



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

## December 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 80163	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	<b>New Policy;</b> Language taken from CAM 80101 Adoptive Immunotherapy is included in this policy.
CAM 20232	Leadless Cardiac Pacemakers	<b>New Policy</b>
CAM 718	MRI Upper Extremity, other than joint	<b>New Policy</b>
CAM 238	VYONDYS 53 (golodirsen)	<b>New Policy</b>
CAM 734	Bone and/or Joint SPECT	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 732	Brain SPECT Scan	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 731	Cerebrospinal Fluid Flow SPECT	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 717	CT Abdomen	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 716	CT Abdomen and Pelvis	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 706	CT Angiography, Abdomen	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 708	CT Angiography, Abdomen and Pelvis	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 728	CT Angiography, Abdominal Arteries	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 727	CT Angiography, Head/Brain	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 704	CT Angiography, Lower Extremity	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 700	CT Angiography, Neck	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 703	CT Angiography, Pelvis	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 726	CT Angiography, Upper Extremity	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 748	CT Bone Density Study	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 705	CT Cervical Spine	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 742	CT Head/Brain	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 712	CT Heart	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 715	CT Lower Extremity (Ankle, Foot, Hip and Knee)	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 713	CT Lumbar Spine	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 711	CT Pelvis	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 739	CT Soft Tissue Neck	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 707	CT Thoracic Spine	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 725	CT Upper Extremity	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 729	Fetal MRI	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>

CAM 234	Genetic Testing for Neurodegenerative Disorders	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 730	Kidney SPECT	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 234	Laboratory Guideline Policy	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 736	Liver SPECT	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 737	Low Field MRI	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 702	MR Angiography Spinal Canal	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 701	MR Angiography Upper Extremity	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 735	MRI Bone Marrow	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 744	MRI Brain (includes Internal Auditory Canal)	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 741	MRI Cervical Spine	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 743	MRI Chest (Thorax)	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 719	MRI Heart	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 721	MRI Lower Extremity (Ankle, Foot, Knee, Hip, Leg) (Joint and other than joint)	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 709	MRI Lumbar Spine	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 720	MRI MRCP Abdomen	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 714	MRI Pelvis	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 740	MRI Tempromandibular Joint (TMJ)	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 710	MRI Thoracic Spine	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 733	MUGA Scan	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 738	Orbit, Face, Neck, Sinus MRI	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 746	Sinus Maxillofacial CT	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 745	Temporal Bone, Mastoid, Orbits CT	<b>NEW POLICY WITH EFFECTIVE DATE OF 1/1/2020</b>
CAM 213	Leadless Cardiac Pacemaker	<b>ARCHIVED;</b> included in CAM 20232.
CAM 701137	Magnetic Esophageal Sphincter Augmentation to Treat Gastroesophageal Reflux Disease	<b>ARCHIVED;</b> included in CAM 20138.
CAM 20127	Biofeedback as a Treatment of Urinary Incontinence in Adults	Added codes 90912 and 90913.
CAM 60120	Cardiac Applications of PET Scanning	Added codes 78429, 78430, 78431, 78432, 78433, and 78434.
CAM 60120	Cardiac Applications of PET Scanning	Interim review, reformatting policy, including much more specificity for medical necessity indications and criteria also Added codes 78429, 78430, 78431, 78432, 78433, and 78434.
CAM 201100	Dry Needling and Trigger Point Injections for Myofascial Pain	Added codes 20560 and 20561.
CAM 20102	Dynamic Posturography	Added code 92549.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	Added codes 34717 and 34718.
CAM 166	General Genetic Testing, Germline Disorders	Added codes 81227, 81307, 81308, and 81309.
CAM 230	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	Added codes 64454 and 64624.

CAM 20484	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Added codes 80145, 80230, and 80280.
CAM 158	SPECT/CT Fusion Imaging	Added codes 78830, 78831, 78832, and 78835.
CAM 80113	Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early Breast Cancer	Interim review to remove the age restriction of >than 50 in relation to the ASTRO recommendations. No other changes.
CAM 80101	Adoptive Immunotherapy	Annual review. Major rewrite of policy, as language regarding hematologic malignancies is being relocated to a new CAM policy. Please see CAM 80163 Chimeric Antigen Receptor Therapy for Hematologic Malignancies. This policy will address all other uses of adoptive immunotherapy.
CAM 100105	Ambulance and Medical Transport Services	Interim review to add language related to non-emergent transport. This transport, when preauthorized will be available effective 01012020.
CAM 60101	Bone Mineral Density Studies	Adding Note to Related Policies section. No other changes made.
CAM 60149	Computed Tomography (CT) Perfusion Imaging of the Brain	Annual review, policy reformatted for clarity, updating references.
CAM 60143	CTA Coronary Arteries (CCTA)	Annual review, reformatting entire policy for clarity.
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	Interim review to add code K1001 and add policy statement regarding this technology as not medically necessary.
CAM 60147	Functional MRI Brain	Interim review, reformatting entire policy for clarity and format. No change to policy intent.
CAM 60116	Magnetic Resonance Angiography of Vessels of the Head, Neck, Abdomen, Pelvis and Lower Extremity	Annual review, updating verbiage regarding combination neck MRA/brain MRI.
CAM 60117	MR Angiography Chest	Interim review. Reformatting policy for clarity and specificity.
CAM 117	Ramucirumab (Cyramza®)	Annual review, updating policy to allow medical necessity for use with hepatobiliary cancer. Also updating rationale and references.
CAM 20230	Transcatheter Mitral Valve Repair	Annual review, adding medical necessity statement: "Transcatheter mitral valve repair with an FDA-approved device is considered medically necessary for patients with heart failure and secondary mitral regurgitation despite the use of maximally tolerated guideline directed medical therapy." Also updating description, background, guidelines, regulatory status, rationale, references and coding.
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Interim review with updated policy statements including medical necessity criteria for magnetic esophageal sphincter augmentation and transoral incisionless fundoplication. Updating description, rationale and references.
CAM 70302	Allogeneic Pancreas Transplant	Annual review, no change to policy intent. Updating background, rationale and references.

CAM 70148	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating references.
CAM 70118	Automated Percutaneous and Percutaneous Endoscopic Discectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701130	Axial Lumbosacral Interbody Fusion	Annual review, no change to policy intent. Updating background, guidelines, rationale and references.
CAM 70107	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Annual review, no change to policy intent. Updating guidelines.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Annual review, no change to policy intent. Adding regulatory status, updating guidelines.
CAM 50127	Eteplirsen for Duchenne Muscular Dystrophy	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Annual review, no change to policy intent. Updating rationale and references.
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating rationale and references.
CAM 80108	Intraoperative Radiotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Annual review, no change to policy intent. Updating rationale and references.
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 70150	Placental and Umbilical Cord Blood as a Source of Stem Cells	Annual review, no change to policy intent. Updating rationale and references.
CAM 40116	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Annual review, no change to policy intent. Updating background and references.
CAM 60137	Radioimmunosintigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 701143	Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy	Annual review, no change to policy intent. Updating background and rationale.
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70120	Vagus Nerve Stimulation	Annual review, no change to policy intent. Updating description, regulatory status, guidelines, rationale and references.

CAM 70102	Angelchik™ Anti-Reflux Prosthesis	Annual review, no change to policy intent.
CAM 70104	Balloon Dilatation of Prostate	Annual review, no change to policy intent.
CAM 113	Belinostat (Beleodaq)	Annual review, no change to policy intent.
CAM 111	Blinatumomab (Blincyto)	Annual review, no change to policy intent.
CAM 118	Bulking Agents for the Treatment of Vocal Cord Paralysis	Annual review, no change to policy intent.
CAM 050	Daily Hemodialysis and Hemodialysis in the Home Setting	Annual review, no change to policy intent.
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	Annual review, no change to policy intent.
CAM 90102	Evaluation of Hearing Impairment	Annual review, no change to policy intent.
CAM 20403	Fetal Fibronectin Enzyme Immunoassay	Annual review, no change to policy intent.
CAM 40109	Home Uterine Activity Monitoring	Annual review, no change to policy intent.
CAM 50106	Human Growth Hormone	Annual review, no change to policy intent.
CAM 20148	Inpatient Intestinal Rehabilitation Therapy	Annual review, no change to policy intent.
CAM 212	Intracardiac Ischemia Monitoring	Annual review, no change to policy intent.
CAM 20169	Laser Treatment of Active Acne	Annual review, no change to policy intent.
CAM 90309	Partial Coherence Interferometry as a Technique to Measure the Axial Length of the Eye	Annual review, no change to policy intent.
CAM 90307	Phototherapeutic Keratectomy	Annual review, no change to policy intent.
CAM 40102	Prenatal Genetic and Chromosomal Metabolic Testing	Annual review, no change to policy intent.
CAM 112	Siltuximab (Sylvant)	Annual review, no change to policy intent.
CAM 20110	Topographic Brain Mapping	Annual review, no change to policy intent.
CAM 40112	Treatment of Twin-Twin Transfusion Syndrome with Amnioreduction and/or Fetoscopic Laser Therapy	Annual review, no change to policy intent.
CAM 60109	Vacuum-Assisted Breast Biopsy	Annual review, no change to policy intent.
CAM 094	Women's Preventive Services	Annual review, no change to policy intent.
CAM 80306	Work Hardening Programs	Annual review, no change to policy intent.