individual policy statements. Also updating background, regulatory status, guidelines, rationale and references. Adding appendix A which discusses aqueous shunts and stents not approved by the FDA.

**10/2/2017:** Updating background, description, regulatory status, rationale and references.

**11/30/2016:** Updating the coding section with 2017 codes.

**11/6/2016:** Updating background, description, rationale, references, regulatory status, guidelines, coding.

**CAM 70118 Automated Percutaneous and Percutaneous Endoscopic Discectomy**

**12/17/2018:** Updating rationale and references.

**1/17/2018:** Updating title, background, description, regulatory status, rationale and references.

**12/1/2016:** Updating background, description, rationale and references.

**CAM 80157 Baroreflex Stimulation Devices**

**9/6/2018:** Updating rationale and references.

**9/19/2017:** Updating background, description, regulatory status, rationale and references.

**CAM 20485 BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia**

**7/25/2018:** Annual review, rewriting policy verbiage to update the timing for testing in item #2, adding medical necessity for quantitative testing in relation to use of the International Scale reporting.

**8/7/2017:** Interim review, rephrasing medical necessity criteria for clarity.

**4/26/2017:** Interim review to align with Avalon quarterly schedule.

**CAM 50118 Bevacizumab in Advanced Adenocarcinoma of the Pancreas**

8/9/2018: Updating description, background and rationale.  
8/10/2017: Updating background, rationale and references.  
8/15/2016: Updating background, description, rationale and references.

**CAM 20164 Biofeedback as a Treatment of Fecal Incontinence or Constipation**

10/11/2018: Updating background, description, rationale and references.  
10/3/2017: Updating background, description, rationale and references.  
10/4/2016: Updating background, description, rationale and references.

**CAM 20129 Biofeedback as a Treatment of Headache**

8/21/2018: Updating description, rationale and references.

**CAM 204118 Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases**

11/15/2018: Annual review, updating title to include "related neurologic diseases." Updating policy to allow indirect fluorescence assay or FACS with medical necessity criteria. Adding investigational statements #3 and #4 in the policy. Removing CPT code 84999 from the policy.  
6/13/2017: Updating background, description, regulatory status, rationale.

**CAM 50105 Botulinum Toxin**

11/14/2018: Updating background, description, rationale and references.  
10/23/2017: Updating diagnosis coding.

**CAM 701128 Bronchial Valves**

8/16/2018: Updating background and rationale.  
8/29/2017: Annual review, removing "endo" from the title and policy verbiage, "Bronchial Valves" will be the verbiage used. Also updating background, description, rationale and references.  
8/11/2016: Updating background, description, rationale and references.

**CAM 201 Buprenorphine Implant (Probuphine) and Extended-Release Injectable (Sublocade)**

9/5/2018: Updated the policy section.  
8/30/2018: Major revision to policy to now include Buprenorphine Implant (Probuphine) in addition to Sublocade.  
7/31/2018: New policy.

**CAM 80308 Cardiac Rehabilitation in the Outpatient Setting**

8/13/2018: Updating rationale and references.  
8/28/2017: Annual review, adding verbiage to indicate intensive cardiac rehabilitation with the Ornish Program for reversing heart disease or Pritikin Program is investigational. Also updating background, description, rationale and references.  
8/11/2016: Updating background, description, rationale and references.

**CAM 20219 Catheter Ablation as Treatment for Atrial Fibrillation**

9/10/2018: Updating background, rationale and references.  
9/13/2017: Updating background, description, rationale and references.  
9/1/2016: Policy verbiage updated for clarity. Updating background, description, regulatory status, guidelines, rationale and references.

**CAM 204122 Chromosomal Microarray**

7/24/2018: Annual review, reformatting policy criteria for clarity.  
8/3/2017: Annual review, reformatting policy criteria for clarity. Adding investigational statement related to testing that does not meet the criteria specified.  
12/6/2016: Policy guidelines to be updated for current coding.  
12/1/2016: Updating title.

**CAM 20143 Chronic Intermittent Intravenous Insulin Therapy (CIIT)**

9/28/2018: Updating background, rationale and references.

9/21/2017: Updating background, description, rationale and references.

9/1/2016: Updating rationale.

**CAM 80310 Cognitive Rehabilitation**

8/1/2018: Updating rationale.

7/3/2017: Updating background, description, rationale and references.

**CAM 028 Colorectal Cancer Screening**

12/11/2018: Updating Coding section.

10/17/2018: Policy returned from archival with significant revisions made to policy including medical necessity criteria for multi targeted stool DNA testing.

9/11/2018: Archived policy.

8/2/2018: Corrected formatting issue.

8/1/2018: Interim review with major revisions for clarity and specificity. Also will be including medical necessity related to DNA analysis of stool (Cologuard) and virtual colonoscopy. These two items were previously addressed in CAM 60132 and CAM 20429. Both of those policies will be archived and future updates will be in CAM 028.

11/27/2017: Adding 2018 code 00812 to coding section.

8/1/2017: Annual review, updating language related to DNA analysis of stool samples from investigational to not medically necessary. Updating dates.

11/30/2016: Updating Coding Section with 2017 codes.

**CAM 60149 Computer Tomography (CT) Perfusion Imaging of the Brain**

12/4/2018: Updating description, rationale and references.

11/16/2017: Interim review, changing review month and expanding policy to allow more conditions as medically necessary for this technology. Also updating background, description, guidelines, rationale, references and coding.

9/11/2017: Annual review, expanding medical necessity criteria. Also updating background, description, rationale and references.

**CAM 60145 Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast**

8/7/2018: Updating rationale and references.

8/10/2017: Updating background, description, regulatory status, rationale and references.

**CAM 90305 Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy**

11/28/2018: Updating rationale and references.

11/1/2017: Updating background, description, rationale and references.

11/1/2016: Updating background, description, rationale and references.

**CAM 80158 Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation**

9/6/2018: Updating description, rationale and references.

9/19/2017: Updating background, description, regulatory status, rationale and references.

9/1/2016: Updating rationale and references.

**CAM 70192 Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate Tumors or Dermatologic Tumors**

9/26/2018: Annual review, adding medical necessity criteria for some lung cancer circumstances. Also updating description, background, rationale and references. Adding guidelines.

9/1/2016: Updating background, description, rationale and references.

**CAM 134 Diagnostic Testing of Influenza**

**11/15/2018:** Annual review, policy being revised to encompass more than Rapid Flu testing. Updating title, policy verbiage and coding.

**10/30/2017:** Updated coding section.

**9/28/2017:** Updated coding section with 2018 coding.

**6/19/2017:** Updating coding section.

**3/7/2017:** Updated coding section.

**CAM 60154 Dopamine Transporter Imaging with Single Photon Emission Computed Tomography (DAT-SPECT)**

**12/19/2018:** Annual review, updating policy to include medically necessary criteria (formerly investigational for all uses). Also updating background, description, regulatory status, rationale and references.

**8/13/2018:** Updating background, rationale and references.

**8/23/2017:** Updating background, description, rationale and references.

**CAM 115 Durable Medical Equipment (DME)**

**11/21/2018:** Corrected typo in policy.

**10/16/2018:** Interim review. Add section for Life Sustaining DME to be effective 1/1/2019.

**8/21/2017:** Annual review, updating for clarity.

**CAM 20102 Dynamic Posturography**

**12/11/2018:** Updating rationale and references.

**12/20/2017:** Updating background, description, regulatory status, rationale and references.

**12/1/2016:** Updating background, description, rationale and references.

**CAM 70107 Electrical Bone Growth Stimulation of the Appendicular Skeleton**

**12/17/2018:** Updating rationale and references.

**12/13/2017:** Updating background, description, rationale and references.

**12/1/2016:** Updating background, description, regulatory status, rationale and references.

**CAM 60158 Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer**

**12/19/2018:** Correcting formatting in guideline and updating rationale and references.

**12/14/2017:** Updating background, description, regulatory status, rationale and references.

**12/1/2016:** Updating background, description, rationale and references.

**CAM 40104 Endometrial Ablation**

**9/4/2018:** Updating regulatory status, rationale and references.

**9/13/2017:** Updating background, description, regulatory status, guidelines, rationale and references.

**9/1/2016:** Updating background, description, regulatory status, rationale and references.

**CAM 90322 Endothelial Keratoplasty**

**10/9/2018:** Updating description, rationale and references.

**10/4/2016:** Updating background, description, rationale and references.

**CAM 70186 Endovascular Stent Grafts for Disorders of the Thoracic Aorta**

**8/9/2018:** Annual review, no change to policy intent, but, policy verbiage is being edited for clarity. Also updating guidelines, rationale and references.

**8/29/2017:** Updating background, description, regulatory status, rationale and references.

**8/9/2016:** Updating background, description, regulatory status, rationale and references.

**CAM 20145 Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems)**

**11/5/2018:** Updating coding section to remove 81520 & 81521 and adding 88112. Also updating diagnosis coding to include C50.11-C50.929 and Z15.01.

**12/7/2017:** Updating policy with 2018 coding.

**CAM 20125     Erectile Dysfunction**

**7/24/2018:** Annual review, updating coding. (Note: inclusion of a code in a medical policy does NOT indicate it is an allowable service, only that it may be filed in relation to the policy itself.)

**7/17/2017:** Annual review, updating lab testing appropriate for diagnosing this issue.

**7/3/2017:** Annual review, returning policy to medicine category.

**CAM 50127     Eteplirsen for Duchenne Muscular Dystrophy**

**11/26/2018:** New policy.

**CAM 204115    Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies**

**11/15/2018:** Updating policy section, adding table.

**7/23/2018:** Annual review, previously considered investigational for all uses. Now adding some medical necessity criteria.

**12/7/2016:** Updating background, description, rationale and references.

**12/1/2016:** Updating title.

**CAM 80136     Extracorporeal Photopheresis**

**8/1/2018:** Updating background, description, rationale and references.

**9/28/2016:** Updated the word guideline to policy when applicable.

**CAM 90329     Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome**

**8/13/2018:** Updating background, rationale and references.

**8/24/2017:** Updating description, rationale and references.

**8/10/2016:** Updating rationale and references.

**CAM 20426     Fecal Analysis in the Diagnosis of Intestinal Dysbiosis**

**11/5/2018:** Removing codes 83993 and 82656 from code list.

**11/2/2017:** Updating rationale and references.

**CAM 70173     Gastric Electrical Stimulation**

**10/3/2018:** Updating background, rationale and references.

**9/4/2018:** Interim review providing medical necessity criteria for some uses of this technology.

**10/2/2017:** Updating description, regulatory status, rationale and references.

**10/5/2016:** Updating background, description, regulatory status, rationale and references.

**CAM 145       Gender Reassignment Surgery**

**8/7/2018:** Interim review, updating the minimum age criteria from 21 to 18 for these procedures.

**6/26/2017:** Interim review, adding CPT codes 55970 & 55980 to the policy.

**5/25/2017:** Added code F64.0 to coding section.

**5/16/2017:** Interim review to update language regarding diagnosis.

**5/1/2017:** Updated coding.

**CAM 204120    Gene Expression Profiling for Uveal Melanoma**

**11/13/2018:** Annual review, updating policy to have medically necessary criteria, previously investigational. Also updating background, description, rationale, references and guidelines.

**10/24/2017:** Updating regulatory status and references.

**CAM 20436     Gene Expression Testing for Breast Cancer Prognosis**

**7/24/2018:** Annual review, reformatting entire policy. Expanding medical necessity criteria to allow Mammaprint testing for some indications.

**12/7/2017:** Updating policy with 2018 coding.

**7/19/2017:** Annual review, updating policy criteria related to DX 21 gene expression, otherwise, no change to policy intent.

**12/5/2016:** Interim review, adding medical necessity for Prosigna and EndoPredict testing. Updating background, description, guidelines, regulatory status, rationale and references.

**CAM 205      General Inflammation Testing**

**9/4/2018:** This policy has an effective date of 11/1/2018.

**8/1/2018:** New policy.

**CAM 20474      Genetic Testing for Adolescent Idiopathic Scoliosis**

**7/18/2018:** Annual review, updating title to better reflect testing in policy. New title removes “DNA-Based testing” and is replaced with “Genetic Testing.”

**7/28/2017:** Update rationale and references.

**CAM 20479      Genetic Testing for Alpha-1 Antitrypsin Deficiency**

**7/25/2018:** Annual review, expanding coverage to allow medical necessity for “discordant results between serum levels and proteotype testing for Zand S alleles by mass spectrometry.”

**7/19/2017:** Annual review. Updating policy verbiage to include medical necessity criteria for isoelectric focusing/phenotyping. Also updating guidelines.

**CAM 20443      Genetic Testing for Cardiac Ion Channelopathies**

**7/24/2018:** Annual review, reformatting policy. Adding language regarding genetic counseling and adding J wave testing as investigational.

**7/19/2017:** Updating background, description, rationale and references.

**4/20/2017:** Updating background, description, rationale and references.

**1/9/2017:** Updating coding with new code 81539.

**11/8/2016:** Updating coding section with 2017 new codes.

**CAM 204114      Genetic Testing for Dilated Cardiomyopathy**

**11/12/2018:** Updating rationale and references.

**11/2/2017:** Updating coding.

**4/19/2017:** Updating background, rationale and references.

**CAM 20499      Genetic Testing for Hereditary Pancreatitis**

**7/23/2018:** Annual review, updating medical necessity criteria changing age from 18 or less to 20 or less. Updating coding.

**7/20/2017:** Updating background, description, rationale and references.

**4/3/2017:** Updating background, description, rationale and references.

**CAM 204101      Genetic Testing for Li-Fraumeni Syndrome**

**7/23/2018:** Annual review. Adding language regarding genetic counseling and testing for TP53 mutations.

**7/19/2017:** Annual review, updating policy and guidelines to give clearer direction on medical necessity.

**CAM 20402      Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (BRCA1/BRCA2)**

**11/27/2018:** Updated policy with 2019 coding.

**8/15/2018:** Corrected formatting issues.

**6/26/2018:** Updated coding section. Removed codes 81432, 81433, 81479, 81519, 81520, 81521, 83950, 84233, 84234, 88360, 88361, S3854.

**5/10/2018:** Interim review, expanding medical necessity criteria related to first or second degree relatives who meet the criteria in #2. Adding investigational statement for testing family members for a variant of unknown significance.

**4/30/2018:** Updated Next Review Date.

**2/14/2018:** Interim review to add clarifying language to medical necessity criteria #4, also removing criteria #6 as it is addressed in a separate policy.

**12/7/2017:** Updating policy with 2018 coding.

**7/31/2017:** Correcting formatting error in coverage criteria 3 last bullet points.

**5/4/2017:** Corrected a typo in the Rationale section.

**4/18/2017:** Annual review, extensive revision of policy verbiage for clarity and updated coverage. Updating coding.

**1/5/2017:** Updating background, description, rationale and references.

**CAM 204137 Genetic Testing for Neurofibromatosis**

**7/23/2018:** Annual review, medical necessity statement regarding genetic counseling added,

**7/18/2017:** Annual review, adding medical necessity criteria for testing for NF2.

**11/8/2016:** Interim review adding specificity to the medical necessity criteria.

**CAM 20487 Genetic Testing for Nonsyndromic Hereditary Hearing Loss**

**7/26/2018:** Annual review, adding coverage statement regarding genetic counseling, reformatting some policy language for clarity. Updating coding.

**6/21/2017:** Interim review, updating title, background, description, references, rationale and policy.

**CAM 20496 Genetic Testing for Statin-Induced Myopathy**

**7/18/2018:** Annual review, position on testing reverting to NOT MEDICALLY NECESSARY.

**7/20/2017:** Annual review, updating policy verbiage for clarity.

**11/8/2016:** Interim review to add medical necessity criteria for Simvastatin dosage.

**8/2/2016:** Updating regulatory status.

**CAM 20489 Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies**

**7/18/2018:** Annual review, removing “ulnar/median” nerve in criteria #2, neutral to specific nerve.

**12/7/2018:** Updating policy with 2018 coding.

**6/23/2017:** Interim review, updating background, description, policy, rationale, references and coding.

**8/2/2016:** Updating background, description, rationale and references.

**CAM 20475 Genetic Testing of CADASIL Syndrome**

**9/17/2018:** Updated Coding in Coding Section.

**3/19/2018:** Corrected the Last Review date.

**2/20/2018:** Annual review, adding medical necessity criteria for asymptomatic members with first or second degree relatives diagnosed with CADASIL syndrome. Also updating background, description, guidelines, rationale and references.

**4/26/2017:** Interim review to align with Avalon quarterly schedule.

**CAM 80128 Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma**

**7/31/2018:** Updating background, rationale and references.

**12/6/2017:** Updating policy with 2018 coding.

**7/6/2017:** Annual review, updating entire policy to remove the word stem as it relates to transplant in accordance with NCCN terminology. Updating background, description, guidelines, regulatory status, rationale and references.

**7/20/2016:** Updating background, description, rationale and references.

**CAM 80123 Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer**

**7/30/2018:** Updating rationale and references.

**12/6/2017:** Updating policy with 2018 coding.

**7/7/2017:** Updating entire policy to remove stem in relation to transplant in accordance with NCCN terminology. Also updating background, description, guidelines, regulatory status, rationale and references.

**7/25/2016:** Updating background, description, regulatory status, rationale and references.

**CAM 80129 Hematopoietic Cell Transplantation for Hodgkin Lymphoma**

**7/31/2018:** Updating background, rationale and references.

**12/6/2017:** Updating policy with 2018 coding.

**7/17/2017:** Annual review, updating entire policy to remove “stem” as it relates to transplantation. Also updating policy verbiage for more specific verbiage related to autologous and allogeneic transplantation. Removing the statement on reduced-intensity conditioning. Also updating background, description, guidelines, regulatory status, rationale and references.

**8/20/2016:** Updating background, description, rationale and references.

**CAM 80124 Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults**

7/26/2018: Updating rationale and references.

12/6/2017: Updating policy with 2018 coding.

7/10/2017: Updating entire policy to remove stem in relation to transplant in accordance with NCCN terminology. Also updating background, description, guidelines, regulatory status, rationale and references.

7/25/2016: Updated background, description, related policies, rationale and references. Added coding.

**CAM 80154 Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia**

8/1/2018: Updating background, rationale and references.

12/6/2017: Updating policy with 2018 coding.

7/3/2017: Annual review, updating entire policy to remove stem in relation to transplant in accordance with NCCN terminology. Also updating background, description, guidelines, regulatory status, rationale and references.

9/28/2016: Updated the word guideline to policy when applicable.

**CAM 80126 Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia**

7/31/2018: Updating background, description, rationale and references.

12/6/2017: Updating policy with 2018 coding.

7/3/2017: Annual review, updating title.

8/19/2016: Updating background, description, rationale and references.

**CAM 80125 Hematopoietic Stem Cell Transplantation for Autoimmune Diseases**

7/30/2018: Updating description, rationale and references.

12/6/2017: Updating policy with 2018 coding.

7/3/2017: Annual review, updating title, no changes to policy intent.

7/25/2016: Updating background, description, regulatory status, rationale and references.

**CAM 80120 Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas**

7/19/2018: Updating background, description, rationale and references.

12/6/2017: Updating policy with 2018 coding.

9/28/2016: Updated the word guideline to policy when applicable.

**CAM 70180 Hip Resurfacing**

10/8/2018: Updating background, regulatory status and rationale.

10/2/2017: Updating background, description, regulatory status, rationale and references.

**CAM 133 Hemoglobin A1c**

11/1/2018: Annual review, medical necessity criteria updated to be in line with 2018 ADA recommendations. Adding codes E78.5, E88.89, E88.81 and E88.9 to the coding section.

11/29/2017: Correcting technical error in coding section.

10/30/2017: Updating policy section and updating coding section.

9/28/2017: Updated coding with 2018 coding.

3/6/2017: Updated coding to add Z86.32.

11/7/2016: Interim review, adding atypical antipsychotics to the second bullet in the policy verbiage.

**CAM 066 Hereditary Angioedema Drug Therapy**

12/4/2018: Annual review, updating medical necessity criteria related to Cinryze, minimum age being change to 6 from the previous 12 years of age, also removing requirements for the number of HAE attacks per month. No changes to the other drugs listed in this policy.

12/7/2017: Annual review, adding compendial use for Firazyr.

12/1/2016: Broadening the age ranges for Berinert and Kalbitor.

**CAM 80312 Hippotherapy**

8/2/2018: Updating background and rationale.

7/3/2017: Updating background, description, rationale and references.

**CAM 10114 Home Prothrombin Time Monitoring**

**11/28/2018:** Updating policy with 2018 coding.

**CAM 50106 Human Growth Hormone**

**12/6/2018:** Updating rationale and references.

**11/2/2017:** Annual review, limited update to policy verbiage to indicate that for #6 in the medically necessary statement "children with growth failure due to Prader-Willi syndrome, who do not have the following contraindications: history of upper airway obstruction or sleep apnea or severe respiratory impairment" was added. Also updating description, guidelines, regulatory status, rationale and references.

**CAM 20456 Immune Cell Function Assay**

**10/31/2018:** Updating title to remove language regarding organ transplant. Also updating coding section.

**11/2/2017:** Annual review. Rewriting policy verbiage for clarity and specificity.

**CAM 80105 Immune Globulin Therapy**

**9/12/2018:** Interim review adding: GamaSTAN (human immune globulin) may be considered medically necessary for hepatitis A virus prophylaxis or for the prevention or modification of measles in susceptible individuals when the following criteria are met.

**5/3/2018:** Annual review, updating background, description, rationale, references and coding. Policy verbiage updated to indicate changes in neuromyelitis optica: "steroids or plasma exchange" changed to "first-line treatment" since plasma exchange is considered investigational for this condition.

**11/28/2017:** Updating with 2018 coding.

**2/21/2017:** Annual review, policy verbiage updated to include: The following were changed from medically necessary to investigational: treatment of antibody mediated rejection following solid organ transplantation, patients with neonatal sepsis (prophylaxis or treatment), patients with Stevens-Johnson syndrome and toxic epidermal necrolysis. The following were changed from investigational to medically necessary: polymyositis, Wegener granulomatosis and stiff person syndrome. The following were new indications added as medically necessary for patients with chronic lymphocytic leukemia who have IgG levels <400 mg/dL and persistent bacterial infections, patients with neuromyelitis optica as an alternative for patients with contraindication or lack of response to steroids or plasma exchange particularly in children. The following were new indications added as investigational for patients with acute myocarditis and patients with refractory recurrent pericarditis. Also updating background, description, regulatory status, guidelines, rationale and references.

**CAM 50110 Immune Prophylaxis for Respiratory Syncytial Virus**

**9/18/2018:** Annual review, adding some medical necessity criteria for infants/children with cystic fibrosis. Also rewriting not medically necessary portion of policy for clarification and specificity. Updating rationale and references.

**9/11/2017:** Updating background, description, regulatory status, guidelines, rationale and references.

**9/1/2016:** Updating background, description, rationale and references.

**CAM 20484 Immunopharmacologic Monitoring of Infliximab, Adalimumab and other Therapeutic Serum Antibodies**

**10/31/2018:** Interim review in May 2018 was not completed. Annual review for October 2018 has no changes made to policy.

**5/2/2018:** Interim review to update policy verbiage.

**11/1/2017:** Rewriting policy for clarity and specificity. Updating title, rationale and references.

**CAM 70144 Implantable Cardioverter Defibrillator (ICD)**

**12/10/2018:** Updating description, background, rationale and references.

**11/28/2017:** Updating background, description, rationale and references.

**CAM 701134 Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery**

**8/13/2018:** Updating references.

**8/29/2017:** Updating background, description, rationale and references.

**8/31/2016:** Annual review, updating policy to allow for some medical necessity issues. Also updating background, description, regulatory status, guidelines and coding.

**CAM 80137 Inhaled Nitric Oxide**

8/1/2018: Updating background, rationale and references.

8/24/2017: Updating background, description, rationale and references.

8/10/2016: Annual review. Investigational statement reformatted with bullet points for clarity, adding lung transplantation to investigational statement. Updating background, description, regulatory status, rationale and references.

**CAM 70119 Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence**

11/28/2018: Updating background, rationale and references.

11/20/2017: Updating rationale and references.

11/1/2016: Updating background, description, regulatory status, guidelines, rationale and references.

**CAM 80146 Intensity-Modulated Radiotherapy of the Breast and Lung**

8/15/2018: Updating coding section of guidelines, background, rationale and references.

10/18/2017: Interim review, removing “left side” criteria related to breast cancer use of this technology. The policy is now neutral as to the right or left side use for breast cancer treatment.

8/15/2017: Updating background, description, guidelines, rationale and references.

**CAM 80148 Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid**

8/27/2018: Updating background, rationale and references.

8/14/2017: Updating background, description, rationale and references.

8/3/2016: Updating background, description, rationale and references.

**CAM 80159 Intensity-Modulated Radiotherapy: Central Nervous System Tumors**

8/28/2018: Updating description, rationale and coding.

9/7/2017: Updating background, description, rationale and references.

9/1/2016: Updating background, description, guidelines, rationale and references.

**CAM 80147 Intensity-Modulated Radiotherapy of the Prostate**

8/27/2018: Updating rationale and references.

2/12/2018: Interim review adding medical necessity criteria for 55874 SpaceOAR.

9/6/2017: Interim Review to remove medical necessity criteria for CPT 0438T.

9/6/2017: Interim Review to add medical necessity criteria for CPT 0438T.

8/10/2017: Updating background, description, rationale, references and coding.

8/8/2016: Annual review, removing radiation dose constraints for definitive therapy of localized prostate cancer with guidelines with details regarding on dosing for low- risk vs intermediate to high risk prostate cancer. A statement was also added to address IMRT post prostatectomy. Updating background, description, guidelines, rationale and references.

**CAM 701107 Interspinous and Interlaminar Stabilization/Distracton Devices (Spacers)**

10/19/2018: Interim review to specify that Coflex can be considered medically necessary, but, ALL other distraction devices are investigational.

8/6/2018: Interim review, expanding coverage to include medical necessity criteria for previously investigational devices. Policy reformatted to reflect this update.

6/28/2018: Updating rationale and references.

6/15/2017: Annual review. Updating background, description, regulatory status, policy statement, policy guidelines, rationale and references.

11/21/2016: Updated coding in the coding section.

**CAM 212 Intracardiac Ischemia Monitoring**

12/10/2018: New policy.

**CAM 80145 Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain**

9/10/2018: Updating background, regulatory status, rationale and references.

9/19/2017: Updating background, description, regulatory status, rationale and references.

**CAM 20131 Intra-Articular Hyaluronan Injections for Osteoarthritis**

**11/14/2018:** Interim review to update regulatory status, add Visco-3 and Trivisc to coding area and add "Coverage of hyaluronan injection is provided when the FDA-approved indications are met and there has been a trial and failure of preferred therapy." to the policy verbiage.

**9/11/2018:** Interim review, updating coding.

**3/5/2018:** Updating background, description and guidelines.

**10/6/2017:** Interim Review. Adding code J7320 to coding section.

**2/6/2017:** Corrected formatting.

**2/1/2017:** Updating background, description, guidelines, coding, regulatory status, rationale and references.

**CAM 80144 Intradialytic Parenteral Nutrition**

**9/4/2018:** Updating rationale and references.

**9/19/2017:** Updating background, description, rationale and references.

**CAM 70158 Intraoperative Neurophysiologic Monitoring**

**11/14/2018:** Interim review updating note section to include facial nerve monitoring and adding specificity to the providers included in the note.

**9/11/2018:** Interim review, updating coding.

**2/15/2018:** Annual review, adding policy verbiage regarding the medical necessity of laryngeal nerve monitoring. Also updating title, background, description, guidelines, rationale and references.

**CAM 091 Ipilimumab (Yervoy)**

**9/4/2018:** Annual review, updating medical necessity indications and including coverage for advanced renal cell carcinoma and metastatic colorectal cancer.

**2/15/2018:** Interim review, removing language regarding the Bristol Myers Squibb program for adjuvant therapy and adding: "Ipilimumab (Yervoy™) dosed at 10 mg/kg administered intravenously over 90 minutes every 3 weeks for 4 doses, followed by 10/mg every 12 weeks for up to 3 years or until documented disease recurrence or unacceptable toxicity is considered MEDICALLY NECESSARY for the adjuvant treatment of patients with cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including total lymphadenectomy."

**1/9/2018:** Interim Review. Updating policy verbiage.

**6/7/2017:** Interim review, updating verbiage regarding adjuvant melanoma therapy with ipilimumab.

**1/31/2017:** Adding medical necessity for adjuvant melanoma treatment.

**9/13/2016:** Annual review, updating verbiage to include medical necessity criteria for adjuvant treatment of patients with cutaneous melanoma.

**CAM 20453 KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer**

**7/25/2018:** Annual review, investigational statement expanded for specificity. Other changes in policy for clarity.

**10/3/2016:** Interim review updating policy verbiage to expand coverage.

**CAM 20468 Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer**

**11/12/2018:** Updating rationale and references.

**12/7/2017:** Updating policy with 2018 coding.

**4/20/2017:** Updating background, description, guidelines, regulatory status, rationale and references.

**CAM 20449 Laboratory Testing for HIV Tropism**

**7/26/2018:** Annual review, updating policy for specificity of timing for testing, removing intent to treat with coreceptor antagonists from medical necessity criteria. No other changes to policy intent, but, some verbiage updated for clarity.

**7/18/2017:** Annual review, updating investigational statement for clarity.

**9/22/2016:** Interim review, updating policy item one for specificity.

**CAM 20417 Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease**

**10/30/2018:** Annual review, adding investigational statements regarding algorithm based testing and genetic testing. Updating title to include those new investigational statements. Also updating coding to include the new statements.

**11/3/2017:** Annual review, no change to policy intent, but, rewriting policy verbiage for clarity and specificity.

**CAM 213      Leadless Cardiac Pacemaker**

12/10/2018: New policy.

**CAM 203      Lutetium Lu 177 Dotatate (Lutathera®)**

7/25/2018: New policy.

**CAM 169      Lynch Syndrome Testing**

7/26/2018: 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.

4/19/2018: Interim review, month of review changed.

8/3/2017: Interim review clarifying medical necessity statement related to patients with 1 or more first degree relatives. Updating guidelines.

5/1/2017: New policy.

**CAM 80118    Lysis of Epidural Adhesions**

11/28/2018: Updating background, rationale and references.

11/1/2016: Updating background, description, guidelines, rationale and references.

**CAM 60117    Magnetic Resonance Angiography (MRA) of the Chest (excluding the heart)**

11/14/2018: Annual review, adding medical necessity criteria for pulmonary sequestration, central venous thrombosis and thoracic outlet syndrome.

11/1/2017: Annual review, policy verbiage being reformatted for clarity and specificity.

**CAM 60116    Magnetic Resonance Angiography of Vessels of the Head, Neck, Abdomen, Pelvis and Lower Extremity**

11/27/2018: Annual review, updating criteria for neck MRA, abdomen MRA and pelvis MRA.

11/21/2017: Reformatting policy verbiage for clarity and specificity. Updating references.

**CAM 10405    Microprocessor-Controlled Prosthetic for the Lower Limb**

8/23/2018: Updating background, regulatory status, rationale and references.

**CAM 204142   Molecular Testing in the Management of Pulmonary Nodules**

10/29/2018: Annual review date moved to October.

9/6/2018: Updating rationale and references.

7/30/2018: Updated review date.

8/22/2017: New policy.

**CAM 60129    MRI of the Breast**

11/27/2018: Updated policy with 2019 coding.

11/9/2017: Interim review to add medical necessity criteria for preoperative testing.

8/30/2017: Annual review, significant revision to policy verbiage for clarity and consistency. Also updating description, guidelines, rationale and references.

**CAM 60156    Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure**

8/21/2018: Updating regulatory status, rationale and references.

8/10/2017: Updating description, rationale and references.

**CAM 20458    Nerve Fiber Density Testing**

11/15/2018: Updating coding section.

10/31/2017: Updating background, description, regulatory status, rationale and references.

**CAM 20179    Non-contact Ultrasound Treatment of Wounds**

10/11/2018: Updating background, rationale and references.

10/5/2017: Updating background, description, regulatory status, rationale and references.

10/12/2016: Updating background, description, guidelines, rationale and references.

- CAM 20441 Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease**  
**11/19/2018:** Annual review, updating policy verbiage on laboratory testing for specificity. Adding investigational statement related to serum biomarkers. Also updating rationale and references.  
**11/1/2017:** Updating coding, rationale and references.  
**4/24/2017:** Annual review, updating policy to allow limited medical necessity criteria for FibroScan. Updating background, description, rationale, category, review date and references.
- CAM 204136 Nutrient/Nutritional Panel Testing**  
**8/21/2018:** Updating background, rationale and references.  
**8/9/2017:** Updated Review Date.
- CAM 40111 Occlusion of Uterine Arteries Using Transcatheter Embolization**  
**8/21/2018:** Updating rationale and references.  
**8/28/2017:** Updating background, description, guidelines, rationale, references and coding.
- CAM 90330 Ocriplasmin for Symptomatic Vitreomacular Adhesion**  
**9/7/2018:** Updating rationale.  
**9/14/2017:** Updating background, description, regulatory status, rationale and references.  
**9/1/2016:** Updating rationale and references.
- CAM 70114 Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)**  
**10/3/2018:** Updating rationale.  
**10/2/2017:** Annual review, removed “symptomatic, drug-resistant” as descriptors in the policy statement, no change to the policy intent. Updating background, description, regulatory status, rationale and references.  
**10/10/2016:** Updating background, description, rationale and references.
- CAM 20452 Pancreatic Cancer Risk Testing Using Molecular Classifier in Pancreatic Cyst Fluid**  
**7/19/2018:** Annual review, policy will be reformatted and retitled as PathFinder TG was sold and renamed. No change to intent of policy.  
**9/27/2016:** Updated the word guideline to policy when applicable.  
**7/6/2016:** Updating background, description, rationale, references and appendix 1.
- CAM 20135 Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain**  
**10/9/2018:** Updating rationale and references.  
**10/3/2017:** Updating background, description, regulatory status, rationale and references.  
**10/10/2016:** Updating references.
- CAM 701116 Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)**  
**8/6/2018:** Interim review to change maximum levels treated on a single date of service to 2 facet joint levels.  
**3/20/2018:** Updating description, rationale and references.  
**3/20/2017:** Annual review, major revision to policy for clarity and to maintain industry standards for this procedure. Updating title, policy, and references.
- CAM 137 Paravertebral Facet Joint Injections/Blocks**  
**8/6/2018:** Interim review, updating policy and guidelines to indicate a minimum duration of pain of 3 months prior to treatment and a maximum of 2 levels injected on the same date of service.  
**3/15/2017:** Updating criteria for medical necessity for clarity and specificity.
- CAM 181 Pathogen Panel Testing**  
**7/18/2018:** Changing month of annual review only.  
**12/5/2017:** New policy.

**CAM 093 Pembrolizumab (Keytruda)**

**11/14/2018:** Annual review, updating policy to include medical necessity coverage for cervical cancer and primary mediastinal large B-cell Lymphoma (PMBCL), also adding list of compendial uses.

**11/2/2017:** Annual review, updating medical necessity criteria to allow for additional conditions based on FDA updated approvals made in September 2017.

**11/1/2016:** Annual review, updating to allow for medical necessity for head and neck squamous cell carcinomas.

**CAM 70129 Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)**

**8/9/2018:** Updating background, rationale and references.

**8/24/2017:** Annual review, no change to policy intent, but, policy verbiage has been expanded for clarity. Also updating background, description, regulatory status, rationale and references.

**CAM 20226 Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation**

**11/29/2018:** Annual review, removing PLAATO device from policy, does not change intent of policy. Also updating background, regulatory status, rationale and references.

**11/1/2017:** Annual review, updating policy verbiage to contain medical necessity criteria, policy previously had an investigational status for all uses. Also updating background, description, regulatory status, guidelines, rationale and references.

**11/22/2016:** Updating coding section with 2017 codes.

**11/1/2016:** Updating background, rationale, references.

**CAM 701139 Peripheral Subcutaneous Field Stimulation**

**8/13/2018:** Updating guidelines, coding and references.

**8/24/2017:** Updating background, description, rationale and references.

**8/2/2016:** Updating background, description and rationale.

**CAM 701102 Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)**

**10/10/2018:** Updating background and rationale.

**10/3/2017:** Updating background, description, rationale and references.

**CAM 20191 Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia**

**10/9/2018:** Updating background, rationale and references.

**10/5/2017:** Updating background, description, rationale and references.

**10/11/2016:** Updating background, description, rationale and references.

**CAM 50120 Pertuzumab for Treatment of Malignancies**

**8/3/2018:** Updating description, background, regulatory status, rationale and references.

**7/28/2017:** Updating background, description, rationale and references.

**CAM 20419 Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines**

**12/19/2018:** Updating with 2019 codes.

**8/15/2018:** Updated formatting issues.

**12/7/2017:** Updating policy with 2018 coding.

**10/31/2017:** Updating background, description, regulatory status, rationale and references.

**6/19/2017:** Added HCPCS G0480 to coding section.

**3/8/2017:** Updated coding section.

**CAM 70150 Placental and Umbilical Cord Blood as a Source of Stem Cells**

**12/4/2018:** Updating rationale and references.

**11/1/2017:** Updating description, rationale and references.

**CAM 701123 Plugs for Fistula Repair**

**10/4/2018:** Updating background, rationale and references.

**10/3/2017:** Updating background, description, regulatory status, rationale and references.

**CAM 20199 Polysomnography for Non-Respiratory Sleep Disorders**

8/22/2018: Updating description, background, rationale and references.

8/24/2017: Updating background, description, rationale and references.

**CAM 10128 Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis**

8/23/2018: Updating rationale and references.

8/29/2017: Rewriting guidelines for clarity. Also updating background, description, regulatory status, rationale and references.

8/1/2016: Title & policy verbiage/policy guidelines updated to remove "outpatient" and insert "home use" for clarity of intent. Also updating background, description, rationale and references.

**CAM 119 Prenatal Screening**

12/18/2018: Updating with 2019 codes.

7/26/2018: Annual review, updating coding and expanding medical policy to provide coverage for Fetal RHD genotyping using maternal plasma. This was previously regarded as investigational.

3/19/2018: Update CPT codes with 86480 and 86481.

3/8/2018: Interim review, rewriting policy for clarity. Expanding verbiage related to blood typing and Rh antibody testing.

12/7/2017: Updating policy with 2018 coding.

9/13/2017: Interim review, removing criteria related to SMA screening requiring a family history. SMA screening is now considered medically necessary for all pregnant women and those seeking pre-conception care.

8/14/2017: Corrected formatting issues.

8/3/2017: Annual review, including language regarding thyroid testing and Zika testing, which is also addressed in other policies.

1/3/2017: Updated with 2017 CPT Codes.

**CAM 109 Preventive Services for Non Grandfathered (PPACA) Plans: Immunizations**

12/21/2018: Updating with 2019 codes.

11/29/2017: Updating policy with 2018 coding.

11/15/2017: Adding CPT codes 90756 & 90682 which are both new flu vaccine codes for 2018.

8/24/2017: Adding Code 90756 to coding section.

3/1/2017: Updated coding.

**CAM 70191 Radiofrequency Ablation of Primary or Metastatic Liver Tumors**

8/10/2018: Updating rationale and references.

8/30/2017: Annual review, policy statement reformatted for clarity and specificity between operable and inoperable tumors. Also updating, background, description, regulatory status, guidelines, rationale and references.

**CAM 701136 Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension**

10/8/2018: Updating description, regulatory status, guidelines, rationale and references.

10/12/2017: Updating regulatory status and rationale.

10/10/2016: Updating background, description, rationale and references. Adding guidelines.

**CAM 60137 Radioimmunoscinigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer**

12/13/2018: Updating rationale and references.

12/18/2017: Updating regulatory status, rationale and references.

12/1/2016: Updating background, description, rationale and references.

**CAM 20116 Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions**

8/30/2018: Updating rationale and references.

9/20/2017: Updating background, description, regulatory status, related policies, rationale and references.

9/1/2016: Updating title, background, description, regulatory status, rationale and references.

## **CAM 089 Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services**

**11/27/2018:** Updated policy with 2019 coding.

**11/21/2018:** Interim review to update the 2013 recommendation regarding alcohol misuse. No change to intent of recommendation, mirroring the updated USPSTF verbiage.

**10/17/2018:** Adding coverage for CPT code 81528 in the colon cancer screening section of the policy.

**9/11/2018:** 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.

**7/23/2018:** Interim review, adding Z113 and V745 in relation to gonorrhea testing/screening.

**7/11/2018:** 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.

**4/18/2018:** Breast Cancer Screening adding codes, G0202 and Human Immunodeficiency virus, counseling and screening deleted code ICD10 Z390-Z392.

**4/10/2018:** 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.

**4/4/2018:** Updating HRSA Bright Futures recommendations: Alcohol & Drug use screening adding 99409, G0442 & G0443, Adding 99401 & 99402 for HIV counseling, editing.

**12/7/2017:** Add code 0500T to Cervical Cancer Screen. Removed CPT code 88154 per 2018 coding.

**11/27/2017:** Adding code 00812 to Colorectal Cancer, Screening section.

**11/6/2017:** Adding code V73.81 to coding section.

**10/11/2017:** Updating Phenylketonuria Screening in Newborns coding section. Updated code V77.3 to V77.7.

**9/7/2017:** Interim review with major revision including addition of numerous Bright Futures recommendations.

**7/21/2017:** Interim review, adding USPSTF recommendation re: preeclampsia blood pressure screening, adding list of statins to hyperlipidemia section and updating the obesity verbiage related to children and adolescents.

**6/8/2017:** Interim review to add record review statement for codes 99402-99404.

**1/5/2017:** Annual review, adding most recent USPSTF recommendation related to statin preventive medication,

**11/28/2016:** Updated policy with 2017 codes.

**11/14/2016:** Interim review adding new USPSTF recommendation related to latent tuberculosis screening.

## **CAM 70121 Reduction Mammoplasty for Breast-Related Symptoms**

**8/13/2018:** Updating background and description.

**12/12/2017:** Updating policy with website after Appendix one.

**9/12/2017:** Update policy with Appendix one.

**8/15/2017:** Updating rationale and references.

**8/2/2016:** Updating background, description, rationale, references and appendix 1. Adding regulatory status.

## **CAM 50117 Repository Corticotropin Injection**

**7/31/2018:** Interim review, updating indications section of policy. No change to policy verbiage.

**2/12/2018:** Updating background, regulatory status, rationale and references.

**1/3/2017:** Updating background, description, rationale and references.

## **CAM 90315 Retinal Prosthesis**

**11/28/2018:** Updating background, regulatory status and rationale.

**11/1/2017:** Updating background, description, rationale and references.

**11/1/2016:** Updating background, description, rationale, references and coding.

## **CAM 90313 Retinal Telescreening for Diabetic Retinopathy**

**10/9/2018:** Updating regulatory status, rationale and references.

**10/2/2017:** Updating background, description, regulatory status, guidelines, rationale and references.

**10/5/2016:** Updating background, description, regulatory status, rationale and references.

**CAM 701121 Saturation Biopsy for Diagnosis and Staging of Prostate Cancer**

**12/4/2018:** Interim Review. Updating policy verbiage and coding.

**4/10/2018:** Updating background, description, rationale and references. Updating guidelines only to update coding and remove termed codes.

**4/4/2017:** Updating background, description, rationale and references.

**CAM 20430 Serologic Diagnosis of Celiac Disease**

**11/5/2018:** Annual review, adding HLA-DQ- gluten testing as investigational, also adding rapid antigen point of care testing for anti-TTG as not medically necessary. Adding panel testing, multiples or multi analyte testing as not medically necessary.

**11/2/2017:** Annual review, updating medical necessity criteria for more specificity regarding symptoms suggestive of celiac disease. No change to policy.

**CAM 60110 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy**

**9/17/2018:** Updating background, description, rationale, references.

**12/7/2016:** Updated annual review date.

**CAM 701104 Subtalar Arthroereisis and Subtalar Joint Implant**

**10/10/2018:** Updating background, regulatory status, rationale and references.

**10/3/2017:** Updating background, description, rationale and references.

**CAM 139 Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)**

**11/27/2018:** Updated policy with 2019 coding.

**3/13/2018:** Annual review, updating procedures to indicate ILCP, CLAP, TULIP, VLAP, TUIP and ultrasonic aspiration may be considered medically necessary if criteria are met. Categorizing water induced thermotherapy as investigational. Limited update to description/background. Also updating references.

**5/22/2017:** Interim Review. Updated coding section

**CAM 176 Telehealth**

**10/18/2018:** Annual review of policy, multiple revisions to description and policy for clarity, intent of policy unchanged. Removing modifier GT from coding section.

**1/8/2018:** Formatting policy.

**10/30/2017:** New policy.

**CAM 20121 Temporomandibular Joint Dysfunction**

**8/23/2018:** Entire policy being revised to change the word "dysfunction" to "disorder."

**8/23/2017:** Updating background, description, regulatory status, rationale and references.

**8/2/2016:** Updating rationale and references.

**CAM 20428 Testing for Diagnosis of Active or Latent Tuberculosis**

**11/12/2018:** Annual review with extensive revision. Policy is being expanded to address active tuberculosis in addition to latent tuberculosis. Policy and coding sections revised to include criteria for active tuberculosis testing and coding. Intent for latent tuberculosis testing is unchanged.

**11/16/2017:** Correct typo in policy section.

**11/2/2017:** Annual review, no change to policy intent, however policy verbiage re-written for clarity and specificity.

**11/7/2016:** Annual review, adding clarifying language to the policy section.

**CAM 20445 Testing for Targeted Therapy of Non-Small-Cell Lung Cancer**

**8/6/2018:** Annual review, rewriting policy verbiage for clarity and expansion of coverage, removing gene-specific criteria.

**4/30/2018:** Updated Next Review Date. No change to policy intent

**12/12/2017:** Interim review with expanded medically necessary indications. Reformatting policy for clarity.

**10/3/2016:** Interim review, updating medical necessity criteria for EGFR testing.

**CAM 135 Thyroid Disease Testing**

10/10/2018: Updated coding section adding ICD-10-CM.

8/10/2018: Updated coding section adding ICD-10-CM. No change to policy intent

8/6/2018: Reformatting policy for clarity, also removing any medical necessity for total thyroxine testing.

4/19/2018: Annual review, removing and/or statement regarding Free T4 testing, updating T3 testing to be not medically necessary from previous investigational status. Coverage criteria 6 and 7 added.

9/28/2017: Updated coding section with 2018 coding.

6/28/2017: Updating background, description, policy (for clarity), guidelines, rationale and references.

6/19/2017: Updated coding section.

**CAM 140 Toxicology**

8/6/2018: Annual review, adding verbiage regarding testing in pregnancy. Updating review date.

12/5/2017: Updating policy with 2018 coding.

8/3/2017: Annual review, expanding criteria for presumptive and definitive testing. Updating coding to mirror code ranges 80305-80307 with G0477-G0479.

12/5/2016: Updated coding section with 2017 codes.

**CAM 701112 Transanal Endoscopic Microsurgery (TEMS)**

9/4/2018: Updating rationale.

9/13/2017: Updating background, description, regulatory status, rationale and references.

**CAM 701132 Transcatheter Aortic-Valve Implantation for Aortic Stenosis**

12/4/2018: Annual review, updating policy to allow medical necessity criteria for intermediate surgical risk patients. Also updating background, description, guidelines, regulatory status, rationale and references.

12/14/2017: Updating background, regulatory status, rationale and references.

12/1/2016: Annual review, updating policy to provide medical necessity criteria for valve in valve implantation and that the approach to the surgical procedure should reflect the FDA approval of the specific device. Updating background, description, guidelines, regulatory status, rationale and references.

**CAM 80111 Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies**

8/16/2018: Updating background, rationale and references.

8/23/2017: Annual review, minor change to the wording of criteria for unresectable hepatocellular cancer confined to the liver, otherwise no change to policy intent. Also updating background, description, rationale and references.

8/9/2016: Updating background, description, rationale and references. Adding regulatory status.

**CAM 20230 Transcatheter Mitral Valve Repair**

12/3/2018: Updating description, background, rationale and references.

12/5/2017: Updating policy with 2018 coding.

11/2/2017: Updating background, regulatory status, rationale and references.

**CAM 20138 Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease**

9/4/2018: Updating description, rationale and references.

9/12/2017: Updating background, description, regulatory status, rationale and references.

9/1/2016: Updating background, description, regulatory status, guidelines, rationale, coding and references.

**CAM 199 Tumor Treatment Fields Therapy for Glioblastoma**

8/15/2018: Interim review to add clarification regarding length of time for initial authorization and criteria for continued review.

6/18/2018: New policy.

**CAM 20216 Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis**

8/21/2018: Updating rationale and references.

8/22/2017: Updating background, description, rationale and references.

**CAM 206 Urine Culture Testing for Bacteria**

**9/4/2018:** This policy has an effective date of 12/1/2018.

**8/14/2018:** New policy.

**CAM 20463 Use of Common Genetic Variants (single nucleotide polymorphisms) to Predict Risk of Nonfamilial Breast Cancer**

**10/30/2018:** Adding OncoArray and TruSight to the investigational statement.

**CAM 20305 Uses of Monoclonal Antibodies**

**8/27/2018:** Annual review, updating title to mirror uses of medications in this policy. Removing Diffuse large B cell lymphoma as a compendial use for Rituxan. Adding 4 additional compendial uses for Rituxan. Updating Gazyva to expand coverage for follicular lymphoma and adding 5 new compendial uses.

**11/27/2017:** Interim review to update coding and information on Gemtuzumab as it has been reintroduced to the market.

**8/30/2017:** Annual review, updating policy verbiage to expand coverage of Gazyva, Arzerra and Rituxan. Also updating rationale and references.

**CAM 701150 Vagus Nerve Blocking Therapy for Treatment of Obesity**

**9/4/2018:** Updating rationale.

**9/20/2017:** Updating title, background and description.

**9/21/2016:** New policy.

**CAM 70120 Vagus Nerve Stimulation**

**12/21/2018:** Updating with 2019 codes.

**12/19/2018:** Updating regulatory status, rationale and references.

**12/21/2017:** Updating background, description, regulatory status, rationale and references.

**12/1/2016:** Updating background, description, rationale and references.

**CAM 201104 Vestibular Function Testing**

**12/11/2018:** Updating background, description, rationale and references.

**12/21/2017:** New policy.

**CAM 60133 Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon**

**10/16/2018:** Updating description, regulatory status, rationale and references.

**10/5/2017:** Updating title, background, description, rationale and references.

**CAM 153 Zika Virus Risk Assessment**

**7/26/2018:** Annual review, updating policy verbiage with current CDC testing recommendations. Also updating coding.

**12/7/2017:** Updating policy with 2018 coding.

**7/18/2017:** Annual review, rewriting policy criteria for expanded coverage in alignment with the CDC.

**4/25/2017:**

**3/8/2017:** Updated coding.

**8/30/2016:** Updated coding.

**8/23/2016:** Editing to correct error in coding section.

**8/3/2016:** New policy.

**CAM 204 ZOMETA (zoledronic acid)**

**7/30/2018:** New policy.

## **CAM 094 Women's Preventive Services**

**12/20/2018:** Updated Last review date.

**12/13/2018:** Annual review, updating osteoporosis screening verbiage. This update does not impact coding related to the recommendation.

**7/23/2018:** Interim review to add Z113 & V745 in relation to gonorrhea testing.

**4/18/2018:** Interim Review. Breast screening added verbiage to CPT/HCPCS codes 77052, 77057 and 77067, breast cancer preventive medication correct typo Z83 to Z2803. Diabetes Mellitus, screening in pregnant women 24-28 weeks added icd10 code Z131 and removed Z390-Z392. IN HEPATITIS B VIRUS INFECTION IN PREGNANCY, SCREENING removed ICD-10 Z331. In Human Immunodeficiency Virus, counseling and screening added CPT codes 99401, 99402 and added HCPCS code G0435, S3645.

**4/10/2018:** Interim review to add new recommendations regarding diabetes mellitus screening after pregnancy and screening for urinary incontinence annually.

**12/12/2017:** Updating policy with Bright Futures recommendations.

**12/7/2017:** Annual review, adding note regarding the requirement of 96372 to be filed on the same date as J1050 for no cost share to apply. Updated coding.

**11/21/2017:** Updated policy to add code J7296.

**11/6/2017:** Adding Code V73.81 to coding.

**10/30/2017:** Correcting code Q8894 to Q9984.

**10/9/2017:** Updating contraception coding with HCPCS Q8894.

**8/21/2017:** Interim review to add USPSTF recommendation regarding pre-eclampsia blood pressure screening.

**6/8/2017:** Interim review to add record review statement for codes 99402-99404.

**12/28/2016:** Annual review, adding new CPT code 77067 to the breast cancer screening portion of the policy.