



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

July 2024 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 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 394	Intraosseous Radiofrequency Ablation (Intrasept) Procedure	NEW POLICY (This policy coincides with CAM 70172.)
CAM 10131	Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions	NEW POLICY
CAM 20211	Intravascular Brachytherapy for Preventing and Managing Restenosis After Percutaneous Transluminal Angioplasty (PTA)	ARCHIVED
CAM 20213	T-Wave Alternans	ARCHIVED
CAM 20216	Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis	ARCHIVED
CAM 70182	Thermal Capsulorrhaphy as a Treatment of Joint Instability	ARCHIVED
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	ARCHIVED
CAM 701111	Wireless Pressure Sensors in Endovascular Aneurysm Repair	ARCHIVED
CAM 20160	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	ARCHIVED
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
CAM 10115	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Annual review, no change to policy intent. Updating rationale and references.

CAM 10129	Tumor Treating Fields Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 248	Mental Health Services	Annual review, no change to policy intent.
CAM 20139	Quantitative Sensory Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 20184	Chromoendoscopy as an Adjunct to Colonoscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20189	Laser Treatment of Onychomycosis	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 20198	Orthopedic Applications of Platelet-Rich Plasma	Annual review, no change to policy intent. Updating rationale and references.
CAM 452	Pain Management Services (Chronic Pain and Rehabilitation Therapies)	Annual review, no change to policy intent.
CAM 60148	Positional Magnetic Resonance Imaging (MRI)	Annual review, no change to policy intent.
CAM 60150	Use of Magnetic Resonance Imaging To Monitor Integrity of Silicone Gel-Filled Breast Implants	Annual review, no change to policy intent.
CAM 60160	Therapeutic Radiopharmaceuticals for Neuroendocrine Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 701107	Interspinous and Interlaminar Stabilization/Distractor Devices Spacers	Annual review, no change to policy intent. Updating rationale and references.
CAM 701110	Vertical Expandable Prosthetic Titanium Rib	Annual review, no change to policy intent. Updating rationale and references.
CAM 701120	Facet Arthroplasty	Annual review, no change to policy intent.
CAM 701142	Surgery for Groin Pain in Athletes	Annual review, no change to policy intent. Updating rationale and references.
CAM 701161	Three-Dimensional Printed Orthopedic Implants	Annual review, no change to policy intent.
CAM 70163	Deep Brain Stimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent. Updating rationale and references.

CAM 80139	Treatment of Tinnitus	Annual review, no change to policy intent. Updating rationale and references.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 80311	Endobronchial Brachytherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Interim review to update verbiage regarding hydrogel spacers to be brand neutral. Also adding CPT code 55874 to the coding section.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Interim review to change the test ame related to PLA code 0047U to be genomic Prostate Score(GPS).
CAM 268	Urinary Tumor Markers for Bladder Cancer	Interim review to add PLA codes 0452U and 0465U to coding section. And Corrected typo. No other changes made.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Interim review to indicate PLA code 0204U is deleted effective 07012024.
CAM 128	Biomarker Testing for Autoimmune Rheumatic Disease	Interim review to add PLA code 0456U to coding section.
CAM 239	Proteogenomic Testing of Individuals With Cancer	Interim review to add PLA code 0454U to policy.
CAM 273	Liquid Biopsy	Interim review to add PLA code 0453U to coding section.
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	Interim review to add PLA code 0459U to coding section.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Interim review to add PLA codes 0455U and 0463U to coding section.
CAM 218	Pharmacogenetic Testing	Interim review to add PLA codes 0460U and 0461U to coding section.
CAM 384	Colorectal Cancer Screening	Interim review to add PLA code 0464U to coding section.
CAM 527	Salivary Hormone Testing	Interim review to add PLA code 0462U to coding section.
CAM 188	Cardiovascular Disease Risk Assessment	Interim review to add PLA code 0466U to coding section.
CAM 251	Minimal Residual Disease	Interim review to add PLA codes 0467U and 0470U to coding section.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Interim review to add PLA code 0468U to coding section.
CAM 313	Chromosomal Microarray	Interim review to add PLA code 0469U to coding section.

CAM 169	Lynch Syndrome Testing	Interim Review to add PLA codes 0474U and 0475U to coding section.
CAM 261	Genetic Testing for Breast, Ovarian, Pancreatic and Prostate Cancers	Interim review to add PLA codes 0474U and 0475U to coding section.
CAM 307	Testing for Colorectal Cancer Management	Interim review to add PLA code 0471U to coding section.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Interim review to add PLA code 0473U to coding section.
CAM 80156	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis	Annual review, no change to policy intent.
CAM 701111	Wireless Pressure Sensors in Endovascular Aneurysm Repair	Annual review, no change to policy intent.
CAM 80131	Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas	Annual review, no change to policy intent.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.
CAM 70182	Thermal Capsulorrhaphy as a Treatment of Joint Instability	Annual review, no change to policy intent.
CAM 70162	Minimally Invasive Coronary Artery Bypass Graft Surgery	Corrected the last review date. No other changes made.
CAM 20213	T-Wave Alternans	Annual review, no change to policy intent.
CAM 20211	Intravascular Brachytherapy for Preventing and Managing Restenosis After Percutaneous Transluminal Angioplasty (PTA)	Annual review, no change to policy intent.
CAM 20160	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	Annual review, no change to policy intent.
CAM 20106	Hypnosis	Corrected the last review date. No other changes.
CAM 20105	Local or Whole Body Hyperthermia	Annual review, no change to policy intent.
CAM 10112	Oxygen Therapy	Annual review, no change to policy intent.
CAM 176	Telehealth	Interim review to add coverage for CPT 90839 and 90840 to policy.

CAM 701140	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery	Annual review, no change to policy intent. Updating Regulatory Status, rationale, and references.
CAM 70181	Nerve Graft with Radical Prostatectomy	Annual review, no change to policy intent. Updating references.
CAM 70183	Auditory Brainstem Implant	Annual review, no change to policy intent. Updating rationale.
CAM 80120	Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas	Annual review, no change to policy intent. Updating rationale and references.
CAM 80126	Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80162	Electronic Brachytherapy for Nonmelanoma Skin Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80310	Cognitive Rehabilitation	Annual review, no change to policy intent. Updating rationale and references.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Biacuplasty	Updating entire policy, including title to remove the Intracapt procedure from it. A new CAM policy is being generated specific to Intracapt. The New CAM will be CAM 394 Intraosseous Radiofrequency Ablation (Intracapt) Procedure.
CAM 20192	Fecal Microbiota Transplantation	Annual review, updating entire policy to add coverage for the following FDA approved FMT products: Rebyota and Vowst.
CAM 70147	Bariatric Surgery	Interim review to add policy verbiage regarding TORe procedure and medically refractory GERD. Updating entire policy to include updated obesity classification terminology.
CAM 20120	Esophageal pH Monitoring	Annual review, no change to policy intent. Updating rationale.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	Annual review, no change to policy intent. Updating rationale and references.
CAM 70171	Lung Volume Reduction Surgery for Severe Emphysema	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70309	Heart Transplant	Annual review, no change to policy intent. Updating background, rationale and references.

CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Annual review, hypoglossal nerve stimulation is now considered medically necessary if criteria is met for members with a BMI of 40 or less.
CAM 80124	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	Annual review, no change to policy intent. Updating rationale and references.
CAM 701147	Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	Annual review, no change to policy intent. Updating rationale and references.
CAM 201105	Dry Hydrotherapy for Chronic Pain Condition	Annual review, no change to policy intent. Updating references.
CAM 80167	Medical Management of Obstructive Sleep Apnea Syndrome	Re-adding complete statement regarding intoral appliances.
CAM 80154	Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia	Annual review, no change to policy intent.
CAM 80147	Intensity-Modulated Radiotherapy of the Prostate	Interim review to update verbiage regarding hydrogel spacers to be brand neutral. No other changes.
CAM 80136	Extracorporeal Photopheresis	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating guideline, rationale and references.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, no change to policy intent. Updating rationale.
CAM 10127	Electrical and Electromagnetic Stimulation for the Treatment of Arthritis	Annual review, no change to policy intent. Updating rationale and references.
CAM 10102	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure	Annual review, no change to policy intent.
CAM 90323	Intravitreal Corticosteroid Implants	Interim review to add statement regarding the use of Dextenza for ocular itching associated with allergic conjunctivitis. Also updating rationale, references and coding.
CAM 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating guideline, rationale and references.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.

CAM 80125	Hematopoietic Stem Cell Transplantation for Autoimmune Diseases	Annual review, no change to policy intent. Updating references and adding CPT code 38204.
CAM 80123	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80121	Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	Annual review, no change to policy intent. Updating rationale and references.
CAM 80115	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 70304	Isolated Small Bowel Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20157	Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds	Annual review, no change to policy intent. Updating rationale and references.