



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

May 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 50134	Esketamine Nasal Spray for Treatment-Resistant Depression	NEW POLICY
CAM 219	Ketamine for the Treatment of Depression	Archived; included in CAM 50134
CAM 058	Omalizumab (Xolair®)	Annual review, updating policy for specificity and clarity of medical necessity criteria.
CAM 060	Rituximab	Annual review. Adding policy statement for clarity and specificity related to treatment of thrombocytopenic purpura. No other changes made.
CAM 061	Tocilizumab (Actemra®)	Annual review, updating policy for specificity and clarity of medical necessity criteria.
CAM 069	Abatacept (Orencia®)	Annual review, updating policy criteria for specificity and clarity.
CAM 104	Vedolizumab (Entyvio™)	Annual review, updating medical necessity criteria for clarity and specificity.
CAM 119	Prenatal Screening	Annual review, updating policy for clarity and specificity. Adding notes to provide specific testing guidelines. Updating coding.
CAM 135	Thyroid Disease Testing	Annual review, updating policy verbiage for clarity regarding testing during pregnancy. Adding "note 1" to add further clarification. No other changes made.
CAM 153	Zika Virus Risk Assessment	Interim review, updating policy based on revised CDC statements.
CAM 159	Lyme Disease Testing	Annual review, updating policy verbiage for clarity, but not changing intention.
CAM 166	General Genetic Testing, Germline Disorders	Annual review, no change to policy intent. Updating coding.
CAM 167	General Genetic Testing, Somatic Disorders	Annual review, no change to policy intent. Updating coding.
CAM 168	Genetic Testing for Polyposis Syndromes	Annual review, updating title and policy to reflect polyposis syndromes.

CAM 181	Pathogen Panel Testing	Interim review to add coverage criteria for up to 11 pathogens for the GI panel. Other criteria verbiage updated for clarity.
CAM 188	Cardiovascular Disease Risk Assessment	Annual review, updating policy to include medical criteria for lipid panels for individuals on certain long-term medications and apolipoprotein V for members with specific diagnoses. Also updating coding.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Interim review, updating coding. No other changes.
CAM 218	Pharmacogenetic Testing	Annual review, expanding list of medications allowed for testing.
CAM 220	CD 5 Complement Inhibitors	Annual review, updating policy for specificity and clarity and adding continuation statements for eculizumab.)
CAM 20101	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e. Clinical Ecology)	Annual review, adding criteria regarding breath hydrogen/breath methane testing that is considered not medically necessary. Also adding coverage criteria 8-10. Also adding CPT 91065.
CAM 20122	Plasma HIV-1 and HIV-2 RNA Quantification for HI Infection	Annual review, updating the title and policy to include HIV-2 testing.
CAM 20302	Serum Tumor Markers for Malignancies	Annual review, adding numerous additional indications for various tests.
CAM 20402	BRCA	Annual review, updating criteria based on NCCN guidelines related to age ranges for testing. No other changes made.
CAM 20406	Testing for Diagnosis of Helicobacter Pylori	Annual review, policy verbiage updated for specificity, also updating coding.
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	Interim review to add coverage criteria and coding related to COVID-19.
CAM 20416	Diagnosis of Vaginitis including Multi-target PCR Testing	(Annual review, no change to policy intent. Updating coding.
CAM 20436	Gene Expression Testing for Breast Cancer Prognosis	Annual review, updating testing covered per NCCN guidelines.
CAM 20478	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, expanding medical necessity criteria and reformatting for clarity.
CAM 20482	Venous and Arterial Thrombosis Risk Testing	Annual review, updating title to include arterial thrombosis and updating medical criteria to address venous testing pre-transplant and arterial thrombosis testing.
CAM 20493	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	Major reformat for clarity that may necessitate archival of this policy and creation of another.
CAM 204109	Genetic Testing for Epilepsy	Annual review, updating policy to include multiple additional genes for testing. No other changes.
CAM 204129	Genetic Testing for Connective Tissue Disorders	Annual review, updating title to reflect "connective tissue disorders" and adding medical necessity criteria for Ehlers-Danlos syndrome as well as panel testing for connective disorders. Also adding note #3 and #4.

CAM 204141	Liquid Biopsy	Annual review, updating policy verbiage to include additional diagnoses for coverage, microsatellite instability analysis and repeat testing. Also adding more specific criteria regarding testing that is not medically necessary. Also updating coding.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 220	CD 5 Complement Inhibitors	Returning verbiage related to neuromyelitis optica. No other changes.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale, references and regulatory status.
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale, references, background and regulatory status.
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Annual review, no change to policy intent. Updating rationale, references, background and regulatory status.
CAM 70154	Transmyocardial Revascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 70179	Whole Gland Cryoablation of Prostate Cancer	Annual review, updating rationale and references. No change to policy intent.
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Annual review, expanding title and policy verbiage to include fully implantable hearing aids. Also updating background, description, rationale and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedure	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 701125	Occipital Nerve Stimulation	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 70307	Lung and Lobar Lung Transplant	Annual review, no change to policy intent. Updating description, rationale, references and guidelines.
CAM 90326	Viscocolostomy and Canaloplasty	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 222	Home Health Services Policy	Interim review extending expanded coverage related to COVID-19 to 06/15/2020.

CAM 176	Telehealth	Interim review, extending timeframe for expanded services related to COVID-19 to 06/15/2020.
CAM 244	COVID-19 Testing	Updated coding.
CAM 149	SIMPONI ARIA (golimumab injection for intravenous use)	Annual review, adding requirement for failure of two NSAIDs as medical necessity criteria for ankylosis spondylitis. No other changes.
CAM 170	Ocrelizumab (Ocrevus™)	Annual review, adding specificity to the medical criteria related to relapsing multiple sclerosis. No other changes made.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, no change to policy intent. Updating regulatory status and rationale.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow with or without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 204144	Gene Therapy for Inherited Retinal Dystrophy/Luxturna™	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80155	Stem-cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating rationale, references, description and regulatory status.
CAM 80204	Lipid Apheresis	Annual review, no change to policy intent. Updating rationale and references.
CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent.
CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Annual review, no change to policy intent. Updating rationale, references and background.