



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

January 2020 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 239	Proteogenomic Testing of Individuals with Cancer	NEW POLICY
CAM 204140	Proteogenomic Testing of Individuals with Cancer	ARCHIVED ; included in CAM 239 Proteogenomic Testing of Individuals with Cancer
CAM 053	Orthodontic Treatment	Annual review, no change to policy intent.
CAM 066	Hereditary Angioedema Drug Therapy	Annual review, no change to policy intent, but, reformatting for clarity. Also updating references.
CAM 153	Zika Virus Risk Assessment	Updating annual review date. No other changes made.
CAM 10101	Air Fluidized Beds	Annual review, no change to policy intent.
CAM 10120	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Interim review to add language regarding implantable CGM devices. Also updating description, guidelines, rationale and references.
CAM 20103	Gait Analysis	Annual review, no change to policy intent.
CAM 20104	Hyperbaric Oxygen Therapy	Updated Coding Section. Added HCPCS code G0277. No other changes made.
CAM 201104	Vestibular Function Testing	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 40121	Noninvasive Prenatal Screening for Fetal Aneuploidies Using Cell-Free Fetal DNA	Updating annual review date. No other changes made.
CAM 60124	MR Spectroscopy	Interim review, reformatting policy for clarity and specificity. No change to policy intent.
CAM 60129	MRI Breast	Interim review, policy reformatted for clarity, no change to policy intent.
CAM 60130	Low Dose CT for Lung Cancer Screening	Interim review, reformatting policy for clarity.
CAM 60149	Cerebral Perfusion Analysis CT	Interim review, policy reformatted for clarity, updating references.
CAM 60153	Digital Breast Tomosynthesis	Annual review, no change to policy intent. Updating rationale and description.
CAM 70103	Implantable Bone Conduction and Bone Anchored Hearing Aids	Annual review, no change to policy intent. Updating background, regulatory status, guidelines, rationale and references.
CAM 70112	Isolated Limb Perfusion/Infusion for Malignant Melanoma	Annual review, no change to policy intent.

CAM 70147	Bariatric Surgery	Annual review, no change to policy intent. Updating description, regulatory status, guidelines, rationale and references.
CAM 70174	Stimulation of the Sacral Anterior Root Combined with Posterior Sacral Rhizotomy in Patients with Spinal Cord Injury	Annual review, no change to policy intent.
CAM 70177	Total Ankle Replacement	Annual review, no change to policy intent.
CAM 70198	Minimally Invasive Hip and Knee Arthroplasty	Annual review, no change to policy intent.
CAM 701100	Bone Morphogenetic Protein	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 701117	Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee	Annual review, no change to policy intent.
CAM 701132	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Annual review, no change to policy intent. Updating regulatory status, guidelines, rationale and references.
CAM 701133	Microwave Tumor Ablation	Annual review, expanding coverage to include medical necessity criteria for lung and liver tumors in some instances. Also updating background, description, regulatory status, rationale and references.
CAM 70301	Kidney Transplant	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80103	Oncologic uses of Interferon Therapy	Annual review, no change to policy intent.
CAM 80104	Oncologic Applications of Interleukin-2 (Aldesleukin) When Used as Monotherapy	Annual review, no change to policy intent.
CAM 80202	Plasma Exchange (Plasmapheresis)	Annual review, no change to policy intent. Updating review date.
CAM 90319	Suprachoroidal Delivery of Pharmacologic Agents	Annual review, no change to policy intent.
CAM 001	Enhanced External Counterpulsation (EECP)	Annual review, no change to policy intent.
CAM 070	Surgical Treatment of Chest Wall Deformities (Congenital or Acquired)	Annual review, no change to policy intent.
CAM 145	Gender Reassignment Surgery	Annual review, no change to policy intent.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Annual review, no change to policy intent.
CAM 152	Hypothermia to Prevent/Reduce Hair Loss During Chemotherapy	Annual review, no change to policy intent.
CAM 157	Medical Policy Development and Review	Annual review, no change to policy intent.
CAM 185	Balloon Dilation of the Eustachian Tube	Annual review, no change to policy intent.
CAM 186	Eye Movement Desensitization and Reprocessing (EMDR) Therapy	Annual review, no change to policy intent.
CAM 202	Incapacitated Dependent Coverage	Annual review, no change to policy intent.
CAM 511	Radiation Oncology Services	Annual review, no change to policy intent.
CAM 10124	Interferential Current Stimulation	Annual review. Policy verbiage updated for clarity, coding updated due to code termination.

CAM 472	Laboratory/Pathology Services	Annual review, no change to policy intent.
CAM 100105	Ambulance and Medical Transport Services	Adding codes A0426 and A0428 to coding section. No other changes made.
CAM 10120	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Interim review to remove requirement that this device be ordered by an endocrinologist. No other changes made.
CAM 20481	Genetic Testing for Rett Syndrome	Annual review, no change to policy intent.
CAM 204106	Genetic Testing for CHARGE Syndrome	Annual review, no change to policy intent.
CAM 204117	Genetic Testing for Mitochondrial Disorders	Annual review, no change to policy intent.
CAM 204128	Genetic Testing for Fanconi Anemia	Annual review, no change to policy intent.
CAM 50119	Injectable Clostridial Collagenase for Fibroproliferative Disorders	Annual review, no change to policy intent.
CAM 80117	Hematopoietic Stem-Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome	Annual review, no change to policy intent.
CAM 201101	Multispectral Digital Skin Lesion Analysis	Annual review, no change to policy intent.
CAM 20303	Donor Lymphocyte Infusion for Malignancies Treated with an Allogenic Hematopoietic Cell Transplant	Annual review, no change to policy intent.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Annual review, no change to policy intent.
CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral and Limb-Girdle Muscular Dystrophies	Annual review, no change to policy intent.
CAM 20405	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	Annual review, no change to policy intent.
CAM 20470	Genetic Testing for Lipoprotein A Variant as a Decision Aid for Aspirin Treatment and/or CVD Risk Assessment	Annual review, no change to policy intent.
CAM 20480	Genetic Testing for Hereditary Hemochromatosis	Annual review, no change to policy intent.
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	Annual review, no change to policy intent. Updating coding.
CAM 166	General Genetic Testing, Germline Disorders	Interim review to update coding. No other changes made.
CAM 20444	Genetic Testing for Familial Cutaneous Malignant Melanoma	Annual review, updating policy statement to allow for testing with criteria for CDKN2A, CDK4, MC1R and BAP1. No other changes made.
CAM 20475	Genetic Testing of CADASIL Syndrome	Annual review, no change to policy intent. Updating coding.
CAM 126	Vitamin D Testing	Annual review, updating guidelines and coding. No change to policy intent.

CAM 181	Pathogen Panel Testing	Interim review adding policy statements regarding molecular detection-based panel testing for UTI and wound infections. Also updating coding.
CAM 20436	Gene Expression Testing for Breast Cancer Prognosis	Interim review, rewriting policy criteria for clarity. Also updating coding.
CAM 20445	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Interim review to add statement regarding entrectinib to medical necessity. Also updating coding.
CAM 20477	Genetic Testing and Genetic Expression Profiling in Patients with Cutaneous	Annual review, policy statement added regarding expression profile testing. Also updating coding.
CAM 20483	Genetic Testing for FMR1 Mutations (including Fragile X Syndrome)	Annual review, no change to policy intent. Updating coding.
CAM 40114	Prenatal Screening for Fetal Aneuploidy	Annual review, no change to policy intent. Updating coding.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Annual review, no change to policy intent.
CAM 701153	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	Interim review to update coding for 2020. 20926 is deleted and replaced with 15771-15774.
CAM 051	Allergen Testing	Interim review, updating criteria for RAST, MAST, FAST, ELISA and ImmunoCAP testing. No other changes made.
CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	Annual review, no change to policy intent. Updating coding.
CAM 173	Medication Administration Site of Care	Interim review to update medication list. No other changes made.
CAM 187	Sacroiliac Joint Fusion or Stabilization	Annual review, no change to policy intent, reformatted for clarity.
CAM 218	Pharmacogenetic Testing	Interim review updating policy with additional medical necessity criteria for testing. Also updating coding.
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 40118	Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome	Annual review, updating title and language to address both embolization and sclerotherapy treatment strategies. Entire policy being updated to encompass that.
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Annual review, updating policy to include medical necessity language for cyanoacrylate. Also adding language on concurrent treatment of accessory saphenous veins. Updating description, rationale and references.
CAM 90301	Keratoprosthesis	Annual review, no change to policy intent. Updating rationale and references.
CAM 90314	Implantation of Intrastromal Corneal Ring Segments	Annual review, no change to policy intent. Updating regulatory status.
CAM 131	Testosterone Testing	Annual review, no change to policy intent.
CAM 205	General Inflammation Testing	Interim review to add coverage for CRP and ESR concurrently with the management of periprosthetic joint infections. No other changes.

CAM 20141	Noncontact Radiant Heat Bandage for the Treatment of Wounds	Annual review, no change to policy intent.
CAM 20144	Dermatologic Applications of Photodynamic Therapy	Annual review, adding medical necessity criteria for treatment of nonhyperkeratotic actinic keratoses of the upper extremities. Also updating description, regulatory status, guidelines, rationale and references.
CAM 20146	Vacuum Therapy as a Treatment for Female Sexual Dysfunction	Annual review, no change to policy intent.
CAM 20165	Aerosolized Antibiotics as a Treatment of Chronic Sinusitis	Annual review, no change to policy intent.
CAM 20185	Neural Therapy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20218	Progenitor Cell Therapy for the Treatment of Damaged Myocardium due to Ischemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 40117	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea	Annual review, no change to policy intent.
CAM 40202	Paternal or Fetal Antigen Immunotherapy for Recurrent Fetal Loss	Annual review, no change to policy intent.
CAM 701106	Percutaneous Tibial Nerve Stimulation	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Updating investigational verbiage in policy section. No other changes made.
CAM 701131	Transcatheter Pulmonary Valve Implantation	Annual review, no change to policy intent. Updating rationale and references.
CAM 70308	Heart/Lung Transplant	Annual review, policy updated for clarity, also updating rationale.
CAM 80305	Outpatient Pulmonary Rehabilitation	Annual review, no change to policy intent. Updating rationale and references.
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	Annual review, no change to policy intent. Updating description. No other changes.
CAM 50104	Erythropoiesis Stimulating Agents and Darbepoetin Alfa (Aranesp)	Annual review, no change to policy intent. Updating rationale and references.
CAM 50117	Repository Corticotrophin Injection	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 60136	Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) Using In-111 Satumomab Pendetide (OncoScint) or Tc-99m Arcitumomab (IMMU-4, CEA-Scan)	Annual review, no change to policy intent.
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	Annual review, no change to policy intent. Updating rationale and references.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Annual review, no change to policy intent. Updating rationale, references and description.
CAM 70168	Extracranial Carotid Angioplasty/Stenting	Annual review, no change to policy intent. updating rationale.

CAM 062	Octreotide Acetate (Sandostatin)	Annual review, adding medical necessity criteria B&C related to acromegaly. No other changes made.
CAM 067	Bevacizumab (Avastin) for Oncologic Use	Annual review, no change to policy intent. Adding statement regarding use of NCCN guidelines for grade 2A or better recommendation. All others will need medical review. No other changes made.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPTSF recommended services	Annual review, no changes made.
CAM 183	BRINEURA (cerliponase alfa)	Annual review, adding medical necessity criteria 4-6 in addition to the existing criteria 1-3. Also adding criteria for continuation of medication.
CAM 184	Renflexis (infliximab-abda)	Annual review, adding "patient has moderate to severe active disease" to ulcerative criteria. No other changes.
CAM 032	Telemedicine	Annual review, no change to policy content.
CAM 063	Golimumab (Simponi) for subcutaneous use	Annual review. Added under Ankylosing Spondylitis statement patient has failed at least 2 non-steroidal anti-inflammatory drugs. No change to policy intent.