



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

November 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 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	Interim review, updating coding. No other changes made.
CAM 90307	Phototherapeutic Keratectomy	Annual review, no change to policy intent.
CAM 90102	Evaluation of Hearing Impairment	Annual review, no change to policy intent.
CAM 80306	Work Hardening Programs	Annual review, no change to policy intent.
CAM 80203	Extracorporeal Immunoabsorption Using Protein A Columns	Annual review, no change to policy intent.
CAM 20169	Laser Treatment of Active Acne	Annual review, no change to policy intent.
CAM 20148	Inpatient Intestinal Rehabilitation Therapy	Annual review, no change to policy intent.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Updating policy to add 5th criteria. No other changes.
CAM 706	CT Angiography, Abdomen	Annual review, no change to policy intent. Reorganizing policy for clarity. Updating description and overview.
CAM 729	Fetal MRI	Annual review, no change to policy intent. Updating background and references.
CAM 701	MR Angiography Upper Extremity	Annual review, no change to policy intent.
CAM 703	CT Angiography, Pelvis	Annual review, no change to policy intent.
CAM 726	CT Angiography, Upper Extremity	Annual review, no change to policy intent.
CAM 737	Low Field MRI	Annual review, no change to policy intent.
CAM 754	Lower Extremity MRA/MRV	Annual review, no change to policy intent.
CAM 135	Thyroid Disease Testing	Interim review to add criteria 1J related to pediatric members with short stature and ICD 10 code R62.52. No other changes made.
CAM 239	Proteogenomic Testing of Individuals with Cancer	Annual review, adding policy statements 2 and 3 for clarity. Also updating background, rationale and references.
CAM 325	Use of Common Genetic Variants (single nucleotide polymorphisms) to Predict Risk of Non-Familial Breast Cancer	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 326	Molecular Testing of Pulmonary Specimens	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Correcting a formatting issue in the policy section. No change to intent of policy.

CAM 80163	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	Updating coding section adding code Q2054 effective 10/01/2021. No other changes made.
CAM 60133	Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon	Annual review, adding two additional not medically necessary uses of this technology. Also updating description, rationale and references.
CAM 50127	Eteplirsent for Duchenne Muscular Dystrophy	Injection , casimersen, 10 mg. C9075 created 7/1/2021 is being deleted No other changes made.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non Ophthalmic Applications	Updating coding section adding codes Q4251, Q4252, Q4253 effective 10/01/2021. No other changes made.
CAM 80166	Chimeric Antigen Receptor Therapy for Multiple Myeloma	Updating coding section adding code C9081 effective 10/01/2021. No other change.
CAM 701138	Interspinous Fixation (Fusion) Devices	Updating coding section adding code C1831 effective 10/01/2021. No other change.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Interim review updating coverage criteria for 87481 and 87482 related to vaginitis per CDC guidelines. No other changes made.
CAM 051	Allergen Testing	Annual review, adding criteria #9 related to non-specific IgE testing. Also updating background, rationale, references and regulatory status.
CAM 330	Metabolite Markers of Thiopurines Testing	Annual review, updating policy language regarding one time phenotypic analysis of the TPMT enzyme. Also updating policy number, background, rationale and references.
CAM 331	Saturation Biopsy for Diagnosis and Staging of Prostate Cancer	Annual review, no change to policy intent. Updating policy number, background, rationale and references.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease	Annual review, updating coverage criteria for clarity. Also updating description, coding rationale and references.
CAM 333	Genetic Testing and Genetic Expression Profiling in Patients with Uveal Melanoma	Annual review, expanding medical criteria #3 for clarity. Also updating policy number, background, rationale and references.
CAM 328	Bone Turnover Markers Testing	Annual review, updating policy to allow medical necessity criteria while being treated with bisphosphonates. Also updating background, rationale and references.
CAM 204144	Gene Therapy for Inherited Retinal Dystrophy/Luxturna™	Interim review, updating policy verbiage for clarity.
CAM 80143	Radioembolization for Primary and Metastatic Tumors of the Liver	Annual review, updating rationale and references.
CAM 70114	Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	Annual review, no change to policy intent. Updating rationale and references.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Annual review, no change to policy intent. Updating description, background, 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 90322	Endothelial Keratoplasty	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 70173	Gastric Electrical Stimulation	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 701136	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	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 701102	Preiuretera Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)	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 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 269	Diagnosis of Vaginitis including Multi-target PCR Testing	Interim review, updating coverage criteria related to 87481 and 87482 per CDC guidelines. Also updating definitions, rationale, references and coding. Also, Correcting a typo in the policy section. Criteria #11 of Policy section should be NOT MEDICALLY NECESSARY. No other changes made.
CAM 20232	Leadless Cardiac Pacemakers	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Annual review, no change to policy intent. Updating rationale and references.
CAM 30103	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder	Annual review, no change to policy intent. Updating rationale and references.
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	Annual review, adding coverage statement regarding polyacrylamid hydrogel (Bulkamid), no other changes to policy intent. Also updating regulatory status, rationale and references.
CAM 014	Neuromuscular Electrical Stimulation (NMES)	Updating coding. Code 64550 has been deleted. Adding codes 64553, 64555, 64561 and 64566. No other changes made.

CAM 191	Medical Records Documentation Standards	Interim review, changing policy category. No other changes.
CAM 700	CT Angiography, Neck	Annual review, adding medical necessity criteria for Loeys-Dietz syndrome, vertebrobasilar insufficiency, pulsatile mass and pulsatile tinnitus. Also updating background and references.
CAM 90305	Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy	Annual review, no change to policy intent. Updating rationale.
CAM 705	CT Cervical Spine	Annual review, modifying language regarding neurological deficits, adding language regarding back pain in children, gait table, tumor imaging, toe walking, achondroplasia and MS criteria. Also updating description and references.
CAM 722	Radiopharmaceutical Tumor Localization (SPECT), Single Area	Annual review, adding multiple new medical necessity criteria. Updating description, rationale and references.
CAM 725	CT Upper Extremity	Annual review, adding additional information about rotator cuff tear, impingement, non-traumatic shoulder instability and glenoid labral tears. Also adding detail regarding shoulder dislocation and medical necessity for suspected bone infection. Also updating description/overview and references.
CAM 733	MUGA Scan	Annual review, adding coverage statement related to previous low LV function and cardiotoxic chemotherapy.
CAM 740	MRI Cervical Spine	Annual review, modifying section on neurological deficits. Adding detail re: back pain in a child, gait table, tumor imaging, toe walking and achondroplasia. Also updating description and references.
CAM 743	MRI Chest (Thorax)	Annual review, adding criteria related to cystic fibrosis, brachial plexopathy imaging and clarifying the preoperative evaluation criteria. Also updating description and references.
CAM 752	Pelvis MR Angiography	Annual review, expanding coverage diagnoses to align with existing CT and MRI policy coverage diagnoses. No other changes.
CAM 759	Oncologic Applications of PET Scanning	Annual review, adding statements regarding CAR-T therapy and medical necessity criteria for PTLD. Also updating description and references.
CAM 70150	Placental and Umbilical Cord Blood as a Source of Stem Cells	Annual review, no change to policy intent. Updating rationale and references.
CAM 762	MR Angiography Chest	Annual review adding verbiage regarding follow up for bicuspid aortic valve, suspected vascular cause of dysphagia or expiratory wheezing, indications for follow up and combination studies. Adding pulmonary embolism criteria. Also updating description and references.