



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

Independent licensees of the Blue Cross and Blue Shield Association

S.C. BlueCross, BlueChoice HealthPlan's July 2018 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 and www.BlueChoiceSC.com regularly to stay informed of these changes and to read any policy in its entirety.

CAM 20126 Prolotherapy

2018: No change to policy intent. Updating description, rationale and references.

2017: No change to policy intent.

CAM 20140 Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions

2018: No change to policy intent. Updating background, description, regulatory status, rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

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

2018: Expanding medical necessity criteria related to first- or second-degree relatives who meet the criteria in No. 2. Adding investigational statement for testing family members for a variant of unknown significance.

February 2018: Added clarifying language to medical necessity criteria No. 4, also removing criteria No. 6, as it is addressed in a separate policy.

2017: Updated coding. Extensive revision of policy verbiage for clarity and updated coverage. Updated background, description, rationale and references.

CAM 191 Medical Records Documentation Standards

****NEW POLICY****

CAM 065 Chiropractic Services

2018: Adding note directing reader to CAM 191 Medical Records Documentation Standards. Also expanding list of specific investigational procedures .

2017: Added massage chairs and vibration chairs to the investigational list. Added investigational statements regarding treatment of scoliosis and numerous non-neuromusculoskeletal conditions. Added investigational techniques.

CAM 80302 Physical Therapy

2018: Adding note directing readers to CAM 191 for complete policy on documentation requirements. No change to policy intent.

2017: Updated with 2018 coding.

July 2018

CAM 80303 Occupational Therapy

2018: Adding note directing readers to CAM 191 Medical Records Documentation Standards. No other changes made.

2017: Updated with 2018 coding.

CAM 80304 Speech Therapy

2018: Adding note directing reader to CAM 191 Medical Records Documentation Standards. No other changes made.

2017: Updated coding. Removed developmental delay from list of issues not generally covered for speech therapy. Also added new modifiers for 2018.

CAM 10118 Pneumatic Compression Pumps for Treatment of Lymphedema

2018: No change to policy intent. Updating rationale.

2017: Changed status of compression devices to treat trunk or chest lymphedema from investigational to not medically necessary. Updated background, description, rationale and references.

CAM 10126 Cooling Devices Used in the Outpatient Setting

2018: No change to policy intent. Updating background, rationale and references.

2017: Updated description, background, rationale and references. Added regulatory status.

CAM 70179 Whole Gland Cryoablation of Prostate Cancer

2018: No change to policy intent. Adding guidelines, updating rationale and references.

2017: Updated background, description, rationale and references.

CAM 80114 Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds

2018: No change to policy intent. Updating background, rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 80149 Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis

2018: No change to policy intent. Updating description, rationale and references

2017: No change to policy intent. Updated background, description, rationale, references and guidelines.

CAM 20118 Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome

2018: Adding investigational statement related to palate and mandible expansion devices. Also updating description, background, regulatory status, rationale and references.

2017: Removed CPAP as the standard of care and replaced it with APAP. Updated background, description, rationale and references.

CAM 20224 Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting

2018: No change to policy intent. Updating description, background, rationale and references.

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

CAM 80134 Hematopoietic Cell Transplantation for Solid Tumors of Childhood

2018: Updating entire policy to change the verbiage "hematopoietic stem cell transplantation" to "hematopoietic cell transplantation" to follow NCCN terminology change. This change does not alter the intent of the policy. Updating background, description, guidelines, rationale and references.

2017: Updated policy with 2018 coding.

CAM 20106 Hypnosis

2018: Rewording statement regarding hypnotherapy as an adjunct to therapy and adding investigational statement regarding uses other than pain control and adjunctive treatment.

2017: No change to policy intent.

CAM 104 Vedolizumab (Entyvio™)

2018: Adding the following: Coverage of Vedolizumab (Entyvio) is provided when the FDA-approved indications below are met and there has been a trial and failure of preferred therapy.

2017: No change to policy intent.

CAM 204129 Marfan Syndrome Testing

2018: Updating Z scores.

2017: New Policy.

CAM 069 Abatacept (Orencia®)

2018: Adjusting age of treatment for JIA to 2 years and older. Removing verbiage requiring failed treatment with a TNF.

2017: Added psoriatic arthritis as medically necessary based on the FDA approval received for this use.

CAM 061 Tocilizumab (Actemra®)

June 2018: Adding the following verbiage: Coverage of Tocilizumab (Actemra) is provided when the FDA-approved indications below are met and there has been a trial and failure of preferred therapy.

April 2018: Updated policy verbiage to include medical necessity criteria for Giant Cell Arteritis and Cytokine Release Syndrome.

2017: No change to policy intent.

CAM 014 Neuromuscular Electrical Stimulation (NMES)

2018: Removing the following verbiage: As a component of post-operative rehabilitation in either of the following settings:

- When muscular atrophy is present before an orthopedic intervention (i.e., repair of anterior cruciate ligament). In this setting, neuromuscular stimulation may be initiated immediately in the post-op phase as an adjunct to physical therapy;
- When muscular atrophy develops in the post-operative period. Individuals meeting this criterion typically are participating in a physical therapy program, but have experienced complications related to the surgery, which preclude successful physical therapy. In this setting, neuromuscular stimulation may be initiated only after the development of muscle atrophy.

2017: No change to policy intent.

CAM 149 SIMPONI ARIA (golimumab injection for intravenous use)

June 2018: Adding coverage for psoriatic arthritis and ankylosing spondylitis. Updating coding to include those issues.

May 2018: Updated policy verbiage to include that this medication is for adults who have failed treatment or cannot tolerate treatment with Enbrel and Humira.

2017: No change to policy intent.

CAM 20186 Light Therapy for Vitiligo and Alopecia Areata

2018: No change to policy intent. Updating background, rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 198 Pancreatic Enzyme Testing for Acute Pancreatitis

****NEW POLICY**** (Effective 8/1/2018)

CAM 195 Cimzia® (certolizumab pegol)

****NEW POLICY****

CAM 196 Inflectra™ (infliximab-dyyb)

****NEW POLICY****

CAM 191 Medical Records Documentation Standards

****NEW POLICY****

CAM 194 ustekinumab (Stelara™)

****NEW POLICY****

CAM 20113 Human Antihemophilic Factor (AHF)

2018: Adding the following statement to the medical necessity policy verbiage: Coverage of these medications is provided when the FDA-approved indications below are met and there has been a trial and failure of preferred therapy.

2017: Updated with 2018 coding.

CAM 701161 Three-Dimensional Printed Orthopedic Implants

****NEW POLICY****

CAM 10116 Negative Pressure Wound Therapy in the Outpatient Setting

2018: No change to policy intent. Updating rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 20201 Catheter Ablation for Cardiac Arrhythmias

2018: No change to policy intent. Updating rationale, references and updating review date.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 70181 Nerve Graft with Radical Prostatectomy

2018: No change to policy intent. Updating background, rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references. Added regulatory status.

CAM 701103 Surgical Ventricular Restoration

2018: No change to policy intent. Updating rationale and references.

2017: "Or post-infarction left ventricular aneurysm" removed from policy statement. No other changes made to policy intent. Updating background, description, rationale and references.

CAM 701110 Vertical Expandable Prosthetic Titanium Rib

2018: No change to policy intent. Updating background and rationale.

2017: No change to policy intent. Updating background, description, rationale and references.

CAM 701120 Facet Arthroplasty

2018: No change to policy intent. Updating background and rationale.

2017: No change to policy intent. Updating background, description, regulatory status, rationale and references.

CAM 701142 Surgery for Groin Pain in Athletes

2018: No change to policy intent. Updating rationale.

2017: Updating title, background, description, policy statement, rationale and references.

CAM 701144 Patient-Specific Instrumentation (e.g., Cutting Guides) for Joint Arthroplasty

2018: Removing "custom implants" from policy statement. Updating title, regulatory status and references.

2017: No change to policy intent.

CAM 80153 Cellular Immunotherapy for Prostate Cancer

2018: No change to policy intent. Updating background, rationale and references.

2017: No change to policy intent.

CAM 80161 Focal Treatments for Prostate Cancer

2018: No change to policy intent. Updating background, rationale and references.

2017: Updated coding. Updated background, description, regulatory status, rationale and references.

CAM 80311 Endobronchial Brachytherapy

2018: No change to policy intent. Updating rationale and references.

2017: No change to policy intent. Updating background, description, rationale and references.

CAM 197 Hematopoietic Colony-Stimulating Factors (CSFs)

****NEW POLICY****

CAM 20189 Laser Treatment of Onychomycosis

2018: No change to policy intent. Updating background, rationale and references.

2017: No change to policy intent. Update background, description, regulatory status, rationale and references.

CAM 106 Nivolumab (Opdivo)

2018: Adding medical necessity criteria for FDA-approved use in intermediate or poor risk, previously untreated advanced renal cell carcinoma in combination with ipilimumab. Also adding compendial uses: classical Hodgkin lymphoma, renal cell carcinoma, malignant pleural mesothelioma, NSCLC and small cell lung cancer.

January 2018: Updated coding. Updated policy verbiage to include additional medically necessary uses of Opdivo.

2017: Updated the medically necessary indications for use of Opdivo. Added updated medical necessity criteria related to Hodgkin lymphoma, squamous cell carcinoma of the head and neck, and locally advanced or metastatic urothelial carcinoma. Removed language regarding adjuvant therapy.

CAM 60132 Virtual Colonoscopy/CT Colonography

2018: No change to policy intent. Updating rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 80139 Treatment of Tinnitus

2018: Adding medical necessity criteria for psychological coping therapy. Also adding biofeedback to the investigational list. Updating rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 80119 Treatment of Hyperhidrosis

2018: No change to policy intent. Updating background, description, rationale and references.

2017: No change to policy intent.

CAM 20198 Orthopedic Applications of Platelet-Rich Plasma

2018: No change to policy intent. Updating rationale and references.

2017: No change to policy intent. Updated background, description, rationale and references.

CAM 80132 Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia

2018: No change to policy intent. Updating background, description, rationale and references.

2017: Updated with 2018 coding. Updated background, description, rationale and references.

CAM 80162 Electronic Brachytherapy for Nonmelanoma Skin Cancer

2018: No change to policy intent. Updating rationale and references.

2017: No change to policy intent. Updated background, description, guidelines, rationale and references.