



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

November 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 249	Mitomycin for Pyelocalyceal Solution (Jelmyto)	New Policy
CAM 701158	Balloon Dilation of the Eustachian Tub	New Policy
CAM 722	Radiopharmaceutical Tumor Localization (SPECT), Single Area	New Policy
CAM 730	Kidney SPECT	Archived
CAM 731	Cerebrospinal Fluid Flow SPECT	Archived
CAM 732	Brain SPECT Scan	Archived
CAM 734	Radiopharmaceutical Tumor Localization (SPECT), Single Area	Archived
CAM 736	Liver SPECT	Archived
CAM 185	Balloon Dilation of the Eustachian Tub	Archived; included in CAM 701158
CAM 009	Allergy Immunotherapy	Annual review, no change to policy intent.
CAM 060	Rituximab	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 093	Pembrolizumab (Keytruda)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .

CAM 106	Nivolumab (Opdivo)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 112	Siltuximab (Sylvant)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 117	Ramucirumab (Cyramza®)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 179	Olaratumab (Lartruvo)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .

CAM 204	ZOMETA (zoledronic acid)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 223	Tagraxofusp-erzs (Elzonris)	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 20305	Uses of Monoclonal Antibodies	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 50112	Trastuzumab	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .

CAM 50120	Pertuzumab for Treatment of Malignancies	Interim review to add the statement : BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy / systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 90328	Corneal Collagen Cross-linking	Interim review to update policy for clarity, no other changes.
CAM 50105	Botulinum Toxin	Annual Review. Updating policy. No other changes.
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	Interim Review. correcting policy verbiage on code 87487. No other changes made.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Interim review adding medical necessity criteria to previously negative position statement.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Interim Review. Updating policy verbiage in Coverage of Hyaluronan injections changed to preferred therapies. No other changes.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review to update language in the recommendation on STI counseling. Will state The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). Removing the previous verbiage "high intensity" in relation to counseling. No change to coding.
CAM 176	Telehealth	Added code '95251'.
CAM 20104	Hyperbaric Oxygen Therapy	Interim review adding medical necessity criteria: Idiopathic sudden sensorineural hearing loss (SSHL) -- SSHL greater than 30 dB affecting greater than 3 consecutive frequencies of pure-tone thresholds when member has failed oral and intra-tympanic steroids, and HBOT is initiated within 3 months after onset.
CAM 180	Avelumab (Bavencio®)	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .

CAM 111	Blinatumomab (Blincyto)	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 50118	Bevacizumab in Advanced Adenocarcinoma of the Pancreas	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 067	Bevacizumab (Avastin) for Oncologic Use	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 064	Chemotherapy Drugs and the Administration by Physicians for the Treatment of Cancer	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 90305	Corneal Topography/Computer Assisted Corneal Topography/Photokeratoscopy	Annual review, no change to policy intent. Updating regulatory status, guidelines, coding, rationale and references.

CAM 231	Cemiplimab-rwic (Libtayo®)	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 172	Daratumumab (Darzalex®) Injection	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 20443	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Postdated 01/09/2017 was posted in error. Disregard postdated 01/09/2017. Code 81539 was added to CAM 20433, which is now archived.
CAM 216	Imfinzi (durvalumab)	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 20232	Leadless Cardiac Pacemakers	Annual review, no change to policy intent. Updating description, background, regulatory status, rationale and references.
CAM 091	Ipilimumab (Yervoy)	Interim Review to add the statement: BlueCross BlueShield of South Carolina recognizes uses and indications of injectable oncology medications (including chemotherapy/systemic therapy, therapeutic radiopharmaceuticals, and selected supportive therapies) to be medically necessary if they are listed in the NCCN Drugs and Biologics Compendium with Categories of Evidence + Consensus of 1, 2A and 2B. Treatments listed with a Category of Evidence and Consensus of 3 are considered unproven and not medically necessary .
CAM 80118	Lysis of Epidural Adhesions	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.

CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Interim review, expanding policy verbiage for clarity and specificity between balloon kyphoplasty and mechanical vertebral augmentation.
CAM 20230	Transcatheter Mitral Valve Repair	Annual review, no change to policy intent. Updating rationale and references.
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Annual review, updating policy to include coverage statement for members with cardiac sarcoid conditions. Also updating description, guidelines, regulatory status, rationale and references.
CAM 70150	Placental and Umbilical Cord Blood as a Source of Stem Cells	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 90315	Retinal Prosthesis	Annual review, no change to policy intent. Updating guidelines, rationale, references and coding.
CAM 084	Pegloticase (Krystexxa)	Interim review, updating policy verbiage to include more specificity.
CAM 90321	Aqueous Shunts and Devices for Glaucoma	Interim review to include coverage for ab interno shunts. No other changes made.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Annual review, no change to policy intent.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency, and Biacuplasty	Interim review to add: Intraosseous radiofrequency nerve ablation of basivertebral nerve (e.g., INTRACEPT® Intraosseous Nerve Ablation System) is considered investigational and/or unproven and therefore considered not medically necessary. No other changes made.
CAM 60149	Cerebral Perfusion Analysis CT	Annual review, no change to policy intent.
CAM 30103	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder	Annual review, no change to policy intent.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non Ophthalmic Applications	Interim review to remove different policy guidelines related to sutured vs non sutured use of this technology. Also removing verbiage for ocular conditions and directing readers to CAM 047 for ocular uses. Updating title. No other changes made.
CAM 80101	Adoptive Immunotherapy	Annual review, no change to policy intent.
CAM 50106	Human Growth Hormone	Annual review, no change to policy intent.
CAM 177	RADICAVA (edaravone injection)	Annual review, no change to policy intent.
CAM 60120	Cardiac Applications of PET Scanning	Annual review, clarifying policy verbiage, updating background and references.