



## BlueCross BlueShield 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 recently 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](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.

### **CAM 199 Tumor Treatment Fields Therapy for Glioblastoma**

\*\*\*NEW POLICY\*\*\*

### **CAM 150 TECENTRIQ™ (atezolizumab)**

**2018:** Adding coverage for FDA-approved use in NSCLC.

**2017:** Updated with 2018 coding (HCPCS J9022).

### **CAM 20402 Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (BRCA1/BRCA2)**

**June 2018:** Updating coding section. Removed codes 81432, 81433, 81479, 81519, 81520, 81521, 83950, 84233, 84234, 88360, 88361 and S3854.

**5/10/2018:** 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.

**4/30/2018:** Updated Next Review Date. No change to policy intent.

**2/14/2018:** 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.

**12/7/2017:** Updating policy with 2018 coding. No other changes.

**7/31/2017:** Correcting formatting error in coverage criteria 3 last bullet points.

**5/4/2017:** Corrected a typo in the Rationale section. No other changes.

**4/18/2017:** Annual review, extensive revision of policy verbiage for clarity and updated coverage. Updating coding.

**1/5/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

### **CAM 60150 Use of Magnetic Resonance Imaging to Monitor Integrity of Silicone Gel-Filled Breast Implants**

**6/8/2018:** No change to policy statement. Updating rationale and references.

**6/8/2017:** No change to policy intent. Updated background, description, regulatory status, rationale and references.



**CAM 20406 Testing for Diagnosis of Helicobacter Pylori**

**6/26/2018:** Updated coding section.

**5/16/2018:** Annual review, major rewrite to policy verbiage with an expansion in medical necessity criteria to allow testing as well as a delineation for criteria related to adults and children. No other changes made.

**8/28/2017:** Correcting typo in coding section. No change to the intent of policy.

**6/19/2017:** Updating coding section. No other changes.

**4/17/2017:** Annual review, medical necessity in policy criteria 1 rewritten for clarity. Updated category. No changes to policy intent.

**3/7/2017:** Added code R11.2 to coding section.

**1/19/2017:** Annual review, no change to policy intent.

**CAM 20180 Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus**

**6/12/2018:** Annual review, no change to policy intent. Updating rationale and references.

**6/14/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**5/12/2017:** Corrected review date. No other change

**CAM 20183 Interventions for Progressive Scoliosis**

**6/25/2018:** Annual review, adding the word "rigid" to describe the orthosis detailed in the policy and guidelines, no change to policy intent. Also updating background, rationale and references.

**5/13/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**5/12/2017:** Corrected review date. No other change.

**CAM 20184 Chromoendoscopy as an Adjunct to Colonoscopy**

**6/12/2018:** Annual review, no change to policy intent. Updating rationale and references.

**6/13/2017:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**5/12/2017:** Corrected review date. No other change made.

**CAM 701109 Magnetic Resonance–Guided Focused Ultrasound**

**6/19/2018:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**6/12/2017:** Annual review, no change to policy intent.



**CAM 701118 Surgical Treatment of Femoroacetabular Impingement**

**6/18/2018:** Annual review, no change to policy intent. Updating background, rationale and references.

**6/5/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 149 SIMPONI ARIA (golimumab injection for intravenous use)**

**7/9/2018:** Interim review, removing "who have failed treatment with or cannot tolerate treatment with Humira and Enbrel" related to RA, psoriatic arthritis and ankylosing spondylitis. No other changes made.

**6/4/2018:** Interim review adding coverage for psoriatic arthritis and ankylosing spondylitis. Updating coding to include those issues.

**5/21/2018:** Typo correction in history. Should read. Annual review, updating policy verbiage to include that this medication is for adults who have failed treatment or cannot tolerate treatment with Enbrel and Humira. No other changes made

**5/2/2018:** Annual review, updating policy verbiage to include that this medication is for adults who have failed treatment of cannot tolerate treatment with Enbrel and Humira. No other changes made.

**5/16/2017:** Annual review, no change to policy intent.

**CAM 20187 Confocal Laser Endomicroscopy**

**6/14/2018:** Annual review, no change to policy intent. Updating rationale and references.

**6/13/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 60151 PET Scanning in Oncology to Detect Early Response during Treatment**

**6/14/2018:** Annual review, updating policy to include ONE medical necessity criteria for this technology (determining response to tyrosine kinase inhibitor treatment in patients with gastrointestinal stromal tumors). All other uses remain investigational. Also updating background, description, guidelines, rationale and references.

**6/20/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 70115 Meniscal Allografts and Other Meniscal Implants**

**6/28/2018:** Annual review, "polyurethane" removed from the policy, otherwise, no change to policy intent. Updating background, description, guidelines, regulatory status, rationale and references.

**6/1/2017:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.



**CAM 70163 Deep Brain Stimulation**

**6/19/2018:** Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.

**6/1/2017:** Annual review, no change to policy intent. Updating background, description, guidelines, rationale, references and policy verbiage.

**CAM 60120 Cardiac Applications of PET Scanning**

**6/28/2018:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**6/14/2017:** Annual review, no change to policy intent.

**CAM 70169 Sacral Nerve Neuromodulation/Stimulation**

**6/18/2018:** Annual review, no change to policy intent. Updating background, rationale and references.

**6/1/2017:** Annual review, no change to policy intent. Updating background, description, guidelines, rationale and references.

**CAM 50109 Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension**

**6/28/2018:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**6/20/2017:** Annual review, no change to policy intent.

**CAM 70193 Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty™)**

**6/19/2018:** Annual review, no change to policy intent. Updating rationale.

**6/1/2017:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**CAM 204141 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)**

**6/27/2018:** Interim review of policy to allow for medical necessity criteria related to Guardant360 testing. Also updating description, references and coding.

**5/1/2018:** Annual review, policy being rewritten entirely to allow for limited indications being medically necessary.

**10/23/2017:** Annual review, no change to policy intent.

**7/19/2017:** Update review date. No other changes made. No change to policy intent

**CAM 50108 Intravenous Antibiotic Therapy for Lyme Disease**

**6/27/2018:** Annual review, no change to policy intent. Updating background, rationale and references.

**6/23/2017:** Updating policy to remove diagnostic testing medical criteria, as this is currently addressed in CAM 159. Updating title, policy and coding.



**CAM 701107 Interspinous and Interlaminar Stabilization/Distraktion Devices (Spacers)**

**6/28/2018:** Annual review, no change to policy intent. Updating rationale and references.

**6/15/2017:** Annual review. Updating background, description, regulatory status, policy statement, policy guidelines, rationale and references.

**CAM 10115 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions**

**7/3/2018:** Annual review, no change to policy intent. Updating rationale and references. Removing Bird IPV from regulatory status.

**7/24/2017:** Interim review, updating background, description, rationale and references. Adding Afflovest to table 1.

**6/8/2017:** Annual review, no change to policy intent. Updating title, background, description, regulatory status, rationale and references.

**5/12/2017:** Correct review date. No other changes made.

**CAM 20117 Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy**

**7/6/2018:** Annual review, no change to policy intent. Updating description, rationale and references.

**7/3/2017:** Annual review, no change to policy intent. Updating background, description, guidelines, rationale and references.

**CAM 20118 Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome**

**7/9/2018:** Interim review to expand medical necessity criteria related to oral appliances. Expansion allows that failed APAP trial is no longer required for patients with greater than 5 and less than or equal to 30 AHI/hr. If greater than 30 AHI/ hr, will still require APAP trial unless contraindicated. No other changes made.

**5/28/2018:** Annual review, adding investigational statement related to palate and mandible expansion devices. Also updating description, background, regulatory status, rationale and references.

**5/25/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**2/13/2017:** Interim review, removing CPAP as the standard of care and replacing it with APAP.

**CAM 20139 Quantitative Sensory Testing**

**7/6/2018:** Annual review, no change to policy intent. Updating description, background, regulatory status, rationale and references.

**6/12/2017:** Annual review, no change to policy intent.

**5/12/2017:** Corrected review date. No other change.



**CAM 20177 Automated Point-of-Care Nerve Conduction Tests**

**7/6/2018:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**6/12/2017:** Annual review, no change to policy intent.

**5/12/2017:** Corrected review date. No other change

**CAM 204140 Proteogenomic Testing for Patients With Cancer**

**7/6/2018:** Annual review, no change to policy intent. Title updated (GPS Cancer Test) removed, Updating background, description, rationale and references.

**6/12/2017:** Annual review, no change to policy intent.

**CAM 701138 Interspinous Fixation (Fusion) Devices**

**6/26/2018:** Annual review, no change to policy intent. Updating rationale and references.

**6/1/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**3/13/2017:** Updated Coding section.

**CAM 10111 Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses**

**7/9/2018:** Annual review, no change to policy intent. Updating background, rationale and references.

**7/6/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 10127 Electrical Stimulation for the Treatment of Arthritis**

**7/9/2018:** Annual review, no change to policy intent. Updating rationale and references.

**7/3/2017:** Annual review, no change to policy intent. Updating regulatory status, rationale and references.

**CAM 20208 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry**

**7/7/2018:** Annual review, adding mobile apps as an investigational modality. Also updating background, description, rationale, and references.

**6/12/2017:** Annual review, no change to policy intent.

**CAM 80102 Chelation Therapy for Off-Label Uses**

**7/9/2018:** Annual review, no change to policy intent. Changing the conjunction "and" to "or" in the guidelines section related to chronic iron overload due to blood transfusions. Also updating regulatory status, rationale and references.

**7/18/2017:** Annual review, no change to policy intent. Updating background, description, guidelines, rationale, references and table 1.



**CAM 10102 Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure**

**7/9/2018:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**7/10/2017:** Annual review, no change to policy intent. Updating regulatory status, rationale and references.

**CAM 20120 Esophageal pH Monitoring**

**7/12/2018:** Annual review, no change to policy intent. Updating rationale and references.

**7/3/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 20157 Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds**

**7/11/2018:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**7/3/2017:** Annual review, no change to policy intent.

**CAM 204129 Marfan Syndrome Testing**

**6/26/2018:** Updated Policy criteria with adding Number 3 criteria. No other changes made.

**6/7/2018:** Updated Z scores. No other change made.

**4/17/2018:** Annual review, no change to policy intent.

**4/3/2018:** Updated background section to add z score values. No other changes made.

**4/27/2017:** New Policy

**CAM 200 Folate Testing**

**\*\*\*NEW POLICY\*\*\***

**CAM 80115 Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma**

**7/10/2018:** Annual review, no change to policy intent. Updating rationale.

**7/20/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 701101 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome**

**7/17/2018:** Annual review, no change to policy intent. Updating rationale and references.

**7/13/2017:** Annual review, no change to policy intent. Policy verbiage updated in the medically necessary statement to include the variants of palatopharyngoplasty. Also updating background, description, rationale, references and coding.



**CAM 10404 Myoelectric Prosthesis Components for the Upper Limb**

**7/10/2018:** Annual review, no change to policy intent, however, rewording the investigational statement in the policy section for clarity and specificity. Also updating description, background, regulatory status, rationale and references.

**7/5/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 089 Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services**

**7/23/2018:** Interim review, adding Z113 and V745 in relation to gonorrhea testing/screening. No other changes made.

**7/11/2018:** 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.

**4/18/2018:** Interim Review. Breast Cancer Screening adding codes, G0202 and Human Immunodeficiency virus, counseling and screening deleted code ICD10 Z390-Z392.No other changes.

**4/10/2018:** 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.

**4/4/2018:** Updating HRSA Bright Futures recommendations: Alcohol and Drug use screening adding 99409, G0442 and G0443, Adding 99401 and 99402 for HIV counseling, editing.

**2/1/2018:** Annual review

**12/7/2017:** Add code 0500T to Cervical Cancer Screen. Removed CPT code 88154 per 2018 coding. No other changes.

**11/27/2017:** Adding code 00812 to Colorectal Cancer, Screening section.

**11/6/2017:** Adding code V73.81 to coding section. No other change.

**10/11/2017:** Interim review. Updating Phenylketonuria Screening in Newborns coding section. Updated code V77.3 to V77.7. No change to policy intent.

**9/7/2017:** Interim review with major revision including addition of numerous Bright Futures recommendations.

**7/21/2017:** 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.

**6/8/2017:** Interim review to add record review statement for codes 99402-99404.

**1/5/2017:** Annual review, adding most recent USPSTF recommendation related to statin preventive medication, no other changes.





**CAM 70304 Isolated Small Bowel Transplant**

**7/10/2018:** Annual review, no change to policy intent. Updating rationale and references.

**7/3/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 60155 Beta Amyloid Imaging with Positron Emission Tomography (PET) for Alzheimer's Disease**

**7/16/2018:** Annual review, no change to policy intent. Updating background, rationale and references.

**7/24/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 70183 Auditory Brainstem Implant**

**7/17/2018:** Annual review, no change to policy intent. Updating rationale and references.

**7/20/2017:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**CAM 20192 Fecal Microbiota Transplantation**

**7/12/2018:** Annual review, no change to policy intent. Updating rationale and reference.

**7/6/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 70171 Lung Volume Reduction Surgery for Severe Emphysema**

**7/17/2018:** Annual review, no change to policy intent. Updating background, rationale and references. Correcting the outline format of the policy language, does not impact intent.

**7/3/2017:** Annual review, no change to policy intent.

**CAM 70167 Endovascular Stent Grafts for Abdominal Aortic Aneurysms**

**7/17/2018:** Annual review, no change to policy intent. Updating background, rationale and references. Also updating guidelines and coding sections for clarity and additional coding.

**12/12/2017:** Interim review to update coding for 2018. Removing outdated coding from guidelines and updating coding section.

**12/7/2017:** Updating policy with 2018 coding. No other changes.

**7/25/2017:** Annual review, no change to policy intent. Updating background, description, regulatory status, rationale and references.

**CAM 60103 Computed Tomography to Detect Coronary Artery Calcification**

**7/12/2018:** Annual review, no change to policy intent. Updating background, rationale and references.

**7/5/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.



**CAM 70105 Cochlear Implant**

**7/17/2018:** Annual review, no change to policy intent. Updating rationale and references.

**08/1/2017:** Annual review, updating policy to address replacement of cochlear implant components and hybrid implants. Also updating background, description, regulatory status, guidelines, rationale and references.

**CAM 70178 Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions**

**7/12/2018:** Annual review, adding "or particulated" to the investigational statement on minced cartilage, otherwise, no change to policy intent. Also updating description, background, regulatory status, rationale and references.

**8/1/2017:** Annual review, no change to policy intent, however, policy verbiage expanded for clarification of the use of allograft plugs and discs to be investigational. Updating background, description, regulatory status, rationale and references.

**CAM 142 Cervical Spine Procedures**

**7/18/2018:** Interim review, removing verbiage related to smoking and nicotine.

**3/19/2018:** Annual review, no change to policy intent.

**12/7/2017:** Updating policy with 2018 coding. No other changes.

**4/3/2017:** Major revision to policy to incorporate artificial disc procedures in policy. Updating title, policy, rationale, references and coding.

**3/1/2017:** Annual review, no change to policy intent.

**CAM 204124 Genetic Testing for Acute Myeloid Leukemia**

**7/19/2018:** Annual review, adding variant ASXL1 as medically necessary, updating coding section. No other changes made.

**12/7/2017:** Updating policy with 2018 coding. No other changes.

**12/5/2017:** Interim review. Updating policy verbiage and adding new codes.

**7/18/2017:** Annual review, updating title and coding. Adding medical necessity criteria for NPM1, CEPBA, IDH 1/2 mutations and KIT mutations. Updating investigational policy status.

**4/25/2017:** Updated category to Laboratory. No other changes

**CAM 60118 Scintimammography and Gamma Imaging of the Breast and Axilla**

**7/16/2018:** Annual review, no change to policy intent. Updating rationale and references.

**7/25/2017:** Annual review, updating policy to include a medically necessary statement related to localization of sentinel lymph nodes. Also updating background, description, guidelines, rationale, references and guidelines.



**CAM 20488 Genetic Testing for PTEN Hamartoma Tumor Syndrome**

**7/19/2018:** Annual review, no change to policy intent. Updating coding.

**7/19/2017:** Annual review, major revision of policy verbiage to increase clarity. No other changes made.

**4/25/2017:** Updated category to Laboratory. No other changes.

**4/3/2017:** Annual review, no change to policy intent. Updating background, description, rationale and references.

**CAM 127 Hepatitis C testing**

**7/18/2018:** Interim review to change review date to July. No other changes made.

**2/14/2018:** Annual review, updating policy verbiage for clarity and to address testing frequency for HCV. Also expanding ICD10 code range.

**6/19/2017:** Updated coding section. No other changes.

**4/26/2017:** Updated category to Laboratory. No other changes.

**1/4/2017:** Annual review, no change to policy intent.