



S.C. BlueCross, BlueChoice HealthPlan's June 2018 Medical Policy Updates

We frequently revise the medical policies we use to make clinical determinations for a member's coverage. Here are recent 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.

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

2018: Breast Cancer Screening added codes, G0202 and Human Immunodeficiency Virus, counseling and screening deleted code ICD10 Z390-Z392.

First Quarter 2018: Added most recent recommendations related to skin cancer behavioral counseling, screening for diabetes mellitus after pregnancy, and screening for urinary incontinence in women. Updated HRSA Bright Futures recommendations: Alcohol & Drug use screening added 99409, G0442 & G0443; Added 99401 & 99402 for HIV counseling, editing.

2017: Added code 0500T to Cervical Cancer Screen. Removed CPT code 88154 per 2018 coding. Added code 00812 to Colorectal Cancer, Screening section. Added code V73.81 to coding section. Updated Phenylketonuria Screening in Newborns coding section. Updated code V77.3 to V77.7. Major revision, including addition of numerous Bright Futures recommendations. Added USPSTF recommendation re: preeclampsia blood pressure screening, added list of statins to hyperlipidemia section, and updated the obesity verbiage related to children and adolescents. Added record review statement for codes 99402-99404. Added most recent USPSTF recommendation related to statin preventive medication.

CAM 094 Women's Preventive Services

2018: Breast screening added verbiage to CPT/HCPCS codes 77052, 77057 and 77067, breast cancer preventive medication correct typo Z83 to Z2803. Diabetes Mellitus, screening in pregnant women 24-28 weeks added ICD10 code Z131 and removed Z390-Z392. IN HEPATITIS B VIRUS INFECTION IN PREGNANCY, SCREENING removed ICD-10 Z331. In Human Immunodeficiency Virus, counseling and screening added CPT codes 99401, 99402 and added HCPCS code G0435, S3645. Added new recommendations regarding diabetes mellitus screening after pregnancy and screening for urinary incontinence annually.

2017: Updating policy with Bright Futures recommendations. Added note regarding the requirement of 96372 to be filed on the same date as J1050 for no cost share to apply. Added code J7296. Added Code V73.81. Correcting Code Q8894 to Q9984. Added USPSTF recommendation regarding pre-eclampsia blood pressure screening. Added record review statement for codes 99402-99404.

CAM 60126 Oncologic Applications of PET Scanning

2018: Added medical necessity verbiage for Axumin (fluciclovine F 18) and a statement directing readers to CAM 512 as it relates to reimbursement for radiopharmaceuticals related to PET scanning. Policy revised to indicate the following: "Additional details added to policy statements." Updated guidelines, rationale and references.

2017: No change to policy intent.

CAM 90323 Intravitreal Corticosteroid Implants

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

2017: Updated policy verbiage to offer more specific direction regarding investigational uses of this technology. Also updated background, description, rationale and references.

CAM 90328 Corneal Collagen Cross-linking

2018: Updated guidelines to define progressive keratoconus or corneal ectasia. Also updated rationale and references.

2017: Removed investigation for all diagnoses in Coding section. Updated policy to include some medical necessity criteria for the treatment of progressive keratoconus or corneal ectasia after refractive surgery. Also updated background, description, regulatory status, rationale and references.

CAM 80152 Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used With Autologous Bone Marrow)

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

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

CAM 80301 Functional Neuromuscular Electrical Stimulation, Robotic-assisted Rehabilitation & Robotic-assisted Orthotics

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

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

CAM 20483 Genetic Testing for FMR1 mutations (including Fragile X Syndrome)

2018: Reformatted policy verbiage for clarity. Updated background, description, guidelines, rationale and references.

2017: Updated category to Laboratory.

CAM 20486 Genetic Testing for Duchenne and Becker Muscular Dystrophy

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

2017: Updated category to Laboratory

CAM 60123 Diagnosis and Non-Surgical Treatment of Sacroiliac Joint Pain

2018: Updated title to indicate this policy relates to non-surgical treatment of SI joint pain, as a new policy title, Sacroiliac Joint Fusion or Stabilization, is being published. Removed surgical treatment from multiple areas of the policy. No change to the intent of diagnosis and non-surgical treatment of SI joint pain.

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

CAM 80313 Sensory Integration Therapy and Auditory Integration Therapy

2018: No change to policy intent. Updated rationale.

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

CAM 80135 Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors

2018: Updated background and rationale. Also reworded one medical necessity criteria from: “Tandem or sequential autologous HCT may be considered MEDICALLY NECESSARY for the treatment of testicular tumors either as salvage therapy or with platinum-refractory disease” to “Tandem autologous HCT or transplant with sequential high dose chemotherapy may be considered MEDICALLY NECESSARY for the treatment of testicular tumors either as salvage therapy or with platinum-refractory disease.”

2017: Updated with 2018 coding. Entire policy updated to change the terminology "hematopoietic stem cell transplantation" to " hematopoietic cell transplantation" to mirror NCCN terminology. Updated title, background, description, policy, guidelines, rationale and references.

CAM 80142 Hematopoietic Cell Transplantation for Primary Amyloidosis

2018: No change to policy intent. Updated background and references. Removed rationale language regarding ongoing studies, as there currently are no ongoing studies that would impact this policy review.

2017: Updated with 2018 coding. Updated title, background, description, rationale and references. Added regulatory status.

CAM 701121 Saturation Biopsy for Diagnosis and Staging of Prostate Cancer

2018: No change to policy intent. Updated background, description, rationale and references. Updated guidelines only to update coding and remove termed codes.

2017: Updated category to Laboratory. Updated background, description, rationale and references.

CAM 70109 Prophylactic Mastectomy

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

2017: No change to policy intent.

CAM 80116 Chemical Peels

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

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

CAM 135 Thyroid Disease Testing

2018: Removed and/or statement regarding Free T4 testing, updated T3 testing to be not medically necessary from previous investigational status. Coverage criteria 6 and 7 added.

2017: Updated coding section with 2018 coding. Updating background, description, policy (for clarity), guidelines, rationale and references. Updated category to Laboratory.

CAM 20182 Bioimpedance Devices for Detection and Management of Lymphedema

2018: No change to policy intent. Updated background, description, regulatory status, rationale. Coding and guidelines updated only to remove termed coding.

2017: No change to policy intent.

CAM 188 Cardiovascular Disease Risk Assessment

2018: Added investigational statements relating to 9p21 and KIF6 testing.

First Quarter 2018: Updating coding with E72.11 and Z51.89.

First Quarter 2018: New Policy

CAM 166 General Genetic Testing, Germline Disorders

2018: Updated CPT coding. No change to policy intent.

2017: New policy.

CAM 60124 Magnetic Resonance Spectroscopy

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

2017: No change to policy intent.

CAM 50116 Intravenous Anesthetics for the Management of Chronic Neuropathic Pain

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

First Quarter 2018: Updated policy verbiage for clarity and specificity.

2017: No change to policy intent.

CAM 50112 Trastuzumab

2018: No change to policy intent. Updated background, description, regulatory status, rationale and references. Removed language from guidelines related to trials that did not resolve issues related to concurrent vs. sequential therapy and starting trastuzumab long after completing adjuvant chemotherapy.

2017: No change to policy intent.

CAM 40204 Reproductive Techniques

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

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

CAM 20173 Actigraphy

2018: No change to policy intent. Updated rationale.

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

CAM 20130 Biofeedback as a Treatment of Chronic Pain

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

2017: No change to policy intent.

CAM 10123 Transtympanic Micropressure Applications as a Treatment of Meniere's Disease

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

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

CAM 50123 Testosterone Replacement Therapies

2018: No changes to policy intent. Updated background, rationale and references.

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

CAM 10117 Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence

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

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

CAM 20122 Plasma HIV-1 RNA Quantification for HIV-1 Infection

2018: Updated guidelines to include: For prognosis including anti-retroviral therapy monitoring, regular, periodic measurements are appropriate. The frequency of viral load testing should be consistent with the most current Centers for Disease Control and Prevention guidelines for use of anti-retroviral agents in adults and adolescents or pediatrics.

2017: Updated category to Laboratory. Updated coding section.

CAM 110 Pre-implantation Genetic Testing

2018: No change to policy intent. Rephrasing criteria No. 4 for clarity.

2017: Updated CPT codes. Updated category to Laboratory. Removed CPT code 81422.

CAM 20228 Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy

2018: No change to policy intent. Updating coding to include 96040 and S0265.

2017: Added medical necessity for genetic counseling and testing for members who meet the diagnostic criteria. Updated category to Laboratory.

CAM 204119 Vectra DA Blood Test for Rheumatoid Arthritis

2018: Changing status of testing from investigational to not medically necessary. No other changes made.

2017: Updated category to Laboratory. Updated background, description, regulatory status, rationale and references.

CAM 168 Familial Adenomatous Polyposis and MUYTH-Associated Polyposis Testing

2018: Added AFAP to genetic counseling criteria. Updated criteria No. 5 to clarify serrated polyps and separating personal history of polyps from APC gene testing. Added statement about sequencing of MUTYH gene in children. Added statement regarding multi gene testing.

2017: New policy.

CAM 201100 Dry Needling and Trigger Point Injections for Myofascial Pain

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

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

CAM 60125 Percutaneous Vertebroplasty and Sacroplasty

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

2017: No change to policy intent.

CAM 701126 Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis

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

2017: No change to policy intent.

CAM 30201 Methadone Treatment for Opiate Addiction

2018: Removed outdated language related to contract riders, precertification, benefits and prescription drug benefits.

2017: No change to policy intent.

CAM 204108 Noninvasive Fetal RHD Genotyping Using Cell-Free Fetal DNA

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

2017: Updated category to Laboratory. Updated title.

CAM 20482 Genetic Testing for Inherited Thrombophilia

2018: Updated policy to include medical necessity criteria for Factor V Leiden and G20210A and protein C deficiency, protein S deficiency and antithrombin III deficiency.

2017: Updated category to Laboratory. Updated coding.

CAM 20460 JAK2 and MPL Mutation Analysis in Myeloproliferative Neoplasms

2018: Added medical necessity criteria related to testing for primary myelofibrosis: "Patient has demonstrated leukocytosis of greater than or equal to 11×10^9 to the 9^{th} /L on two separate occasions in the absence of other conditions that can cause leukocytosis or enlarged spleen."

2017: Updated category to Laboratory. Updated policy verbiage and added new codes. Updated policy verbiage for clarity and added CALR verbiage. Updated title to indicate CALR is being added to policy.

CAM 149 SIMPONI ARIA (golimumab injection for intravenous use)

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 20478 Molecular Markers in Fine Needle Aspirates of the Thyroid

May 2018: Rewrote entire policy to address medical necessity for BRAF, V600E, RET/PTC, RAS, PAX8/PPAR. Clarification of medically necessary, not medically necessary, and investigational uses for this testing.

February 2018: Added medical necessity criteria for ThyroSeqv2, ThyraMIR microRNA/ThyGenX, Afirma BRAF after Afirma Gene Expression Classifier or Afirma MTC after Afirma Gene Expression Classifier. Also updated background, description, guidelines, rationale and references.

2017: No change to policy intent.

CAM 193 Cardiac Biomarkers for Myocardial Infarction

****NEW POLICY**** (EFFECTIVE DATE: 8/13/2018)

CAM 80105 Immune Globulin Therapy

2018: Updated 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.

2017: 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 <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 updated with 2018 coding. Updated background, description, regulatory status, guidelines, rationale and references.

CAM 187 Sacroiliac Joint Fusion or Stabilization

May 2018: Changed the statement “imaging of the SIJ that does not indicate evidence of injury and/or degeneration” to “imaging of the SIJ indicates evidence of injury and/or degeneration” in the policy verbiage.

January 2018: New policy.

CAM 20181 Ingestible pH and Pressure Capsule

May 2018: Updated policy statement from being investigational to the following: Measurement of gastrointestinal transit times, including gastric emptying and colonic transit times, using an ingestible pH and pressure capsule is considered **MEDICALLY NECESSARY** for the evaluation of suspected gastroparesis, constipation, or other gastrointestinal motility disorders as an alternative to other techniques to evaluate these conditions.

February 2018: No change to policy status. Added regulatory status and updated rationale.

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

CAM 80110 Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions

2018: Updated policy to mirror the current ASTRO model in relation to medical necessity.

2017: Updated policy statement to change diagnoses previously considered investigational to not medically necessary. Updated language related to medical necessity criteria. Updated background, description, rationale and references.

CAM 80155 Stem-cell Therapy for Peripheral Arterial Disease

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

2017: No change to policy intent.

CAM 80204 Lipid Apheresis

2018: Removed "6 month trial" verbiage from the second medical necessity criteria statement, and expanded list of potential investigational uses (previously only specifically listed preeclampsia). Also updated background, description, guidelines, rationale and references.

2017: No change to policy intent.

CAM 90303 Orthoptic Training for the Treatment of Vision or Learning Disabilities

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

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

CAM 90326 Viscocanalostomy and Canaloplasty

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

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

CAM 192 Serum Testing for Evidence of Mild Traumatic Brain Injury

2018: *****NEW POLICY*****

CAM 70154 Transmyocardial Revascularization

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

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

CAM 80133 High-Dose Rate Temporary Prostate Brachytherapy

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

2017: Updated description, background, rationale and references.

CAM 204131 Pharmacogenetic Testing for Pain Management

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

2017: Updated category. No changes to policy intent.

CAM 70184 Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hearing Loss

2018: No change to policy intent. Updated rationale.

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

CAM 70185 Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures

2018: No change to policy intent. Updated description and rationale.

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

CAM 701125 Occipital Nerve Stimulation

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

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

CAM 701154 Radiofrequency Ablation of Peripheral Nerves to Treat Pain

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

2017: No change to policy intent.

CAM 70307 Lung and Lobar Lung Transplant

2018: No change to policy intent. Moved list of codes and conditions currently in policy to guidelines (does not change intent of policy). Also updated rationale.

2017: No change to policy intent.

CAM 80140 Manipulation Under Anesthesia

2018: No change to policy intent. Updated rationale.

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

CAM 80309 Vertebral Axial Decompression

2018: No change to policy intent. Updated guidelines with HCPCS code S9090. Also updated rationale and references.

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

CAM 20406 Testing for Diagnosis of Helicobacter Pylori

2018: 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.

2017: Added code R11.2 to coding section. Updated coding section. Medical necessity in policy criteria 1 rewritten for clarity. Updated category.

CAM 60138 Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation

2018: Policy verbiage updated to align with the evidence summary. Does not alter intent of policy.

Removed Kiva from policy verbiage. Does not alter intent of policy. Also updated background, description, regulatory status, rationale and references.

2017: Updated rationale and references. Added regulatory status.