



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

September 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 247	Redblood Cell Molecular Testing	New Policy
CAM 50135	Prescription Digital Therapeutics for Substance Abuse	New Policy
CAM 20403	Fetal Fibronectin Enzyme Immunoassay	Archived; included in CAM 119, Prenatal Screening
CAM 40112	Treatment of Twin-Twin Transfusion Syndrome with Amnioreduction and/or Fetoscopic Laser Therapy	Archived
CAM 70104	Balloon Dilatation of Prostate	Archived
CAM 70174	Stimulation of the Sacral Anterior Root Combined with Posterior Sacral Rhizotomy in Patients with Spinal Cord Injury	Archived
CAM 90319	Suprachoroidal Delivery of Pharmacologic Agents	Archived
CAM 90309	Partial Coherence Interferometry as a Technique to Measure the Axial Length of the Eye	Archived
CAM 70161	Transcatheter Closure of Patent Ductus Arteriosus	Archived
CAM 20137	Canalith Repositioning as a Treatment of Benign Paroxysmal Positional Vertigo (BPPV)	Archived
CAM 20404	Cervicography	Archived
CAM 40115	Speculoscopy	Archived
CAM 20205	Intracardiac Electrophysiologic Studies	Archived
CAM 70131	Continent Ileostomy and Urostomy	Archived
CAM 70128	Selective Posterior Rhizotomy for the Spasticity or Cerebral Palsy	Archived
CAM 70126	Infrared Coagulation for Hemorrhoids	Archived
CAM 50111	Treatment of Hepatitis C with Interferon and/or Ribavirin	Archived
CAM 20115	Intravenous or Subcutaneous Histamine Therapy	Archived
CAM 70156	Laser-Assisted Tonsillectomy	Archived
CAM 20170	Temporary Prostatic Stent	Archived

CAM 90310	Transpupillary Thermotherapy for Treatment of Choroidal Neovascular Conditions	Archived
CAM 70145	Endoscopic Laser for Tracheobronchial Obstructions	Archived
CAM 70134	Electrocorticography	Archived
CAM 229	Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedi™)	Updating review date. No other changes.
CAM 20121	Temporomandibular Joint Dysfunction	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20216	Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 50119	Injectable Clostridial Collagenase for Fibroproliferative Disorders	Interim review, adding coverage for the following: "Injectable clostridial collagenase for the treatment of Peyronie's disease in adults may be considered medically necessary for a maximum of 4 treatment cycles when the following criteria are met."
CAM 50122	Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies	Updated review month.
CAM 70191	Radiofrequency Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 172	Daratumumab (Darzalex®) Injection	Annual review, no change to policy intent.
CAM 194	Ustekinumab (Stelara™)	Annual review, updating policy verbiage for specificity and clarity.
CAM 50118	Bevacizumab in Advanced Adenocarcinoma of the Pancreas	Annual review, no change to policy intent.
CAM 50133	Brexanolone for Postpartum Depression	Annual review, no change to policy intent.
CAM 80203	Extracorporeal Immunoabsorption Using Protein A Columns	Added CPT code 36516.
CAM 40121	Noninvasive Prenatal Screening for Fetal Aneuploidies Using Cell-Free Fetal DNA	Added CPT code 0060U.
CAM 014	Neuromuscular Electrical Stimulation (NMES)	Annual review, no change to policy intent.
CAM 015	Influenza Vaccine	Annual review, no change to policy intent.
CAM 20113	Human Antihemophilic Factor (AHF)	Annual review, updating policy verbiage with specificity surrounding desmopressin use prior to HAF use.
CAM 20116	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Annual review, no change to policy intent. Updating regulatory status, guidelines, rationale, references and coding.
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Annual review, no change to policy intent.

CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent. Updating rationale and references.
CAM 20305	Uses of Monoclonal Antibodies	Annual review, removing rituximab as it is addressed in a separate policy. Otherwise, no change to policy intent.
CAM 734	Radiopharmaceutical Tumor Localization (SPECT), Single Area	Interim review, updating title and coding. No change to policy intent.
CAM 70192	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate Tumors or Dermatologic Tumors	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 701150	Vagus Nerve Blocking Therapy for Treatment of Obesity	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80144	Intradialytic Parenteral Nutrition	Annual review, no change to policy intent. Updating references and adding table three to rationale.
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating regulatory status, guidelines, coding, rationale and references.
CAM 90330	Ocriplasmin for Symptomatic Vitreomacular Adhesion	Annual review, no change to policy intent. Updating background, coding, rationale and references.
CAM 079	Breast Surgical Procedures/Prosthesis	Annual review, no change to policy intent.
CAM 564	Surgical Guidelines (Secondary, Multiple Procedures, Co-Surgeons, Assistant Surgeons, Stand- By Physicians, Microsurgery/Microdissection)	Annual review, no change to policy intent.
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for the Myolysis of Uterine Fibroids	Annual review, no change to policy intent. Updating rationale and references
CAM 50110	Immune Prophylaxis for Respiratory Syncytial Virus	Annual review, no change to policy intent.
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Annual review, no change to policy intent.
CAM 701105	Balloon Ostial Dilation for Treatment of Chronic and Recurrent Acute Rhinosinusitis	Annual review, updating policy for clarity and specificity. Also updating title, description, background, regulatory status, guidelines, rationale and references.
CAM 701112	Transanal Endoscopic Microsurgery (TEMS)	Annual review, no change to policy intent. Updating background, regulatory status, guidelines, coding, rationale and references.
CAM 80106	Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80157	Baroreflex Stimulation Devices	Annual review, no change to policy intent. Updating background, regulatory status, guidelines, coding, rationale and references.
CAM 80158	Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation	Annual review, no change to policy intent. Updating regulatory status, guidelines, coding, rationale and references.
CAM 248	Mental Health Services	Updated references.

CAM 091	Ipilimumab (Yervoy)	Annual review with significant update/expansion of medical necessity criteria. No other changes made.
CAM 176	Telehealth	Interim review extending expanded telehealth services related to COVID 19 until 12/31/2020. No other changes made.
CAM 222	Home Health Services	Interim review extending the expansion of services related to COVID 19 to 12/31/2020.
CAM 244	COVID-19 Testing	Update coding. Adding code 86413 to coding section. No other changes made.
CAM 10114	Home Prothrombin Time Monitoring	Annual review, no change to policy intent.
CAM 100105	Ambulance and Medical Transport Services	Annual review, no change to policy intent.
CAM 20124	Sensory Stimulation for Coma Patients	Annual review, no change to policy intent.
CAM 20132	Ketogenic Diet as a Treatment of Refractory Epilepsy	Annual review, no change to policy intent.
CAM 20162	Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease	Annual review, no change to policy intent.
CAM 20217	End Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease	Annual review, no change to policy intent.
CAM 20219	Catheter Ablation as Treatment of Atrial Fibrillation	Annual review, no change to policy intent. Updating rationale and references.
CAM 40104	Endometrial Ablation	Annual review, no change to policy intent.
CAM 50133	Brexanolone for Postpartum Depression	Update coding. Adding code J1632 to be effective on 10/01/2020. No other changes made.
CAM 60105	Radioimmunoscinigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma)	Annual review, no change to policy intent.
CAM 70111	Ilizarov Bone-Lengthening Procedure	Annual review, no change to policy intent.
CAM 80159	Intensity-Modulated Radiotherapy: Central Nervous System Tumors	Annual review, revising policy to include: Hippocampal-avoiding intensity-modulated radiotherapy may be considered medically necessary for individuals with brain tumor metastases outside a 5-mm margin around either hippocampus and expected survival ≥ 4 months. Also updating description, background, guidelines, coding, rationale and references.
CAM 90312	Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool to Detect Amblyogenic Factors	Annual review, no change to policy intent.
CAM 046	Breast Pumps	Annual review, no change to policy intent.
CAM 059	Natalizumab (Tysabri®)	Annual review, no change to policy intent.
CAM 173	Medication Administration Site of Care	Annual review, no change to policy intent.
CAM 231	Cemiplimab-rwlc (Libtayo®)	Annual review, no change to policy intent.
CAM 229	Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedj™)	Annual review, adding medical necessity criteria excluding previous liver transplants and changing the NIS score requirement to 10 or greater (previously 5 or greater). No other changes.

CAM 50122	Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies	Annual review, no change to policy intent.
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