



BlueCross BlueShield of South Carolina and BlueChoice HealthPlan’s Latest Medical Policy Updates

We frequently revise the medical policies we use to make clinical determinations for a member’s coverage. Here are medical policies that have been reviewed, updated or newly added. A revision history for each policy covering the past two years 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.

Date	Policy #	Policy Name	Recent Changes
1/14/2019	CAM 80101	Adoptive Immunotherapy	<p>12/20/2018 Updating with 2019 codes.</p> <p>12/06/2018 Annual review, medical necessity statement for Axicabtagene cileucel or tisangenlecleucel has been updated. Also updating description, background, guidelines, rationale and references.</p> <p>01/30/2018 Updating coding with Q2041. No change to policy intent.</p> <p>01/11/2018 Interim review to add verbiage related to precertification requirement.</p> <p>01/02/2018 Interim review, policy updated to include medical necessity criteria for axicabtagene ciloleucel. Also updating background, description, policy, guidelines, regulatory status rationale and references.</p> <p>12/04/2017 Returned to in progress from the proof reader. Policy being updated to include medical necessity criteria. Also updating background, description, regulatory status, guidelines, rationale, references and coding.</p>
1/16/2019	CAM 70147	Bariatric Surgery	<p>01/03/2019 Annual review, no change to policy intent.</p> <p>01/23/2018 Annual review, rewriting the investigational statement on endoscopic procedures for clarity, also adding aspiration therapy device to the investigational statement. Adding a statement regarding the investigational status of surgical treatment of preadolescent children. Updating background, description, guidelines, regulatory status, rationale and references.</p> <p>12/01/2016 Annual review, adding Single anastomosis duodenoileal bypass with sleeve gastectomy as investigational. Updating background, description, guidelines, rationale and references.</p>

Date	Policy #	Policy Name	Recent Changes
1/23/2019	CAM 20477	BRAF Genetic Testing in Patients with Melanoma	<p>01/10/2019 Annual review, updating title for specificity, updating ICD coding. No change to policy intent.</p> <p>10/18/2018 Testing policy to correct formatting issues. No changes made to content intent.</p> <p>02/21/2018 Annual review, adding policy statement: Testing for BRAF V600 variants in patients with glioma to select patients for targeted treatment is considered INVESTIGATIONAL.. Also updating background, description, regulatory status, rationale and references.</p> <p>04/26/2017 Interim review to align with Avalon quarterly schedule. Updated category to Laboratory.</p>
1/14/2019	CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	<p>12/20/2018 Updating with 2019 codes.</p> <p>05/23/2018 Annual review, no change to policy intent. Updating description, background, rationale and references. Updating review date.</p> <p>05/18/2017 Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.</p> <p>05/12/2016 Annual review, no change to policy intent. Updating background, description, rationale, references and coding.</p>
1/14/2019	CAM 188	Cardiovascular Disease Risk Assessment	<p>12/19/2018 Updating with 2019 codes.</p> <p>04/18/2018 Interim review adding investigational statements relating to 9p21 and KIF6 testing. No other changes made.</p> <p>02/28/2018 Updating coding with E72.11 and Z51.89. No other changes made.</p>

Date	Policy #	Policy Name	Recent Changes
1/16/2019	CAM 20409	Cervical Cancer Screening Technologies with Pap and HPV	<p>11/27/2018 Annual review, updating medical necessity criteria related to HPV testing. No other changes.</p> <p>12/7/2017 Removed CPT code 88154 per 2018 coding and add 0500T code. No other changes</p> <p>04/26/2017 Updated category to Laboratory. No other changes.</p> <p>07/18/2016 Annual review, review month moved to July from June. Updating policy verbiage for specificity. Updating background and coding.</p> <p>03/09/2016 Interim review, adding the following verbiage: Primary HPV testing (testing for HPV without cytology) is considered investigational as a method of screening for cervical cancer.</p>
1/23/2019	CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	<p>01/10/2019 Annual review, updating policy title to enlarge scope of policy to include Iron Homeostasis and Metabolism. Adding additional criteria for medical necessity, adding investigational testing statements. Updating ICD coding. Adding "Note 1."</p>
1/23/2019	CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	<p>01/08/2019 Interim review, adding not medically necessary criteria regarding immunoassay testing for herpes simplex virus-1.</p> <p>11/20/2018 New Policy</p>
1/16/2019	CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/Immobilized Lipase Cartridge/Relizorb™	<p>01/09/2019 Interim review updating coding and adding medical necessity criteria.</p> <p>01/08/2019 Updated coding section with B4105. No other changes made.</p> <p>04/03/2018 Updated coding section with Q9994. No other changes made.</p>

Date	Policy #	Policy Name	Recent Changes
1/16/2019	CAM 145	Gender Reassignment Surgery	<p>01/02/2019 Annual review, no change to policy intent.</p> <p>08/07/2018 Interim review, updating the minimum age criteria from 21 to 18 for these procedures. No other changes made.</p> <p>01/03/2018 Annual review, no change to policy intent.</p> <p>06/26/2017 Interim review, adding CPT codes 55970 & 55980 to the policy.</p> <p>05/25/2017 Added code F64.0 to coding section. No other changes made.</p> <p>05/16/2017 Interim review to update language regarding diagnosis.</p> <p>05/01/2017 Updated coding. No other changes made.</p>
1/14/2019	CAM 20436	Gene Expression Testing for Breast Cancer Prognosis	<p>12/21/2018 Updating with 2019 codes.</p> <p>07/24/2018 Annual review, reformatting entire policy. Expanding medical necessity criteria to allow Mammaprint testing for some indications.</p> <p>12/7/2017 Updating policy with 2018 coding. No other changes.</p> <p>07/19/2017 Annual review, updating policy criteria related to DX 21 gene expression, otherwise, no change to policy intent.</p> <p>04/25/2017 Updated category to Laboratory. No other changes</p> <p>12/06/2016 Interim review, adding medical necessity for Prosigna and EndoPredict testing. Updating background, description, guidelines, regulatory status, rationale and references.</p>
1/14/2019	CAM 167	General Genetic Testing, Somatic Disorders	<p>12/21/2018 Updating with additional 2019 codes.</p> <p>12/19/2018 Updating with 2019 codes.</p>

Date	Policy #	Policy Name	Recent Changes
1/23/2019	CAM 204106	Genetic Testing for CHARGE Syndrome	<p>01/10/2019 Annual review, adding medical necessity coverage for familial variants related to first-degree relatives. No other changes made.</p>
1/15/2019	CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral, and Limb-Girdle Muscular Dystrophies	<p>01/07/2019 New Policy</p>
1/14/2019	CAM 204128	Genetic Testing for Fanconi Anemia	<p>01/02/2019 Annual review, no change to policy intent.</p> <p>02/20/2018 Annual review, updating policy to include genetic counseling, also updating background, description, rationale and references.</p> <p>04/26/2017 Interim review to align with Avalon quarterly schedule. Updated category to Laboratory.</p>
1/14/2019	CAM 20483	Genetic Testing for FMR1 mutations (including Fragile X Syndrome)	<p>01/02/2019 Annual review, no change to policy intent.</p> <p>12/19/2018 Updating with 2019 codes.</p>
1/23/2019	CAM 20405	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	<p>01/09/2019 Annual review, updating title for specificity and adding coverage criteria for individuals with a clinical diagnosis of MEN2.</p> <p>01/17/2018 Annual review, no change to policy intent.</p> <p>04/26/2017 Interim review to align with Avalon quarterly schedule. Updated category to Laboratory.</p>

Date	Policy #	Policy Name	Recent Changes
1/16/2019	CAM 20402	Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (BRCA1/BRCA2)	<p>01/08/2019 Interim review, updating policy verbiage for clarity, also updating coding.</p> <p>05/10/2018 Interim review, expanding medical necessity criteria related to first or second degree relatives who meet the criteria in #2. Adding investigational statement for testing family members for a variant of unknown significance.</p> <p>02/14/2018 Interim review to add clarifying language to medical necessity criteria #4, also removing criteria #6 as it is addressed in a separate policy. No other changes made.</p> <p>04/26/2016 Interim review to update verbiage related to testing with a history of pancreatic and prostate cancers.</p> <p>02/04/2016 Updating criteria for patients without cancer or without history of cancer criteria for 1st or 2nd degree relatives to add specificity and clarity of information.</p>
1/14/2019	CAM 20481	Genetic Testing for Rett Syndrome	<p>01/02/2019 Annual review, no change to policy intent.</p> <p>02/20/2018 Annual review, updating policy to indicate specific mutations for Rett syndrome testing. Also updating background, description, rationale, references and coding.</p> <p>01/25/2017 Annual review. Removing the requirement for the testing to be done on a female.</p>
1/14/2019	CAM 202	Incapacitated Dependent Coverage	<p>01/03/2019 New Policy</p>
1/23/2019	CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	<p>01/04/2019 Annual review, no change to policy intent. Updating rationale and references.</p> <p>01/18/2018 Annual review, updating title to include liver-kidney transplantation, policy updated to include liver-kidney transplantation with medical necessity criteria, updating background, description, guidelines, rationale and references</p>

Date	Policy #	Policy Name	Recent Changes
1/14/2019	CAM 20441	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	<p>12/19/2018 Updating with 2019 codes.</p> <p>11/19/2018 Annual review, updating policy verbiage on laboratory testing for specificity. Adding investigational statement related to serum biomarkers. Also updating rationale and references.</p>
1/16/2019	CAM 062	Octreotide Acetate (Sandostatin)	<p>01/03/2019 Annual review, no change to policy intent.</p> <p>01/08/2018 Annual review, adding section for compendial uses for neuroendocrine tumors, meningiomas, thymomas and thymic carcinomas and congenital hyperinsulinism. No other changes to policy.</p>
1/16/2019	CAM 181	Pathogen Panel Testing	<p>01/08/2019 Interim review adding SmartGut and SmartJane investigational statement.</p>
1/14/2019	CAM 119	Prenatal Screening	<p>12/18/2018 Updating with 2019 codes.</p> <p>07/26/2018 Annual review, updating coding and expanding medical policy to provide coverage for Fetal RHD genotyping using maternal plasma. This was previously regarded as investigational.</p>

Date	Policy #	Policy Name	Recent Changes
1/16/2019	CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	<p>11/21/2018 Interim review to update the 2013 recommendation regarding alcohol misuse. No change to intent of recommendation, mirroring the updated USPSTF verbiage. No other changes made.</p> <p>09/11/2018 Interim review updating language for colorectal screening to mirror USPSTF language, adding new recommendation language regarding syphilis screening in pregnant women, updating language regarding cervical cancer screening (no change to intent, mirroring USPSTF verbiage) and updating fall-prevention language, which has removed requirements for physical therapy and vitamin D.</p> <p>07/11/2018 Interim review, adding updated verbiage related to osteoporosis screening from USPSTF (no change to policy intent), adding Bright Futures recommendations regarding newborn bilirubin testing and psychosocial/ behavioral assessments. No other changes.</p> <p>04/18/2018 Interim Review. Breast Cancer Screening adding codes, G0202 and Human Immunodeficiency virus, counseling and screening deleted code ICD10 Z390-Z392.No other changes.</p> <p>04/10/2018 Interim review, adding most recent recommendations related to skin cancer behavioral counseling, screening for diabetes mellitus after pregnancy and screening for urinary incontinence in women. No other changes.</p> <p>04/04/2018 Updating HRSA Bright Futures recommendations: Alcohol & Drug use screening adding 99409, G0442 & G0443, Adding 99401 & 99402 for HIV counseling, editing.</p> <p>10/11/2017 Interim review. Updating Phenylketonuria Screening in Newborns coding section. Updated code V77.3 to V77.7. No change to policy intent.</p> <p>09/07/2017 Interim review with major revision including addition of numerous Bright Futures recommendations.</p> <p>07/21/2017 Interim review, adding USPSTF recommendation re: preeclampsia blood pressure screening, adding list of statins to hyperlipidemia section and updating the obesity verbiage related to children and adolescents.</p> <p>06/08/2017 Interim review to add record review statement for codes 99402-99404.</p>

Date	Policy #	Policy Name	Recent Changes
1/14/2019	CAM 060	Rituximab	<p>01/07/2019 Updating with 2019 codes</p> <p>04/02/2018 Annual review, adding medical necessity criteria for central nervous system cancers (leptomeningeal metastases from lymphoma and primary CNS lymphoma. No other changes made.</p>
1/14/2019	CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	<p>12/20/2018 Annual review, no change to policy intent. Updating rationale.</p> <p>02.13.2018 Interim review adding the following verbiage to the policy: Occipital nerve block therapy is considered INVESTIGATIONAL for the treatment of occipital neuralgia and headache syndromes including, but not limited to, chronic migraine, chronic daily headache, cervicogenic and cluster headache</p>
1/16/2019	CAM 162	Testing of Homocysteine Metabolism-Related Conditions	<p>01/08/2019 Annual review, adding medical necessity statement regarding newborn testing for hypermethioninemia in dried blood spots. Also adding limited coverage for 81291/ MTHFR testing. Updating coding.</p> <p>06/26/2018 Interim Review. Updated diagnosis coding. No other changes made</p> <p>01/30/2018 Annual review, expanding medical necessity coverage for some newborn issues. Adding criteria for pyridoxine challenge testing. Adding criteria for testing for suspected CBS deficiency. No other changes.</p>
1/14/2019	CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	<p>1/09/2019 Additional interim review, updating the bullet points under the medical necessity criteria from: Ulceration secondary to venous stasis; OR</p> <p>01/03/2019 Annual Review. Medical necessity criteria now require a CEAP score of C3 or greater.</p>
1/16/2019	CAM 130	Vitamin B12 and Methylmalonic Acid Testing	<p>01/08/2019 Annual review, expanding medical necessity criteria for clarity and consistency. Adding verbiage regarding holotranscobalamin testing. No other changes.</p>

Date	Policy #	Policy Name	Recent Changes
1/16/2019	CAM 153	Zika Virus Risk Assessment	<p>01/02/2019 Interim review, updating verbiage in policy criteria number one for clarity.</p> <p>07/26/2018 Annual review, updating policy verbiage with current CDC testing recommendations. Also updating coding.</p> <p>07/18/2017 Annual review, rewriting policy criteria for expanded coverage in alignment with the CDC. No other changes made.</p>