



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

April 2020 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 176	Telehealth	Updating temporary criteria to provide specific verbiage related to PT/OT/ST. Interim review related to expanded services during the COVID-19 pandemic to add codes 92610, 97168, 97110, 97112 and 97530. Extending telehealth coverage during pandemic to 05-16-2020. Will re-evaluate further extensions.
CAM 222	Home Health Services Policy	Interim review for the expansion of coverage during the COVID-19 pandemic. For the duration of the pandemic, the requirement for homebound status is waived.
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	Interim review to add coverage criteria and coding related to COVID-19.
CAM 084	Pegloticase (Krystexxa)	Annual review, adding criteria for continuation of therapy.
CAM 096	Alemtuzumab (Lemtrada)	Annual review, updating policy criteria to clarify specific types of relapsing MS and inadequate drug responses that relate to medical necessity. Also adding documentation requirements.
CAM 098	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	Annual review, no change to policy intent.
CAM 141	Mepolizumab (Nucala®)	Annual review, updating policy verbiage to include detail about asthma exacerbations requiring corticosteroids or intubation. Also clarifying the criteria for members with EGPA/Churg-Strauss syndrome.
CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/Immobilized Lipase Cartridge/Relizorb™	Annual review, no change to policy intent.
CAM 216	Imfinzi (durvalumab)	Annual review, no change to policy intent.
CAM 50128	Nusinersen for Spinal Muscular Atrophy	Annual review, rewriting policy verbiage for specificity and clarity. Also updating rationale and references.
CAM 50129	Monoclonal Antibody Therapies for Migraine Prevention	Annual review, updating policy verbiage for clarity and specificity, adding verbiage for continuation of use. Also updating rationale and references.
CAM 90320	Intraocular Radiation Therapy for Age-Related Macular Degeneration	Annual review, no change to policy intent. Updating guidelines and coding.
CAM 148	Hyperbaric Oxygen Therapy	Annual review, no change to policy intent.

CAM 163	Light Therapy for Dermatologic Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 164	Ultraviolet Light Therapy in the Home Setting (UVB)	Annual review, no change to policy intent. Updating rationale and references.
CAM 10117	Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 10123	Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	Annual review, no change to policy intent. Updating rationale.
CAM 20130	Biofeedback as a Treatment of Chronic Pain	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 20156	Low-Level Laser Therapy	Annual review, no change to policy intent. Updating rationale, references and regulatory status.
CAM 201100	Dry Needling and Trigger Point Injections for Myofascial Pain	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 50123	Testosterone Replacement Therapies	Annual review, no change to policy intent, but rewording investigational statement for clarity. Also updating rationale, references and regulatory status.
CAM 60125	Percutaneous Vertebroplasty and Sacroplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	Annual review, no change to policy intent. Updating description.
CAM 80116	Chemical Peels	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 80301	Functional Neuromuscular Electrical Stimulation , Robotic-assisted Rehabilitation & Robotic-assisted Orthotics	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 90323	Intravitreal Corticosteroid Implants	Annual review, no change to policy intent. Updating rationale and references.
CAM 019	Implantable Hormone Pellets for Females	Annual review, no change to policy intent.
CAM 086	Preventive Services for Non-grandfathered (PPACA) Plans: Behavioral Counseling	Annual review, no change to policy intent or USPSTF guidance.
CAM 110	Pre-implantation Genetic Testing	Annual review, no change to policy intent.
CAM 120	Flow Cytometry	Annual review, no change to policy intent.
CAM 126	Vitamin D Testing	Interim review to add Z79.2 to the policy. No change to policy intent.
CAM 128	ANA/ENA Testing	Annual review, no change to policy intent. Adding additional antibodies for ENA testing, testing for Sjogren's syndrome and verbiage regarding testing during wellness visits.
CAM 155	InflammaDry Test	Annual review, no change to policy intent.
CAM 169	Lynch Syndrome Testing	Annual review, no change to policy intent. Removing criteria related to testing for patients diagnosed by the age of 60.

CAM 217	Parathyroid Hormone, Phosphorus, Calcium and Magnesium Testing	Annual review, no change to policy intent.
CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent.
CAM 20173	Actigraphy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20182	Bioimpedance Devices for Detection and Management of Lymphedema	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent.
CAM 20407	Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent.
CAM 20460	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, no change to policy intent.
CAM 20473	Intracellular Micronutrient Analysis	Annual review, no change to policy intent.
CAM 204119	Vecta DA Blood test for Rheumatoid Arthritis	Annual review, no change to policy intent.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating rationale and references.
CAM 50112	Trastuzuman/Trastuzuman-dkst (Herceptin/Ogivri)	Annual review, no change to policy intent.
CAM 50116	Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders	Annual review, updating title and policy to address psychiatric disorders in addition to chronic pain. Also updating rationale and references.
CAM 70109	Risk-reducing Mastectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Annual review, no change to policy intent. Updating background, guidelines, rationale and references.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating references.
CAM 80152	Orthopedic Applications of Stem Cell Therapy	Including Allografts and Bone Substitutes Used With Autologous Bone Marrow) (Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 90328	Corneal Collagen Cross-linking	Annual review, no change to policy intent. Updating coding.
CAM 116	External Insulin Infusion Pump	Annual review, no change to policy intent.