



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

## March 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 #	Policy Name	Recent Changes
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections	<p><b>03/04/2019</b> Annual review, no change to policy intent. Updating regulatory status.</p> <p><b>03/27/2018</b> Annual review, policy verbiage updated to include specific investigational items. Also updating background, description, guidelines, rationale, references and coding.</p> <p><b>03/09/2017</b> Interim review, moving coverage criteria for patch formulations of amniotic membrane from policy 701113 to this policy. Updating background, description, policy, guidelines, regulatory status, rationale and references.</p>
CAM 10130	Artificial Pancreas Device Systems	<p><b>02/21/2019</b> Annual review, no change to policy intent. Updating regulatory status.</p> <p><b>02/27/2018</b> Annual review. Expanding investigational statement to include: Use of hybrid closed loop insulin delivery system (including the Food and Drug Administration approved device for age 14 and older) as an artificial pancreas device system is considered INVESTIGATIONAL.". Also updating background, description, regulatory status, rationale and references.</p>
CAM 60123	Diagnosis and Treatment of Non-Surgical Sacroiliac Joint Pain	<p><b>03/13/2018</b> Annual review, updating related policies, background, description, rationale and references.</p> <p><b>01/31/2018</b> Interim review, updating title to indicate this policy relates to non-surgical treatment of SI joint pain, as a new policy title, Sacroiliac Joint Fusion of Stabilization, is being published. Removing surgical treatment from multiple areas of the policy. No change to the intent of diagnosis and nonsurgical treatment of SI joint pain.</p>

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/ Immobilized Lipase Cartridge/ Relizorb™	<p><b>01/09/2019</b> Interim review updating coding and adding medical necessity criteria.</p> <p><b>01/08/2019</b> Updated coding section with B4105. No other changes made.</p> <p><b>04/03/2018</b> Updated coding section with Q9994. No other changes made.</p>
CAM 20493	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	<p><b>01/11/2019</b> Interim review, updating policy verbiage to include medical necessity criteria (service previously considered investigational for all indications). Also updating background, description, rationale and references</p> <p><b>11/09/2017</b> Interim review, updating policy verbiage to include medical necessity criteria (service previously considered investigational for all indications). Also updating background, description, rationale and references.</p>
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	<p><b>02/07/2019</b> Annual review, medical necessity verbiage updated to include newly diagnosed stage III ovarian cancer. Updating title, background, description, guidelines, rationale, references and coding.</p>

Policy #	Policy Name	Recent Changes
CAM 80105	Immune Globulin Therapy	<p><b>09/12/2018</b> 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.</p> <p><b>05/03/2018</b> 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.</p> <p><b>02/21/2017</b> 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 &lt;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.</p> <p><b>03/14/2016</b> Interim review to update guidelines. No other changes being made.</p> <p><b>02/23/2016</b> Annual review, hemolytic disease of the fetus and newborn added to the medically necessary statement and postpolio syndrome added to the investigational statement. Updating background, description, policy, rationale and references.</p>
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	<p><b>01/30/2018</b> Annual review, policy statement updated to include: medically necessary policy statements related to intraperitoneal infusion for primary epithelial ovarian cancer, and for intrahepatic artery therapy for primary liver cancer or hepatic metastases removed. Investigational statement changed to "...investigational for all other uses related to pain and spasticity", also updating title, description, regulatory status, related policies, rationale and references.</p>

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 50119	Injectable Clostridial Collagenase for Fibroproliferative Disorders	<b>02/13/2018</b> Updating policy to move injectable clostridial collagenase to not medically necessary (previously considered investigational). No other changes made.
CAM 70158	Intraoperative Neurophysiologic Monitoring	<b>01/16/2019</b> Annual review, updating rationale and references.  <b>11/14/2018</b> Interim review updating note section to include facial nerve monitoring and adding specificity to the providers included in the note. No other changes made.  <b>02/15/2018</b> Annual review, adding policy verbiage regarding the medical necessity of laryngeal nerve monitoring. Also updating title, background, description, guidelines, rationale and references.
CAM 141	Mepolizumab (Nucala®)	<b>01/18/2018</b> Interim review to add coverage for EGPA/Churg-Strauss syndrome per the FDA update.
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucos e Positron Emission Tomography	<b>02/13/2019</b> Annual review, adding fever of unknown origin and inflammation of unknown origin to investigational list. No other changes to policy intent. Also updating rationale and references.
CAM 062	Octreotide Acetate (Sandostatin)	<b>01/08/2018</b> Annual review, adding section for compendial uses for neuroendocrine tumors, meningiomas, thymomas and thymic carcinomas and congenital hyperinsulinism. No other changes to policy.
CAM 701116	Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)	<b>08/06/2018</b> Interim review to change maximum levels treated on a single date of service to 2 facet joint levels.  <b>03/20/2017</b> Annual review, major revision to policy for clarity and to maintain industry standards for this procedure. Updating title, policy, and references.

Policy #	Policy Name	Recent Changes
CAM 137	Paravertebral Facet Joint Injections/Blocks	<p><b>08/06/2018</b> 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.</p> <p><b>03/15/2017</b> Updating criteria for medical necessity for clarity and specificity. No other changes made.</p>
CAM 136	Spinal Epidural Injections	<p><b>03/06/2019</b> Annual review, changing the following policy statement: "if the neural blockade is applied for different regions, injections may be administered at intervals of no sooner than 14 days" to 7 days. No other changes made.</p>
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	<p><b>03/18/2019</b> Interim review, updating policy to allow some medical necessity criteria for hypoglossal nerve stimulation, which was previously considered investigational for all indications. Also updating description, background, rationale, references and regulatory status.</p>
CAM 10105	Ultrasound Accelerated Fracture Healing Device	<p><b>03/20/2018</b> Annual review with update to policy indicating that the following indications are considered not medically necessary: fresh fractures (surgically and nonsurgically managed) and nonunion/delayed union fractures. These issues were previously considered medically necessary. Also updating background, description, guidelines rationale, and references.</p>