



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

## July 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](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://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 50136	Desensitization Treatment for Peanut Allergies	<b>New Policy</b>
CAM 196	Inflectra™ (infliximab-dyyb)	<b>Archived</b> ; included in CAM 197 Hematopoietic Colony-Stimulating Factors (CSFs)
CAM 184	Renflexis™ (infliximab-abda)	<b>Archived</b> ; included in CAM 197 Hematopoietic Colony-Stimulating Factors (CSFs)
CAM 137	Paravertebral Facet Joint Injections/Blocks	Interim review to update guidelines and move annual review date to July.
CAM 142	Cervical Spine Procedures	Interim review, updating conservative treatment language to include "in the last 6 months." Also changing annual review to July.
CAM 166	General Genetic Testing, Germline Disorders	Interim review, updating coding. No change to policy intent.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Annual review with major reformatting for consistency and clarity, also including Inflectra and Renflexis in this policy and archiving the policies in which they were previously addressed.
CAM 221	Zolgensma® (Onasemnogene ABERPARVOVEC-XIOI)	Annual review, no change to policy intent. Adding statements 8 and 9 regarding discontinuation of nusinersen prior to infusion of Zolgensma and that documentation to support that Zolgensma has not been received previously.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 50109	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Annual review, no change to policy intent. Adding statements regarding the appropriate use of suspension and injectable forms of these medications. Also adding a statement indicating that Uptravi cannot be taken in combination with a prostanoid/prostacyclin analogue.
CAM 50115	Infliximab	Annual review. Updating policy for specificity in relation to sarcoidosis, continuation of therapy and biosimilars.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent. Updating rationale and references.
CAM 70163	Deep Brain Stimulation	Annual review, no change to policy intent. Updating background, rationale and references.

CAM 701107	Interspinous and Interlaminar Stabilization/Distracton Devices (Spacers)	Annual review, no change to policy intent. Updating description and references.
CAM 701144	Patient-Specific Instrumentation (e.g. Cutting Guides) for Joint Arthroplasty	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 701153	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	Interim review to add clarifying statement related to adipose-derived cells and fat grafting for breast surgery. No other changes made. Also updating coding.
CAM 176	Telehealth	Interim review to expand telehealth coverage to encompass 99495/99496 effective 07/10/2020. Interim review extended telehealth services related to the COVID 19 pandemic to 10012020 with notation that effective 08012020 no longer pay for telehealth delivered via non-HIPAA compliant technologies. No other changes made.
CAM 041	Orthognathic Surgery	Annual review, no change to policy intent.
CAM 049	Brain Natriuretic Peptide (BNP)	Annual review, no change to policy intent.
CAM 138	Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/Experimental)	Annual review, no change to policy intent.
CAM 181	Pathogen Panel Testing	Annual review, updating coding related to 0068U.
CAM 188	Cardiovascular Disease Risk Assessment	Interim review, major revision for clarity, adding medical necessity criteria for lipoprotein (a) testing.
CAM 195	Cimzia® (certolizumab pegol)	Annual review, expanding policy verbiage for clarity and including verbiage regarding continuation of therapy.
CAM 206	Urine Culture Testing for Bacteria	Annual review, no change to policy intent. Updating coding.
CAM 235	Laboratory Guideline Policy	Interim review to add statement regarding genetic counseling.
CAM 468	Drug Coverage	Annual review, no change to policy intent.
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	Interim review, updating Chlamydia pneumoniae to medically necessary. Also reformatting the policy for clarity.
CAM 20445	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Annual review, no change to policy intent. Reformatting for clarity.
CAM 204102	Whole Genome and Whole Exome Sequencing	Annual review, adding two new areas of coverage criteria: fetus with ultrasound abnormalities and comparator analysis with specific criteria for each. Reformatting policy for clarity.
CAM 204104	Genetic Testing for Alpha- and Beta-Thalassemia	Annual review, adding policy statement related to genetic counseling. Updating coding. No other changes to policy.
CAM 204122	Chromosomal Microarray	Annual review, no change to policy intent. Expanding criteria for post-natal testing. Adding low pass WGS to testing options. Reformatting for clarity.
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for the Myolysis of Uterine Fibroids	Interim review, removing the word laparoscopic from the policy statement and adding Sonata to the policy statement. No other changes.
CAM 701161	Three-Dimensional Printed Orthopedic Implants	Annual review, no change to policy intent. Updating rationale and references.

CAM 70304	Isolated Small Bowel Transplant	Annual review, no change to policy intent.
CAM 70309	Heart Transplant	Annual review, no change to policy intent.
CAM 80115	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	Annual review, no change to policy intent.
CAM 80123	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	Annual review, no change to policy intent.
CAM 80154	Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia	Annual review, no change to policy intent.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Interim review to add policy statement regarding train of four (TOF). No other changes.
CAM 222	Home Health Services	Interim review, updating expanded services related to the COVID-19 pandemic to 10012020. No other changes.
CAM 017	Contraceptive Management	Annual review. No significant changes.
CAM 045	Suit Therapy	Annual review, no change to policy intent.
CAM 052	Clinical Trials for Cancer and Life-Threatening Conditions	Interim review adding verbiage regarding the Department of Energy.
CAM 127	Hepatitis C Testing	Annual review, updating policy to align with CDC guidelines that were updated in 2020. No other changes.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Annual review, no change to policy intent. Updating background and references.
CAM 153	Zika Virus Risk Assessment	Annual review, no change to policy intent. Updating background and references.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Annual review, updating policy verbiage to include saliva and CSF. No change to policy intent. Also updating background, rationale and references.
CAM 193	Cardiac Biomarkers for Myocardial Infraction	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Annual review, adding verbiage relating to testing asymptomatic individuals during a general exam. Also updating background, guidelines and references.
CAM 205	General Inflammation Testing	Annual review, no change to policy intent. Updating background, guidelines and references.
CAM 226	BioZorb®	Annual review, no change to policy intent.
CAM 10102	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure	Annual review, no change to policy intent. Updating rationale and references.
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 10127	Electrical and Electromagnetic Stimulation for the Treatment of Arthritis	Annual review, no change to policy intent. Adding Electromagnetic to title, updating background, rationale and references.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, no change to policy intent. Updating rationale and references.

CAM 20197	Alcohol Injections for Treatment of Peripheral Neuromas	Annual review, no change to policy intent. Updating rationale and references.
CAM 20474	Genetic Testing for Adolescent Idiopathic Scoliosis	Annual review, no change to policy intent, but, major revision for clarity.
CAM 20487	Genetic Testing for Hereditary Hearing Loss	Annual review, no change to policy intent. Updating coding.
CAM 20494	Genetic Testing for Lactase Insufficiency	Annual review, no change to policy intent. Reformatting entire policy for clarity.
CAM 204115	Molecular Panel Testing for Cancers for Diagnosis, Prognosis and Identification of Targeted Therapy	Annual review, no change to policy intent. Reformatting for clarity. Updating review dates.
CAM 204130	Molecular Testing for Chronic Heart Failure and Heart Transplant	Annual review, adding statement: The use of the myTAIHEART assay in the post cardiac transplantation period, including but not limited to predicting prognosis and predicting acute cellular rejection, is investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY. No other changes to policy intent. Updating title, background, rationale and references.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended	Interim review to update USPSTF criteria including: update to previous hepatitis C screening to state: The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults ages 18 to 79 years. Also adding tobacco prevention and cessation language that states: The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. Also adding: The USPSTF recommends screening by asking questions about unhealthy drug use in adults ages 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.
CAM 225	Sufentanil Sublingual Tablet (Dsuvia)	Annual review, no change to policy.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 20120	Esophageal pH Monitoring	Annual review, no change to policy intent. Updating guidelines, coding and references.
CAM 20157	Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 20192	Fecal Microbiota Transplantation	Annual review, no change to policy intent. Updating description, regulatory status, guidelines, coding, rationale and references.
CAM 20452	Pancreatic Cancer Risk Testing Using Molecular Classifier in Pancreatic Cyst Fluid	Annual review, no change to policy intent. Reformatting for clarity.
CAM 20453	KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer	Annual review, no change to policy intent. Reformatting for clarity.

CAM 20479	Testing for Alpha-1 Antitrypsin Deficiency	Annual review, no change to policy intent. Reformatting for clarity.
CAM 50120	Pertuzumab for Treatment of Malignancies	Annual review, no change to policy intent.
CAM 50126	Buprenorphine Implant for Treatment of Opioid Dependence	Annual review, no change to policy intent.
CAM 60118	Scintimammography and Gamma Imaging of the Breast and Axilla	Annual review, no change to policy intent. Updating rationale and references.
CAM 70182	Thermal Capsulorrhaphy as a Treatment of Joint Instability	Annual review, no change to policy intent.
CAM 20227	Acoustic Cardiography	Annual review, no change to policy intent.
CAM 20213	T-Wave Alternans	Annual review, no change to policy intent.
CAM 20211	Intravascular Brachytherapy for Preventing and Managing Restenosis after Percutaneous Transluminal Angioplasty (PTA)	Annual review, no change to policy intent.
CAM 20160	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	Annual review, no change to policy intent.
CAM 20159	Ultrasonographic Evaluation of Skin Lesions	Annual review, no change to policy intent.
CAM 10113	H-Wave Electrical Stimulation	Annual review, no change to policy intent.
CAM 10112	Oxygen Therapy	Annual review, no change to policy intent.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Updating history box note to remove error. No other changes.
CAM 204	ZOMETA (zoledronic acid)	Annual review, no change to policy intent.
CAM 10403	Sympathetic Therapy for the Treatment of Pain	Annual review, no change to policy intent.
CAM 701111	Wireless Pressure Sensors in Endovascular Aneurysm Repair	Annual review, no change to policy intent.