



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

June 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 026	Human Papillomavirus (HPV) Vaccines	Annual review, updating policy with the most current CDC guidelines for HPV vaccination. Also updating references.
CAM 365	Behavioral Health Guidelines	Annual review, no change to policy intent.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Faciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 30201	Methadone Treatment for Opiate Addiction	Annual review, no change to policy intent.
CAM 60107	Transcranial Doppler Ultrasound	Annual review, no change to policy intent.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.
CAM 70116	Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinson's Disease	Annual review, no change to policy intent.
CAM 70153	Transjugular Intrahepatic Portosystemic Shunt (TIPS)	Annual review, no change to policy intent.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating rationale and references.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	Annual review, no change to policy intent. Updating rationale and references.
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80149	Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis	Annual review, no change to policy intent. Updating rationale and references.
CAM 015	Influenza Vaccine	Adding code 90694 to coding section. No other changes made.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 108	Abdominoplasty, Panniculectomy and Lipectomy	Annual review, no change to policy intent.
CAM 222	Home Health Services	Annual review, no change to policy intent.

CAM 452	Pain Management Services (Chronic Pain and Rehabilitation Therapies)	Annual review, no change to policy intent.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Annual review, no change to policy intent.
CAM 20180	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus	Annual review, no change to policy intent. Updating rationale, references and background.
CAM 20183	Interventions for Progressive Scoliosis	Annual review, no change to policy intent. Updating rationale, references and regulatory status.
CAM 50108	Intravenous Antibiotic Therapy for Lyme Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 50112	Trastuzumab	Interim review, changing title to Trastuzumab so all types of trastuzumab are reviewed with the same medical necessity criteria. Also adding J9358 injection, fam-trastuzumab deruxtecan-nxki, 1 mg to the coding section.
CAM 60160	Therapeutic Radiopharmaceuticals in Oncology	Annual review, adding medical necessity coverage for lobenguane I 131. Updating background, description, guidelines, regulatory status, rationale and references.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent.
CAM 176	Telehealth	Interim review to extend the date of expanded services coverage related to COVID 19 to 08/01/2020 with the exception of: Additional expansion of telehealth services include the following codesets observation care, Inpatient hospital care (99217-99226, 99231-99236, 99238-99239), emergency department care (99281-99285), and Critical Care (99291-99292) with modifier 95 appended. Providers will need to continue to use the previously established application process for this to apply to their practices. This does NOT apply to telephone-based visits which are reflected in the codeset 99441-99443. This subset of codes will no longer apply to the expanded telehealth coverage effective 06/15/2020. No other changes made. Returning telehealth coverage to observation care, inpatient hospital care (99217-99226, 99231-99236, 99238-99239), emergency department care (99281-99285), and critical care (99291-99292), with modifier 95 appended.
CAM 222	Home Health Services	Interim review to update the date of expanded service coverage related to COVID-19 to 08/01/2020. No other changes made.

CAM 244	COVID-19 Testing	Interim review to add: Host antibody serology testing to support a diagnosis of Multisystem Inflammatory Syndrome in Children (MIS-C) meets coverage criteria. Host antibody serology testing to support a diagnosis of Multisystem Inflammatory Syndrome in Children (MIS-C) meets coverage criteria. No other changes made. No other changes made.
CAM 216	Imfinzi (durvalumab)	Interim review to add the following medical necessity criteria: In combination with etoposide and either carboplatin or cisplatin, as first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).
CAM 701110	Vertical Expandable Prosthetic Titanium Rib	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80311	Endobronchial Brachytherapy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80162	Electronic Brachytherapy for Nonmelanoma Skin Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80153	Cellular Immunotherapy for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 136	Spinal Epidural Injections	Interim review, moving annual review date to July and updating policy and guidelines. Adding exclusion section.
CAM 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Adding "Both" in age group to code 90689 to coding section. No other changes made.
CAM 20106	Hypnosis	Annual review, no change to policy intent.
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent.
CAM 20139	Quantitative Sensory Testing	Annual review, no change to policy intent. Updating guidelines.
CAM 20186	Targeted Phototherapy and Psoralen with Ultraviolet A for Vitiligo	Annual review, no change to policy intent.
CAM 20189	Laser Treatment of Onychomycosis	Annual review, no change to policy intent.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 60120	Cardiac Applications of PET Scanning	Annual review, no change to policy intent.
CAM 60148	Positional Magnetic Resonance Imaging (MRI)	Annual review, no change to policy intent.
CAM 60150	Use of Magnetic Resonance Imaging to Monitor Integrity of Silicone Gel-Filled Breast Implants	Annual review, no change to policy intent. Updating references.

CAM 701109	Magnetic Resonance-Guided Focused Ultrasound	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 80304	Speech Therapy	Annual review, no change to policy intent.
CAM 70181	Nerve Graft with Radical Prostatectomy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70193	Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80139	Treatment of Tinnitus	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 199	Tumor Treatment Fields Therapy for Glioblastoma	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20198	Orthopedic Applications of Platelet-Rich Plasma	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 10115	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Annual review, no change to policy intent. Updating background, rationale and references.
CMA 161	Lumbar Spinal Procedures	Interim review, updating conservative treatment language to include "in the last 6 months". Add lumbar Artificial Desc replacement and update policy. Also changing annual review to July.
CAM 034	Visual and Auditory Evoked Potentials	Annual review, no change to policy intent.
CAM 036	Unicompartmental and Biocompartmental Knee Arthroplasties	Annual review, no change to policy intent.
CAM 70169	Sacral Nerve Neuromodulation/Stimulation	Annual review, no change to policy intent, although changing timeframe for permanent stimulator implant to 48 hours. Updating rationale, references and background.
CAM 80132	Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent, but, reformatting policy for clarity. Also updating rationale and references.
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20172	Insulin Potentiation Therapy	Annual review, no change to policy intent.
CAM 60119	Intracoronary Doppler Ultrasound	Annual review, no change to policy intent.
CAM 60141	Whole Body Computed Tomography Scan as a Screening Test	Annual review, no change to policy intent.

CAM 244	COVID-19 Testing	Interim review to add coverage for PCR testing in the following individuals: asymptomatic members exposed to persons with known COVID-19, preoperative testing and serial testing to determine when the infection has abated.
CAM 70142	Endoscopic Laser for Gastrointestinal Bleeding	Annual review, no change to policy intent.
CAM 70162	Minimally Invasive Coronary Artery Bypass Graft Surgery	Annual review, no change to policy intent.
CAM 90316	Conjunctival Incision with Posterior Juxtascleral Placement of Anecortave Acetate Depot Suspension	Annual review, no change to policy intent.
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 060	Rituximab	Updated coding. Added Code Q5119 to be effective 7/1/2020. No other changes.
CAM 106	Nivolumab (Opdivo)	Annual review, no change to policy intent.
CAM 150	TECENTRIQ™ (atezolizumab)	Annual review, no change to policy intent.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 222	Home Health Services	Interim review to update the date of expanded service coverage related to COVID-19 to 08/01/2020. No other changes made.
CAM 176	Telehealth	Interim review: returning telehealth coverage to observation care, inpatient hospital care (99217-99226, 99231-99236, 99238-99239), emergency department care (99281-99285), and critical care (99291-99292), with modifier 95 appended.
CAM 238	VYONDYS 53 (golodirsen)	Updated coding. Added Code J1429 to be effective 7/1/2020. No other changes.
CAM 240	Crizanlizumab-tmca (Adakveo)	Updated coding. Added Code J0791 to be effective 7/1/2020. No other changes.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Updated coding. Added Code J7333 to be effective 7/1/2020. No other changes.
CAM 20172	Insulin Potentiation Therapy	Annual review, no change to policy intent.
CAM 20184	Chromoendoscopy as an Adjunct to Colonoscopy	Annual review, no change to policy intent.
CAM 20187	Confocal Laser Endomicroscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 50122	Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies	Updated coding. Added Code J9358 to be effective 7/1/2020. No other changes.
CAM 50128	Nursinersen for Spinal Muscular Atrophy	Updated coding. Added Code J3399 to be effective 7/1/2020. No other changes.

CAM 60151	Interim Positron Emission Tomography Scanning in Oncology to Detect Early Response During Treatment	Annual review, no change to policy intent. Updating rationale and references.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, no change to policy intent.
CAM 701120	Facet Arthroplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 701142	Surgery for Groin Pain in Athletes	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80105	Immune Globulin Therapy	Updated coding. Added Code J1558 to be effective 7/1/2020. No other changes.