



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

## October 2021 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   |
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| CAM 091       | Ipilimumab (Yervoy)   | Annual review, no change to policy intent.   |
| CAM 20219     | Catheter Ablation as Treatment for Atrial Fibrillation  | Annual review, no change to policy intent. Updating rationale and references.  |
| CAM 229       | Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedi™) | Annual review, no change to policy intent.   |
| CAM 249       | Mitomycin for Pyelocalyceal Solution (Jelmyto)  | Annual review, no change to policy intent.   |
| CAM 80106     | Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus                 | Annual review, no change to policy intent. Updating rationale and references.  |
| CAM 231       | Cemiplimab-rwlc (Libtayo®)  | Annual review, adding coverage criteria for basal cell carcinoma and non-small cell lung cancer.   |
| 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 50122     | Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies      | Annual review, no change to policy intent.   |
| CAM 60157     | Radioactive Seed Localization of Nonpalpable Breast Lesions                                   | Annual review, no change to policy intent. Updating rationale and references.  |
| CAM 20135     | Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain                         | Annual review, no change to policy intent. Updating rationale and references.  |
| CAM 090       | Robotic Assisted Surgery - Reimbursement Policy   | Annual review, no change to policy intent.   |
| CAM 028       | Colorectal Cancer Screening   | Annual review, no change to policy intent.   |
| CAM 009       | Allergy Immunotherapy   | Annual review, no change to policy intent.   |
| CAM 20179     | Non-contact Ultrasound Treatment of Wounds  | Annual review, no change to policy intent.   |
| CAM 237       | Speech Generating Devices   | Annual review, no change to policy intent.   |
| CAM 235       | Laboratory Guideline Policy   | Annual review, no change to policy intent.   |
| CAM 701132    | Transcatheter Aortic-Valve Implantation for Aortic Stenosis                                   | Added verbiage to Regulatory Status table The Portico™ Transcatheter Aortic Valve Implantation System it is manufactured by Abbott and the PMA date is 9/2019. |
| CAM 089       | Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services          | Interim review, updating verbiage related to chlamydia and gonorrhea screening and adding new recommendation related to aspirin and pre-eclampsia.             |
| CAM 701114    | Reverse Shoulder Arthroplasty   | Annual review, no change to policy intent.   |

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| CAM 320    | Genetic Testing for Heterozygous Familial Hypercholesterolemia                                     | Annual review, no change to policy intent. Updating policy number, background, rationale and references.                          |
| CAM 319    | Nerve Fiber Density Testing  | Annual review, no change to policy intent. Updating policy number, background, rationale and references.                          |
| CAM 318    | Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease                                 | Annual review, no change to policy intent. Updating background, rationale, references and policy number.                          |
| CAM 317    | In Vitro Chemoresistance and Chemosensitivity Assays   | Annual review, no change to policy intent. Updating background, rationale, references and adding PLA code 0248U.                  |
| CAM 316    | Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing    | Annual review, no change to policy intent. Updating policy number, background, rationale, references and regulatory status.       |
| CAM 315    | Celiac Disease Testing   | Annual review, no change to policy intent. Updating background, regulatory status, rationale, references and policy number.       |
| CAM 314    | Cervical Cancer Screening Technologies with Pap and HPV  | Annual review, no change to policy intent. Updating background, rationale, references and coding.                                 |
| CAM 234    | Genetic Testing for Neurodegenerative Disorders  | Annual review, no change to policy intent. Updating background, rationale, references and coding. Updating regulatory status.     |
| CAM 211    | $\beta$ -Hemolytic Streptococcus Testing   | Annual review, no change to policy intent. Updating description, regulatory status, background, rationale, references and coding. |
| CAM 701158 | Balloon Dilation of the Eustachian Tube  | Annual review, no change to policy intent.  |
| CAM 175    | Fractional Flow Reserve CT   | Annual review, no change to policy intent.  |
| CAM 031    | Measurement of Thromboxane Metabolites for Aspirin Resistance                                      | Annual review, no change to policy intent. Updating background, rationale, references and regulatory status.                      |
| CAM 70173  | Gastric Electrical Stimulation   | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 701104 | Subtalar Arthroereisis and Subtalar Joint Implant  | Annual review, no change to policy intent. Updating description, rationale and references.  |
| CAM 701136 | Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistance Hypertension | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 80143  | Radioembolization for Primary and Metastatic Tumors of the Liver                                   | Annual review, updating rationale and references.   |
| CAM 90322  | Endothelial Keratoplasty   | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 193    | Hemoglobin A1c   | Annual review, no change to policy intent. Updating background, rationale and references.   |
| CAM 176    | Telehealth   | Annual review, no change to policy intent.  |
| CAM 20164  | Biofeedback as a Treatment of Fecal Incontinence or Constipation                                   | Annual review, no change to policy intent.  |

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| CAM 236    | Therapeutic Drug Monitoring for 5-Fluorouracil  | Annual review, no change to policy intent. Updating description, rationale, references and coding.  |
| CAM 251    | Minimal Residual Disease  | Annual review, no change to policy intent. Updating background, rationale, references and coding.   |
| CAM 321    | Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems) | Annual review, no change to policy intent. Updating policy number, background, rationale and references.  |
| CAM 324    | Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases  | Annual review, no change to policy intent. Updating policy number, background, rationale, references and adding ICD 10 G0482.   |
| CAM 20191  | Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia  | Annual review, no change to policy intent. Updating description, background, rationale and references.  |
| CAM 701102 | Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)  | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 701123 | Plugs for Fistula Repair  | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 701163 | Absorbable Nasal Implant for Treatment of Nasal Valve Collapse  | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 70114  | Open and Toracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)                            | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 70180  | Hip Resurfacing   | Annual review, no change to policy intent. Updating rationale and references.   |
| CAM 90313  | Retinal Telescreening for Diabetic Retinopathy  | Annual review, no change to policy intent. Medical necessity criteria 2 has had clarifying language regarding automated image analysis added. Also updating rationale, references and regulatory status.  |
| CAM 90321  | Aqueous Shunts and Devices for Glaucoma   | Annual review, no change to policy intent. Updating regulatory status, rationale, references and appendix.  |
| CAM 209    | Diagnostic Testing of Most Common Sexually Transmitted Infections   | Annual review, updating policy to add and clarify coverage criteria related to herpes simplex testing and testing related to PrEP therapy. Also updating description, rationale and references. A also updating note 1 for clarity and updating coding. |
| CAM 329    | Transplant Rejection Testing  | Annual review, updating policy to include coverage statement regarding TruGraf. Also updating coding, background, rationale and references.   |
| CAM 046    | Breast Pumps  | Annual review, no change to policy intent.  |
| CAM 323    | Immunopharmacologic Monitoring of Therapeutic Serum Antibodies  | Annual review, no change to policy intent. Updating policy number, background, rationale, references and regulatory status.   |

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| CAM 564   | Surgical Guidelines (Secondary, Multiple Procedures, Co-Surgeons, Assistant Surgeons, Stand- By Physicians, Microsurgery/Microdissection) | Annual review, no change to policy intent.  |
| CAM 024   | Antineoplaston Therapy and Sodium Phenylbutyrate  | Annual review, no change to policy intent.  |
| CAM 324   | Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases  | Annual review, no change to policy intent. Updating policy number, background, rationale, references and adding ICD 10 G0482.   |
| CAM 335   | Biochemical Markers of Alzheimer Disease and Dementia   | Annual review, no change to policy intent, but adding and/or to criteria #4 for clarity. Also updating policy number, background, rationale, references and coding.                       |
| CAM 50105 | Botulinum Toxin   | Annual review, no change to policy intent.  |
| CAM 071   | Concurrent Care   | Annual review, no change to policy intent.  |
| CAM 109   | Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations  | Annual review, no change to policy intent.  |
| CAM 134   | Diagnostic Testing of Influenza   | Annual review, no change to policy intent. Updating background, rationale, references and ICD 10 coding.  |
| CAM 210   | Testing for Mosquito - or - Tick Related Infections   | Annual review, updating policy per updated CDC guidelines for IFA assays and IgG. Also updating description, rationale and references.  |
| CAM 322   | Immune Cell Function Assay  | Annual review, no change to policy intent. Updating policy number, background, rationale, references and adding an ICD 10 code.   |
| CAM 336   | Testing of Diagnosis of Active or Latent Tuberculosis   | Annual review, removing 5 years or older language regarding testing. Also updating description, background, rationale and references. Also updating coding (adding multiple ICD 10 codes. |
| CAM 337   | Molecular Analysis for Gliomas  | Annual review, adding coverage statement for H3F3A testing using K27M. Also updating policy number background, rationale and references.  |