



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

July 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 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 60160	Therapeutic Radiopharmaceuticals in Oncology	NEW POLICY
CAM 50126	Buprenorphine Implant for Treatment of Opioid Dependence	NEW POLICY
CAM 217	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	NEW POLICY
CAM 60160	Intravenous Antibiotic Therapy for Lyme Disease	NEW POLICY
CAM 222	Home Health Services Policy	NEW POLICY
CAM 203	Lutetium Lu 177 Dotatate (Lutathera®)	ARCHIVED
CAM 203	Lutetium Lu 177 Dotatate (Lutathera®)	ARCHIVED (Included in CAM 60160 Therapeutic Radiopharmaceuticals in Oncology)
CAM 20402	BRCA	Updating coding section. No other changes made.
CAM 142	Cervical Spine Procedures	Interim review to remove a statement related to smoking. No other changes made.
CAM 204122	Chromosomal Microarray	Interim review. "Genetic counseling is recommended" is replacing "Genetic counseling is Medically Necessary." No other changes made.
CAM 20416	Diagnosis of Vaginitis including Multi-target PCR Testing	Updating coding section with N89.8 ICD 10 code. No other changes made.
CAM 201	Extended-Release Injectable (Sublocade)	Adding coding Q0001 and Q9992 to coding coding section.
CAM 201	Extended-Release Injectable (Sublocade)	Annual review, major revision. This policy will be separated into two policies, CAM 201 will contain information regarding Sublocade and a new policy, CAM 50126 will contain information for Buprenorphine Implants for the treatment of opioid dependence.
CAM 168	Familial Adenomatous Polyposis and MUYTH-Associated Polyposis Testing	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically necessary. No other changes made.

CAM 166	General Genetic Testing, Germline Disorders	Interim review. Adding Reimbursement section to policy.
CAM 20413	Genetic Testing for Alzheimer's Disease	Annual review, status changed from investigational to not medically necessary for all indications. No other changes made.
CAM 20443	Genetic Testing for Cardiac Ion Channelopathies	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically Necessary. No other changes made.
CAM 204128	Genetic Testing for Fanconi Anemia	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically necessary. No other changes made.
CAM 20483	Genetic Testing for FMR1 mutations (including Fragile X Syndrome)	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically necessary. No other changes made.
CAM 20487	Genetic Testing for Nonsyndromic Hereditary Hearing Loss	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically Necessary. No other changes made.
CAM 20228	Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically necessary. No other changes made.
CAM 20489	Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies	Interim review. Genetic counseling is recommended is replacing Genetic counseling is Medically necessary. No other changes made.
CAM 80126	Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia	Annual review, updating policy to include a medical necessity statement for auto-HCT and an investigational statement added for patients not meeting medical necessity criteria. Also updating guidelines, rationale and references.
CAM 80125	Hematopoietic Stem Cell Transplantation for Autoimmune Diseases	Annual review, updating policy to indicate that transplantation for systemic sclerosis is changed from investigational to medically necessary. Also updating description, background, guidelines, rationale and references.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Interim review to add "or" between criteria for knee braces. No other changes made.
CAM 452	Pain Management Services (Chronic Pain and Rehabilitation Therapies)	Annual review with MAJOR REVISIONS.
CAM 166	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	Updating the coding section with codes 81336 and 81337. No other changes.
CAM 206	Urine Culture Testing for Bacteria	Annual review, reordering policy criteria and adding verbiage regarding follow up testing.
CAM 204	ZOMETA (zoledronic acid)	Annual review, adding a third compendial use and rephrasing existing compendial uses for specificity.

CAM 80113	Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Stage Breast Cancer	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 20227	Acoustic Cardiography	Annual review, no change to policy intent.
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent.
CAM 20197	Alcohol Injections for Treatment of Peripheral Neuromas	Annual review, no change to policy intent.
CAM 80121	Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80122	Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias	Annual review, no change to policy intent. Updating rationale and references.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70183	Auditory Brainstem Implant	Annual review, no change to policy intent. Updating rationale.
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating rationale and references.
CAM 80131	Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas	Annual review, no change to policy intent.
CAM 10102	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure	Annual review, no change to policy intent.
CAM 60155	Beta Amyloid Imaging with Positron Emission Tomography (PET) for Alzheimer's Disease	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 60120	Cardiac Applications of PET Scanning	Annual review, no change to policy intent. Updating rationale and references.
CAM 60103	Computed Tomography to Detect Coronary Artery Calcification	Annual review, no change to policy intent. Updating rationale and references.
CAM 138	Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/Experimental)	Annual review, no change to policy intent.

CAM 80156	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis	Annual review, no change to policy intent.
CAM 468	Drug Coverage	Annual review, no change to policy intent.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	Annual review, no change to policy intent.
CAM 20192	Fecal Microbiota Transplantation	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 20454	Gene Expression–Based Assays for Cancers of Unknown Primary	Annual review, no change to policy intent.
CAM 20474	Genetic Testing for Adolescent Idiopathic Scoliosis	Annual review, no change to policy intent.
CAM 20499	Genetic Testing for Hereditary Pancreatitis	Annual review, no change to policy intent.
CAM 204101	Genetic Testing for Li-Fraumeni Syndrome	Annual review, no change to policy intent.
CAM 204103	Genetic Testing for Macular Degeneration	Annual review, no change to policy intent.
CAM 70309	Heart Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.
CAM 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80115	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	Annual review, no change to policy intent. Updating rationale and references.
CAM 80123	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 127	Hepatitis C testing	Annual review, no change to policy intent.
CAM 80312	Hippotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 10113	H-wave Electrical Stimulation	Annual review, no change to policy intent.
CAM 50115	Infliximab	Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.
CAM 80141	Interlukin 2 as a Treatment for HIV Infection	Annual review, no change to policy intent.
CAM 20211	Intravascular Brachytherapy for Preventing and Managing Restenosis after Percutaneous Transluminal	Annual review, no change to policy intent.

	Angioplasty (PTA)	
CAM 20453	KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer	Annual review, no change to policy intent, adding note for clarity of testing.
CAM 20160	Local or Whole Body Hyperthermia	Annual review, no change to policy intent.
CAM 20105	Local or Whole Body Hyperthermia	Annual review, no change to policy intent.
CAM 70171	Lung Volume Reduction Surgery for Severe Emphysema	Annual review, no change to policy intent.
CAM 204115	Molecular Panel Testing of Cancers for Diagnosis, Prognosis, and Identification of Targeted Therapy	Annual review, no change to policy intent. Updating title and coding.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, no change to policy intent.
CAM 041	Orthognathic Surgery	Annual review, no change to policy intent.
CAM 1011	Oxygen Therapy	Annual review, no change to policy intent.
CAM 20452	Pancreatic Cancer Risk Testing Using Molecular Classifier in Pancreatic Cyst Fluid	Annual review, no change to policy intent.
CAM 50120	Pertuzumab for Treatment of Malignancies	Annual review, no change to policy intent. Updating rationale and references.
CAM 90311	Photocoagulation of Macular Drusen	Annual review, no change to policy intent.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 204130	ST2 Assay for Chronic Heart Failure	Annual review, no change to policy intent.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy	Annual review, no change to policy intent. Updating references, no other changes.
CAM 045	Suit Therapy	Annual review, no change to policy intent.
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent. All needed updating was performed during the interim review done in March 2019.
CAM 10403	Sympathetic Therapy for the Treatment of Pain	Annual review, no change to policy intent.
CAM 70182	Thermal Capsulorrhaphy as a Treatment of Joint Instability	Annual review, no change to policy intent.
CAM 20213	T-Wave Alternans	Annual review, no change to policy intent.
CAM 20159	Ultrasonographic Evaluation of Skin Lesions	Annual review, no change to policy intent.

CAM 204102	Whole Genome and Whole Exome Sequencing	Annual review, no change to policy intent. Updating title and including the acronym for Whole Exome Sequencing in the policy, also updating coding.
CAM 701111	Wireless Pressure Sensors in Endovascular Aneurysm Repair	Annual review, no change to policy intent.