



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

## October 2019 Medical Policy Updates

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan frequently revise the medical policies we use to make clinical determinations for a member’s coverage. Here are medical policies that have been updated or newly added. A revision history for each policy is included. Please visit the Medical Policies and Clinical Guidelines pages of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	<b>NEW POLICY</b>
CAM 231	Cemiplimab-rwlc (Libtayo®)	<b>NEW POLICY</b>
CAM 237	Speech Generating Devices	<b>NEW POLICY</b>
CAM 20468	Genetic Testing for 5 Fluorouracil Use in Cancer Patients	<b>ARCHIVED</b> ; included in CAM 218 Pharmacogenetic Testing
CAM 20427	MUC 16 (CA-125) Expression in Ovarian Cancer	<b>ARCHIVED</b> ; included in CAM 218 Pharmacogenetic Testing
CAM 20476	Quantitative Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers	<b>ARCHIVED</b> ; included in CAM 20302 Serum Tumor Markers for Malignancies
CAM 009	Allergy Immunotherapy	Annual review, updating policy verbiage from stating investigational to all uses of these treatments to be investigational and/or unproven and are therefore considered not medically necessary. No other changes.
CAM 024	Antineoplaston Therapy and Sodium Phenylbutyrate	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 90321	Aqueous Shunts and Devices for Glaucoma	Annual review, updating description, background, regulatory status, guidelines, rationale and references. Statements regarding procedures that were previously listed as investigational have been expanded to read "investigational and/or unproven and therefore considered not medically necessary".
CAM 50118	Bevacizumab in Advanced Adenocarcinoma of the Pancreas	Updating coding. No other changes made.
CAM 20414	Biochemical Markers of Alzheimer Disease and Dementia	Annual review, no change to policy intent, reformatting for clarity and policy verbiage has been expanded to address multiple different specimen sources.
CAM 20164	Biofeedback as a Treatment of Fecal Incontinence or Constipation	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 20415	Bone Turnover Markers Testing	Annual review, no change to policy intent. Adding note that includes the specific bone formation markers. Reformatting for clarity, including shortening title to Bone Turnover Markers Testing.

CAM 50105	Botulinum Toxin	Annual review, no change to policy intent. Restating conditions considered investigational and/ or unproven to be therefore "not medically necessary". Also updating background, rationale and references.
CAM 220	CD 5 Complement Inhibitors	Updating coding. No other changes made.
CAM 20430	Celiac Disease Testing	Annual review, no change to policy intent. Reformatting for clarity, updating coding.
CAM 231	Cemiplimab-rwlc (Libtayo®)	Updating coding. No other changes made.
CAM 20409	Cervical Cancer Screening Technologies with Pap and HPV	Annual review, no change to policy intent. Updating coding.
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	Interim review to update coding and add A4604, A7027 and A7046 to frequency table on page 6. No other changes made.
CAM 224	Emapalumab-lzsg (Gamifant)	Updating coding. No other changes made.
CAM 90322	Endothelial Keratoplasty	Annual review, language regarding femtosecond laser-assisted surgery updated to state "investigational and/or unproven and therefore is considered not medically necessary." Previous statement included only investigational component. Also updating rationale and references.
CAM 120	Flow Cytometry	Updated coding. No other changes made.
CAM 70173	Gastric Electrical Stimulation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20493	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	Correcting a Cam number in the policy statement. No other changes made.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Interim review to add coverage criteria for Fulphila, Udenyca and Neulasta. Updating title, references and coding.
CAM 133	Hemoglobin A1c	Annual review, updating policy to allow testing for pregnant members as frequently as monthly. Also updating coding.
CAM 066	Hereditary Angioedema Drug Therapy	Updating coding. No other changes made.
CAM 70180	Hip Resurfacing	Annual review, final policy statement rewritten to state: All other types and applications of hip resurfacing are investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY.
CAM 20484	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Annual review, policy rewritten for clarity to include language regarding serum antibodies and serum drug levels. Policy reformatted for clarity.
CAM 20301	In Vitro Chemoresistance and Chemosensitivity Assays	Annual review, no change to policy intent, updating coding, reformatting for clarity.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Updated Coding. No other changes made.
CAM 20417	Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	Annual review, no change to policy intent. Adding pyruvate kinase M2 (PKM2) to list of tests. Reformatting policy for clarity.
CAM 204141	Liquid Biopsy	Interim review to provide verbiage regarding PIK3CA mutation testing, updating medical necessity criteria for Stage IIIb/IV NSCLC testing. Reformatting policy for clarity.

CAM 161	Lumbar Spinal Procedures	Interim review to remove contraindication related to nicotine use to align with CAM 142. No other changes made.
CAM 031	Measurement of Thromboxane Metabolites for Aspirin Resistance	Annual review, no change to policy intent. Updating coding and reformatting for clarity.
CAM 20419	Metabolite Markers of Thiopurines Testing	Annual review, updating title, adding medical necessity statement: 3. Monitoring of thiopurine metabolite levels in individuals with acute lymphoblastic leukemia MEETS COVERAGE CRITERIA in the following situations: a. For patients showing signs of a lack of myelosuppression while on therapy, b. For patients with normal function for TPMT and NUDT15 who do not appear to tolerate thiopurines.
CAM 204115	Molecular Panel Testing of Cancers for Diagnosis, Prognosis, and Identification of Targeted Therapy	Updating table in policy section. No other changes made.
CAM 204142	Molecular Testing in the Management of Pulmonary Nodules	Annual review, no change to policy intent. Updating policy to change name of proteomic plasma assay to BDX-XL2. Updating regulatory status, rationale and references.
CAM 50129	Monoclonal Antibody Therapies for Migraine Prevention	Updating coding. No other changes made.
CAM 20493	Nerve Fiber Density Testing	Annual review, no change to policy intent. Updating background, rational and references. Policy verbiage reformatted for clarity.
CAM 20179	Non-contact Ultrasound Treatment of Wounds	Annual review, policy statement updated to state: Non-contact ultrasound treatment for wounds is investigational and/or unproven and is therefore considered NOT MEDICALLY NECESSARY. Also updating rationale and references.
CAM 80106	Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus	Corrected formatting. No other changes made.
CAM 70114	Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	Annual review, policy statements 2 and 3 rewritten to state: Minimally invasive, off-pump maze procedures (i.e., modified maze procedures), including those done via mini-thoracotomy, are investigational and/ or unproven and are therefore considered NOT MEDICALLY NECESSARY for treatment of atrial fibrillation or flutter. Hybrid ablation (defined as a combined percutaneous and thoracoscopic approach) is investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY for the treatment of atrial fibrillation or flutter.
CAM 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	Annual review, rewriting policy statement to indicate "investigational and/or unproven and therefore considered not medically necessary." Also updating background, rationale and references.
CAM 217	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Added ICD-10 codes to Coding Section. No other changes made.
CAM 701102	Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)	Annual review, updating second policy statement to say: The use of bulking agents as a treatment of vesicoureteral reflux in other clinical situations is investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY. Also updating rationale.

CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Annual review, updated policy verbiage to state: Peroral endoscopic myotomy is investigational and/or unproven and is therefore considered NOT MEDICALLY NECESSARY as a treatment for esophageal achalasia. Also updating rationale and references.
CAM 218	Pharmacogenetic Testing	Updated Coding. No other changes made.
CAM 701123	Plugs for Fistula Repair	Annual review, policy statement updated to state: Biosynthetic fistula plugs, including plugs made of porcine small intestine submucosa or of synthetic material are investigational and/or unproven and are therefore considered NOT MEDICALLY NECESSARY for all indications including, but not limited to, repair of anal and rectal fistulas. Also updating rationale and references.
CAM 119	Prenatal Screening	Updated Coding. No other changes made.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review to update bacteriuria screening in pregnant women recommendation. The USPSTF has downgraded this recommendation from an A recommendation to a B recommendation. Also updating revised verbiage from USPSTF regarding the recommendation for breast cancer preventive medication. This did not change the intent of the recommendation or the grade of the recommendation. Also adding general disclaimer to policy that the coding represented in the policy does not take into consideration bundling and editing rules that may apply to them.
CAM 60157	Radioactive Seed Localization of Nonpalpable Breast Lesions	Annual review, no change to policy intent. Updating rationale and references.
CAM 80143	Radioembolization for Primary and Metastatic Tumors of the Liver	Annual review, the final two policy statements rewritten. Updating rationale and references.
CAM 701136	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	Annual review, policy statement revised to say: Radiofrequency ablation of the renal sympathetic nerves is investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY for the treatment of resistant hypertension. No other changes made.
CAM 90313	Retinal Telescreening for Diabetic Retinopathy	Annual review, no change to policy intent, however expanding the verbiage regarding investigational uses to indicate "Retinal telescreening is investigational and/or unproven and therefore NOT MEDICALLY NECESSARY for all other indications, including the monitoring and management of disease in individuals diagnosed with diabetic retinopathy". Also updating regulatory status, rationale and references.
CAM 701104	Subtalar Arthroereisis and Subtalar Joint Implant	Annual review, rewriting policy statement for clarity, updating rationale and references. Removing guidelines section as there are no criteria for medical necessity of subtalar arthroereisis or extra-osseous subtalar joint implants.
CAM 223	Tagraxofusp-erzs (Elzonris)	Updating coding. No other changes made.
CAM 176	Telehealth	Annual review, updating to add protocols for telehealth visits, updated coding and clarified services available for telehealth.
CAM 20428	Testing for Diagnosis of Active or Latent Tuberculosis	Updated coding. No other changes made.

CAM 20428	Testing for Diagnosis of Active or Latent Tuberculosis	Annual review, no change to policy intent. Reformatting for clarity. Updating coding.
CAM 210	Testing for Mosquito- or Tick-Related Infections	Annual review, revision of status of NAAT and PCR testing in relation to tick-borne relapsing fever and babesiosis. NO other changes to policy.
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	Updated coding. No other changes made.
CAM 20168	Transplant Rejection Testing	Annual review with extensive revision to policy. Expanding policy from heart transplant rejection to transplant rejection testing. Policy verbiage to expand testing in non-heart-related transplant testing. Reformatting policy for clarity.
CAM 50112	Trastuzumab/Trastuzumab-dkst (Herceptin/Ogivri)	Added code Q5117 and Q5116, effective 10/01/19
CAM 20407	Urinary Tumor Markers for Bladder Cancer	Adding ICD-10 codes to Coding Section. No other changes made.
CAM 20463	Use of Common Genetic Variants (single nucleotide polymorphisms) to Predict Risk of Non-Familial Breast Cancer	Annual review, no change to policy intent. Adding OncoArray and TruSight to the investigational statement.
CAM 60133	Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon	Annual review, no change to policy intent, rewriting investigational verbiage to indicate that investigational issues are investigational and /or unproven and therefore not medically necessary. Also updating regulatory status, rationale and references.
CAM 211	$\beta$ -Hemolytic Streptococcus Testing	Annual review, no change to policy intent. Updating coding.
CAM 204118	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	Annual review, no change to policy intent. Reformatting for clarity.
CAM 028	Colorectal Cancer Screening	Annual review, no change to policy intent.
CAM 071	Concurrent Care	Annual review, no change to policy intent.
CAM 134	Diagnostic Testing of Influenza	Annual review, no change to policy intent.
CAM 20145	Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems)	Annual review, no change to policy intent. Reformatting for clarity.
CAM 175	Fractional Flow Reserve CT	Annual review, no change to policy intent.
CAM 204139	Genetic Testing for Heterozygous Familial Hypercholesterolemia	Annual review, no change to policy intent. Reformatting for clarity.
CAM 20456	Immune Cell Function Assay	Annual review, no change to policy intent. Reformatting for clarity.
CAM 204113	Molecular Analysis for Gliomas	Annual review, no change to policy intent. Reformatting for clarity.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Annual review, no change to policy intent.
CAM 090	Robotic Assisted Surgery - Reimbursement Policy	Annual review, no change to policy intent.
CAM 701121	Saturation Biopsy for Diagnosis and Staging of Prostate Cancer	Annual review, no change to policy intent. Reformatting for clarity.