

## BlueCross BlueShield of South Carolina and BlueChoice HealthPlan's February 2019 Medical Policy Updates

We frequently revise the medical policies we use to make clinical determinations for a member's coverage. Here are medical policies that have been reviewed, updated or newly added. A revision history for each policy covering the past two years 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 #	Policy Name	Recent Changes
CAM 067	Bevacizumab (Avastin) for Oncologic Use	<p><b>01/17/2019</b> Annual review, updating medical necessity criteria related to epithelial ovarian, fallopian tube or primary peritoneal cancer. No other changes made.</p> <p><b>01/22/2018</b> Annual review, no change to policy intent.</p> <p><b>04/03/2017</b> Interim review updating the criteria for recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer indications. No other changes made. Recurrent Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer Indication</p>
CAM 20210	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	<p><b>02/05/2019</b> Annual review, updating policy for clarity and consistency of available products, adding investigational statement regarding wireless left ventricular pacing. Also updating background, regulatory status, guidelines, rationale, references and coding.</p>
CAM 60101	Bone Mineral Density Studies	<p><b>02/06/2019</b> Annual review, no change to policy intent. Updating background, description, guidelines, regulatory status, coding, rationale and references.</p> <p><b>03/08/2018</b> Annual review. Updating policy to include: " peripheral BMD testing could be considered medically necessary when convention central (hip/spine) DXA screening is not feasible or in the management of hyperparathyroidism, where peripheral DXA measurement at the distal forearm (ie. radius) is essential for evalution". Also updating background, description, regulatory status, guidelines, rationale and references.</p>

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	<p><b>01/22/2019</b> Annual review, no change to policy intent. Updating background, description, rationale and references.</p> <p><b>05/10/2018</b> Interim review updating policy to mirror the current ASTRO model in relation to medical necessity. No other changes made.</p>
CAM 60146	Dynamic Spinal Visualization	<p><b>02/04/2019</b> Annual review, adding investigational statement regarding vertebral motion analysis. Also updating background, description, guidelines, rationale and references.</p>
CAM 20154	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	<p><b>01/28/2019</b> Annual review, expanding policy verbiage to have a time window for mechanical thrombectomy up to 24 hours after symptom onset for select patients. Also updating: description, background, guidelines, rationale and references</p>
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	<p><b>11/27/2018</b> Major rewrite of this policy related to adoption of diagnostic testing of most common sexually transmitted infections, B-Hemolytic Streptococcus Testing, and testing for mosquito or tick-related infections. All four policies will be implemented on 02/01/2019.</p>
CAM 20181	Ingestible pH and Pressure Capsule	<p><b>02/01/2019</b> Annual review, no change to policy intent.</p> <p><b>05/02/2018</b> Interim review to update policy statement from being investigational to the following: Measurement of gastrointestinal transit times, including gastric emptying and colonic transit times, using an ingestible pH and pressure capsule is considered <b>MEDICALLY NECESSARY</b> for the evaluation of suspected gastroparesis, constipation, or other gastrointestinal motility disorders as an alternative to other techniques to evaluate these conditions</p> <p><b>02/28/2018</b> Annual review, no change to policy status. Adding regulatory status and updating rationale. No other changes made.</p>
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	<p><b>02/04/2019</b> Annual review, no change to policy intent.</p> <p><b>11/14/2018</b> Interim review to update regulatory status, add Visco-3 and Trivisc to coding area and add" Coverage of hyaluronan injection is provided when the FDA-approved indications are met and there has been a trial and failure of preferred therapy." to the policy verbiage. No other changes made.</p>

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 60126	Oncologic Applications of PET Scanning	<p><b>02/07/2019</b> Major revision of content for clarity without change to policy intent.</p> <p><b>04/10/2018</b> Interim review to add medical necessity verbiage for Axumin (fluciclovine F 18) and a statement directing readers to CAM 512 as it relates to reimbursement for radiopharmaceuticals related to PET scanning.</p> <p><b>03/15/2018</b> Annual review, policy revised to indicate the following: "Additional details added to policy statements. Updated guidelines, rationale and references.</p>
CAM 701106	Percutaneous Tibial Nerve Stimulation	<p><b>01/29/2019</b> Annual review, updating medical necessity to include use of PTNS in OAB syndrome that has failed behavioral and pharmacologic therapy. Also updating, background, description, regulatory status, guidelines, rationale, references and coding.</p>
CAM 40114	Prenatal Screening for Fetal Aneuploidy	<p><b>01/24/2019</b> Annual review, no change to policy intent.</p> <p><b>03/12/2018</b> Updating policy verbiage</p> <p><b>02/21/2018</b> Annual review, updating policy, adding medical necessity criteria related to Turner Syndrome. Also updating title, reformatting policy verbiage for clarity and updating CPT and ICD coding.</p> <p><b>04/11/2017</b> Annual review. Revision of policy verbiage to provide for much more specific testing based on weeks of gestation. Updating background, description, rationale, category, references and review date.</p>

Policy #	Policy Name	Recent Changes
CAM 089	Preventive Services for Non- Grandfathered (PPACA) Plans: USPSTF recommended services	<p><b>02/11/2019</b> Interim review to update USPSTF recommendation released 01/31/2019 for gonorrhea prophylactic medication: newborns.</p> <p><b>10/17/2018</b> Interim review. Adding coverage for CPT code 81528 in the colon cancer screening section of the policy.</p> <p><b>09/11/2018</b> Interim review updating language for colorectal screening to mirror USPSTF language, adding new recommendation language regarding syphilis screening in pregnant women, updating language regarding cervical cancer screening (no change to intent, mirroring USPSTF verbiage) and updating fall-prevention language, which has removed requirements for physical therapy and vitamin D.</p> <p><b>07/23/2018</b> Interim review, adding Z113 and V745 in relation to gonorrhea testing/screening. No other changes made.</p> <p><b>07/11/2018</b> Interim review, adding updated verbiage related to osteoporosis screening from USPSTF (no change to policy intent), adding Bright Futures recommendations regarding newborn bilirubin testing and psychosocial/ behavioral assessments. No other changes.</p> <p><b>04/18/2018</b> Interim Review. Breast Cancer Screening adding codes, G0202 and Human Immunodeficiency virus, counseling and screening deleted code ICD10 Z390-Z392.No other changes.</p> <p><b>04/10/2018</b> Interim review, adding most recent recommendations related to skin cancer behavioral counseling, screening for diabetes mellitus after pregnancy and screening for urinary incontinence in women. No other changes.</p> <p><b>04/04/2018</b> Updating HRSA Bright Futures recommendations: Alcohol &amp; Drug use screening adding 99409, G0442 &amp; G0443, Adding 99401 &amp; 99402 for HIV counseling, editing.</p> <p><b>09/07/2017</b> Interim review with major revision including addition of numerous Bright Futures recommendations.</p>

<b>Policy #</b>	<b>Policy Name</b>	<b>Recent Changes</b>
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	<p><b>01/23/2019</b> Annual review, no change to policy intent. Updating background, rationale and references.</p> <p><b>02/19/2018</b> Annual review, adding policy verbiage to indicate dorsal root ganglion neurostimulation is investigational. Also updating title, background, description, regulatory status, rationale and references.</p> <p><b>03/29/2017</b> Removing investigational status from high frequency spinal cord stimulation. No other changes to policy.</p>
CAM 210	Testing for Mosquito- or Tick- Related Infections	<p><b>11/26/2018</b> New Policy</p>
CAM 131	Testosterone Testing	<p><b>02/05/2019</b> Annual review. Updating policy.</p> <p><b>01/07/2019</b> Added effective date to code 82642</p>
CAM 701131	Transcatheter Pulmonary Valve Implantation	<p><b>01/22/2019</b> Annual review, updating medical necessity criteria to include patients with congenital heart disease and current right ventricular outflow tract obstruction or regurgitation. Also updating background, description, regulatory status, guidelines, rationale and references.</p>
CAM 211	β-Hemolytic Streptococcus Testing	<p><b>11/26/2018</b> New Policy</p>