



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

February 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 259	Testing for Autism Spectrum Disorder and Developmental Delay	New Policy
CAM 187	Sacroiliac Joint Fusion or Stabilization	Archived (Included in CAM 161)
CAM 244	COVID-19 Testing	Adding codes U0001, U0002, U0003 and U0004 to coding section. Correcting coding (Code 87428 was listed twice). No other changes.
CAM 254	Prenatal Screening for Fetal Aneuploidy	Annual review, updating policy number, adding statement regarding "penta" screen. Also updating description, rationale, references and coding.
CAM 255	Genetic Testing and Genetic Expression Profiling in Patients with Cutaneous Melanoma	Annual review, reformatting for clarity. Adding coverage criteria for NRAS testing. Adding examples of specific tests in criteria 3. Also updating description, rationale, references, coding and policy number.
CAM 256	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	Annual review, reformatting for clarity, updating policy number. Adding verbiage regarding testing for a diagnosis of MTC. Also updating description, rationale and references.
CAM 257	Genetic Testing for Familial Cutaneous Malignant Melanoma	Annual review, adding medical necessity criteria for BRCA2, MITF and TERT. Adding notes 1-3 related to additional testing and policies. Also updating description, references and rationale.
CAM 260	Genetic Testing for Hereditary Hemochromatosis	Annual review, adding medical necessity verbiage related to panel testing, adding guidelines, updating description, rationale, references and coding.
CAM 756	HYPERTHERMIA with Radiation	Interim review to clarify statement regarding use of hyperthermia alone. No other changes.
CAM 50104	Erythropoiesis Stimulating Agents and Darbepoetin Alfa (Aranesp)	Interim review to add Q5105 and Q5106 to the coding.
CAM 20475	Genetic Testing of CADASIL Syndrome	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 20154	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.

CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Annual review, no change to policy intent. Updating background, regulatory status, guidelines, coding, rationale and references.
CAM 161	Lumbar Spinal Procedures	Interim review to add clarification to the list of contraindications for lumbar disc replacement. No other changes.
CAM 183	BRINEURA (cerlipnase alfa)	Annual review, no change to policy intent.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Interim review to add: 7. Other Indications.
CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral and Limb-Girdle Muscular Dystrophies	Annual review, no change to policy intent. Updating description, rationale, coding and references.
CAM 258	Genetic Testing of Mitochondrial Disorders	Annual review, reformatting for clarity, updating policy number. Adding medical necessity criteria for mtDNA testing, adding criteria 5 and 6 related to WES testing. Also updating description, rationale, references and coding.
CAM 261	BRCA	Corrected formatting. No change to policy intent.
CAM 10303	Thoracic-Lumbo-Sacral Orthosis with Pneumatics	Annual review. No changes made to policy.
CAM 10305	Patient-Controlled End of Range Motion Stretching Devices	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 100107	Patient-Controlled Analgesia	Annual review, no change to policy intent.
CAM 20128	Neurofeedback	Annual review, no change to policy intent. Updating rationale and references.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Annual review, no change to policy intent.
CAM 20141	Noncontact Radiant Heat Bandage for the Treatment of Wounds	Annual review, no change to policy intent.
CAM 20146	Vacuum Therapy as a Treatment for Female Sexual Dysfunction	Annual review, no change to policy intent.
CAM 20195	Aerosolized Antibiotics as a Treatment of Chronic Sinusitis	Annual review, no change to policy intent.
CAM 20196	Autonomic Nervous System Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 20222	Ultrafiltration in Decompensated Heart Failure	Annual review, no change to policy intent. Updating guidelines, coding and rationale.
CAM 40117	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea	Annual review, no change to policy intent.
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 60121	Magnetoencephalography/Magnetic Source Imaging	Annual review, no change to policy intent. Updating regulatory status, guidelines, coding, rationale and references.

CAM 70196	Computer-Assisted Navigation for Orthopedic Procedure	Annual review, no change to policy intent. Updating description, guidelines, coding, rationale and references.
CAM 701158	Balloon Dilatation of the Eustachian Tube	Interim update to reformat policy, no change to policy intent.
CAM 80160	Extracorporeal Membrane Oxygenation for Adult Conditions	Annual review, no change to policy intent. Updating guidelines, background, rationale, references and regulatory status.
CAM 80314	Iontophoresis and Phonophoresis	Annual review, no change to policy intent.
CAM 90324	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Annual review, no change to policy intent.
CAM 90325	Gas Permeable Scleral Contact Lens	Annual review, no change to policy intent.
CAM 90327	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions	Annual review, no change to policy intent.
CAM 10130	Artificial Pancreas Device Systems	Annual review, updating policy to lower age cutoff to 6 years of age. Also updating background, description, guidelines, regulatory status, references, rationale, coding.
CAM 20181	Ingestible pH and Pressure Capsule	Annual review, no change to policy intent. Updating rationale and references.
CAM 60144	Vertebral Fracture Assessment with Densitometry	Annual review, no change to policy intent. Updating guidelines, coding and rationale.
CAM 10120	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 60152	Positron Emission Mammography (PEM)	Annual review, no change to policy intent. Updating rationale.
CAM 20127	Biofeedback as a Treatment of Urinary Incontinence in Adults	Annual review, no change to policy intent. Updating rationale and references.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow with or without Demineralized Bone Matrix (DBM)	Correcting transcription changing "of" to "or" in first line under policy.
CAM 701127	Bronchial Thermoplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 064	Chemotherapy Drugs and the Administration by Physicians for the Treatment of Cancer	Annual review, no change to policy intent.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 366	Maternity/Obstetrical Care Benefits	Annual review, no change to policy intent.
CAM 20171	Non-Pharmacologic Treatment of Rosacea	Annual review, no change to policy intent. Updating rationale and references.
CAM 240	Crizanlizumab-tmca (Adakveo)	Annual review, no change to policy intent.
CAM 60101	Bone Mineral Density Studies	Annual review, updating policy to include specific information on risk factors and timing of monitoring. Also updating description, background, guidelines, regulatory status, rationale and references.

CAM 60103	Computed Tomography to Detect Coronary Artery Calcification	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 60123	Diagnosis and Treatment of Non-Surgical Sacroiliac Joint Pain	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 80105	Immune Globulin Therapy	Annual review, no change to policy intent.