



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

February 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 388	Pharyngometry and Rhinometry	New Policy
CAM 60121	Magnetoencephalography/ magnetic source imaging	ARCHIVED
CAM 60152	Positron Emission Mammography	ARCHIVED
CAM 50136	Desensitization Treatment for Peanut Allergies	ARCHIVED
CAM 032	Telemedicine	Annual review, no change to policy intent.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Annual review, no change to policy intent.
CAM 157	Medical Policy Development and Review	Annual review, no change to policy intent.
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 20144	Dermatologic Applications of Photodynamic Therapy	Annual review, no change to policy intent.
CAM 20185	Neural Therapy	Annual review, no change to policy intent.
CAM 202	Incapacitated Dependent Coverage	Annual review, no change to policy intent.
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Annual review, no change to policy intent. Updating rationale and references.
CAM 40118	Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome	Annual review, no change to policy intent. Updating rationale and references.
CAM 511	Radiation Oncology Services	Annual review, no change to policy intent.

CAM 701168	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis	Annual review, no change to policy intent. Updating rationale and references.
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	Annual review, no change to policy intent.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Annual review, no change to policy intent. Updating rationale and references.
CAM 70175	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Annual review, entire policy being updated to include coverage statements regarding ewing sarcoma, non metastatic primary non small cell lung cancer and neck cancers.
CAM 80117	Hematopoietic Stem-Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome	Annual review, no change to policy intent. Updating rationale and references.
CAM 90314	Implantation of Intrastromal Corneal Ring Segments	Annual review, no change to policy intent.
CAM 126	Vitamin D Testing	Annual review, no change to policy intent. Updating description, table of terminology, rationale and references.
CAM 20218	Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 70168	Extracranial Carotid Angioplasty/Stenting	Annual review, no change to policy intent. Updating regulatory status, rationale, and references. Also updating verbiage to indicate that all of the criteria listed must be met to meet medical necessity for this procedure.
CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral and Limb-Girdle Muscular Dystrophies	Annual review, no change to policy. Updating description, rationale and references.
CAM 10124	Interferential Current Stimulation	Annual review, no change to policy intent. Updating rationale.
CAM 70147	Bariatric Surgery	Annual review, adding coverage criteria for individuals with type 2 diabetes and with a BMI >30/kg/m2. Also updating description, guidelines, rationale and references. Also updated corrected history date.

CAM 20154	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	Annual review, no change to policy intent. Updating rationale and references.
CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral and Limb-Girdle Muscular Dystrophies	Annual review, no change to policy. Updating description, rationale and references.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Annual review, policy updated, some tests have been renamed. Criteria #5 is being added to address IsoPSA testing. Also updating description, notes 3 & 4, table of terminology rationale and references.
CAM 256	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	Annual review, no change to policy intent. Updating Table of Terminology, rationale and references.
CAM 258	Genetic Testing of Mitochondrial Disorders	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 260	Genetic Testing for Hereditary Hemochromatosis	Annual review, no change to policy intent. Policy verbiage updated for clarity and adding notes. Also updating description, notes, table of terminology, rationale and references.
CAM 311	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Annual review, no change to policy intent, but, policy rewritten for clarity and consistency. Also updating description, rationale and references.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Annual review, updating policy / note 2 to include ampullary carcinoma and pediatric central nervous system cancer. Updating hepatobiliary cancer criteria to be reflected as biliary tract cancers. Also updating table of terminology, rationale and references.
CAM 380	Coronavirus Testing in the Outpatient Setting	Annual review, no change to policy intent. Updating description, notes 1 and 2, table of terminology, rationale and references. Removing code 0408U.
CAM 346	Genetic Testing of CADASIL Syndrome	Annual review, no change to policy intent, but policy verbiage is updated for clarity and consistency. Added Note 1. Updating table of terminology, rationale and references.
CAM 80108	Implantation of Intrastromal Corneal Ring Segments	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 90324	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Annual review, no change made to policy.
CAM 100107	Patient-Controlled Analgesia	Annual review. No change to policy intent.
CAM 90325	Gas Permeable Scleral Contact Lens	Annual review. No change to policy intent.

CAM 80314	Iontophoresis and Phonophoresis	Annual review, no change to policy intent.
CAM 60152	Positron Emission Mammography (PEM)	Annual review, no change to policy intent.
CAM 60121	Magnetoencephalography/Magnetic Source Imaging	Annual review, no change to policy intent.
CAM 20181	Ingestible pH and Pressure Capsule	Annual review, no change to policy intent.
CAM 378	Coronary Artery Calcium Scoring by Electron-Beam Tomography (EBCT) OR Non-Contrast Coronary Computed Tomography (Non-Contrast CCT)	Annual review. Updated the entire policy.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 131	Testosterone	Annual review, no change to policy intent. Updating Rationale and References.
CAM 239	Proteogenomic Testing of Individuals With Cancer	Annual review, adding medical necessity criteria for OncoExTra, Caris MI tumor Seek and Caris MI Profile testing. No other changes.
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	Annual review, no change to policy intent, but policy being updated for clarity and consistency. Also updating description, coding, rationale and references.
CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	Annual review, no change to policy intent. Updating description, note 1, table of terminology, rationale, and references.
CAM 127	Hepatitis Testing	Annual review, updating policy to add criteria for HCV testing in perinatally exposed infants who are 2-27 months old. Also updating rationale and references.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 133	Diabetes Mellitus Testing	Annual review, policy verbiage updated for clarity and consistency, criteria #11 is being added to address situations not covered in the first 10 criteria. Criteria #4 is being added to address asymptomatic adults 35 years of age and older. Also updating note #1, note #3, rationale and references.
CAM 254	Prenatal Testing for Fetal Aneuploidy	Annual review moved to January. Updating policy verbiage for clarity and consistency. Also updating rationale and references.
CAM 255	Molecular Testing for Cutaneous Melanoma	Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.

CAM 277	Serum Tumor Markers for Malignancies	(Annual review, major revision to policy in content and formatting, multiple updates to testing frequencies. Also updating description, rationale, references and table of terminology.
CAM 259	Testing for Autism Spectrum Disorder and Developmental Delay	Annual review, no change to policy intent, but, policy is being updated for clarity and consistency. Updating description, notes, rationale and references.
CAM 269	Diagnosis of Vaginitis	Annual review, updating policy to have a positive position for criteria 9 relating to BD Max Vaginal Panl, NuSwab VG, Expert Xpress MVP. No other policy intent changes. Updating title, table of terminology, rationale and references.
CAM 329	Transplant Rejection Testing	Annual review, updating policy to include coverage criteria for AlloSure Heart, and Prospera Heart. Adding a not medically necessary statement for HearetCare. Updating table of terminology, rationale and references.
CAM 343	Genetic Testing for CHARGE Syndrome	Annual review, no change to policy intent, but, verbiage is being updated for clarity and consistency. Adding note 1. Updating table of terminology, rationale, and references.
CAM 344	Genetic Testing for Lipoprotein A Variant as a Decision Aid for Aspirin Treatment and/or CVD Risk Assessment	Annual review, no change to policy intent. Updating rationale and references.
CAM 345	Genetic Testing for Fanconi Anemia	Annual review, no change to policy intent. Updating table of terminology, rationale, references and coding.
CAM 347	Genetic Testing for Rett Syndrome	Annual review, no change to policy intent, but, verbiage is being updated for clarity and consistency.