



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

## November 2022 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](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 Number	Policy Name	Recent Changes
CAM 094	Women's Preventive Services	Interim review to add contraceptive for male condoms and FDA approved web application/digital contraception. Adding note regarding requirements for receipt to be provided for any over the counter or self-purchased contraception. Also adding ICD 9 code V7619 to the mammography section of the policy. No other changes made.
CAM 261	BRCA	Annual review, major revision without changing intent. Policy formatted for clarity. All areas of policy updated.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Adding V76.19 to the mammography section of this policy. No other changes.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Annual review, no change to policy intent. Updating rationale and references.
CAM 90322	Endothelial Keratoplasty	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 90313	Retinal Telescreening for Diabetic Retinopathy	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 70180	Hip Resurfacing	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 rationale and references.
CAM 20164	Biofeedback as a Treatment of Fecal Incontinence or Constipation	Annual review, no change to policy intent. Updating rationale and references.
CAM 175	Fractional Flow Reserve CT	Annual review, no change to policy intent.
CAM 318	Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	Annual review, no change to policy intent, but policy verbiage updated for clarity. Adding table of terminology. Updating rationale and references.
CAM 161	Lumbar Spinal Procedures	Interim review updating coding and replacing the word patient with individual where appropriate. No change to the policy intent.

CAM 135	Thyroid Disease Testing	Annual review, no change to policy intent. Updating policy for clarity. Updating description, table of terminology, rationale and references.
CAM 134	Diagnostic Testing of Influenza	Annual review, no change to policy intent. Policy verbiage reformatted for clarity. Updating table of terminology, rationale, references.
CAM 205	General Inflammation Testing	Annual review, no change to policy intent. Updating Note 1, rationale and references.
CAM 236	Therapeutic Drug Monitoring for 5-Fluorouracil	Annual review, no change to policy intent but policy verbiage rewritten for clarity. Adding table of terminology. Updating rationale and references.
CAM 316	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing	Annual review, no change to policy intent. Policy verbiage updated for clarity. Updating table of terminology, rationale, references and coding.
CAM 320	Genetic Testing for Heterozygous Familial Hypercholesterolemia	Annual review, no change to policy intent. Updating title, rationale, references and adding 81479 to coding.
CAM 321	Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems)	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 50105	Botulinum Toxin	Annual review, no change to policy intent.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Annual review, no change to policy intent. Reformatting policy for clarity. Adding table of terminology. Updating rationale, references, and coding.
CAM 234	Genetic Testing for Neurodegenerative Disorders	Annual review, no change to policy intent, but, policy reformatted for clarity and specificity. Adding table of terminology. Also updating rationale, references and coding.
CAM 281	Genetic Testing for Connective Tissue Disorders	Annual review, no change to policy intent. Removing coverage criteria #4 regarding panel multi gent testing ss that testing would not be addressed in CAM 235. Updating terminology, rationale and references.
CAM 291	Whole Genome and Whole Exome Sequencing	Annual review moved to October. Updating rationale and references, no other changes.
CAM 326	Molecular Testing of Pulmonary Specimens	Annual review, policy changed to allow medical necessity criteria for Nodify XL2 testing. Also updating title, rationale and references. Adding table of terminology.
CAM 329	Transplant Rejection Testing	Annual review, no change to policy intent. Updating policy for clarity. Also updating rationale, refences, and coding.

CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease	Annual review, updating policy to include specific test names and diagnoses that those test are appropriate for. Also adding table of terminology and updating rationale, references, and coding.
CAM 333	Genetic Testing and Genetic Expression Profiling in Patients with Uveal Melanoma	Annual review, updating policy verbiage for clarity ad specificity, adding table of terminology, updating rationale and references.
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	Annual review, no change to policy intent. Reformatting policy for clarity. Adding table of terminology. Updating rationale, references, and coding.
CAM 336	Testing for Diagnosis of Active or Latent Tuberculosis	Annual review, no change to policy intent. Policy reformatted for clarity. Updating rationale and references. Adding table of terminology.
CAM 727	CT Angiography, Head/Brain	Annual review, adding statement regarding documentation needed to support combination studies or overlapping body parts. Also reformatting policy for clarity and specificity.
CAM 728	CT Angiography, Abdominal Arteries	Annual review, no change to policy intent.
CAM 737	Low Field MRI	Annual review, no change to policy intent.
CAM 738	ORBIT, FACE, NECK, SINUS MRI	Annual review, adding statement regarding documentation required for combination requests of overlapping body parts. Also updating policy verbiage for clarity and specificity.
CAM 752	PELVIS MRAngiography	Annual review, no change to policy intent. Updating verbiage related to EVAR.
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent.
CAM 70150	Placental and Umbilical Cord Blood as a Source of Stem Cells	Annual review, no change to policy intent.
CAM 80118	Lysis of Epidural Adhesions	Annual review, no change to policy intent.
CAM 031	Measurement of Thromboxane Metabolites for Aspirin Resistance	Annual review, no change to policy intent. Policy reformatted for clarity. Adding table of terminology, Updating rationale and references.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Annual review, no change to policy intent. Updating policy verbiage for clarity. Updating rationale and references.
CAM 169	Lynch Syndrome Testing	Annual review, no change to policy intent. Policy reformatted for clarity. Updating coding, rationale and references.
CAM 210	Testing for Mosquito- or Tick-Related Infections	Annual review, policy reformatted for clarity with addition of notes detailing specific symptoms for individual issues. Also adding table of terminology, updating rationale, references and coding.

CAM 211	β-Hemolytic Streptococcus Testing	Annual review, no change to policy intent. Updating policy for clarity. Adding table of terminology. Updating rationale, references and coding.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Annual review, no change to policy intent, but, policy rewritten for clarity and specificity. Updating rationale and references.
CAM 314	Cervical Cancer Screening Technologies with Pap and HPV	Annual review, no change to policy intent. Updating policy for clarity. Adding table of terminology. Updating rationale and references.
CAM 315	Celiac Disease Testing	Annual review, no change to policy intent. Policy reformatted for clarity. Adding table of terminology. Updating rationale, references and coding.
CAM 323	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Annual review, policy updated for clarity, no change to intent. Updating table of terminology, rationale and references.
CAM 324	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	Annual review. Updating policy for clarity, no change to policy intent. Adding table of terminology. Adding rationale, references and coding.
CAM 328	Bone Turnover Markers Testing	Annual review, no change to policy intent. Policy reformatted for clarity. Adding table of terminology. Updating rationale and references.
CAM 337	Molecular Analysis for Gliomas	Annual review, updating policy to allow coverage criteria 2b and 3 as medically necessary. Adding table of terminology. Updating rationale and references.
CAM 339	Human Growth Hormone	Annual review, extensive additions to individual coverage criteria to provide guidelines for each covered condition.
CAM 704	Lower Extremity CTA/CTV	Annual review, no change to policy intent.