



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

## August 2023 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](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 257	Genetic Testing for Familial Cutaneous Malignant Melanoma	<b>Archived</b>
CAM 153	Zika Virus Risk Assessment	<b>Archived</b>
CAM 290	Genetic Testing for Adolescent Idiopathic Scoliosis	<b>Archived</b>
CAM 20197	Alcohol Injections for Treatment of Peripheral Neuromas	<b>Archived</b>
CAM 701147	Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	<b>New policy</b>
CAM 044	Genetic Testing for Cystic Fibrosis	Annual review, updating for clarity, consistency and updated ACMG tier testing recommendations. Also, updating description, table of terminology, notes, rational and references.
CAM 20121	Temporomandibular Joint Dysfunction	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 294	Genetic Testing for Hereditary Hearing Loss	Annual review, updating for clarity and consistency. Updating criteria to mirror recommendations from ACMG. Also updating description, table of terminology, rational and references.
CAM 308	Testing for Alpha-1 Antitrypsin Deficiency	Annual review, no change to policy intent. Updating for clarity and consistency, several coverage criteria have been merged. Also updating description, notes, rational, and references.
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Annual review, no change to policy intent. updating rational and references.
CAM 80137	Inhaled Nitric Oxide	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 115	Durable Medical Equipment (DME)	Annual review, no change to policy intent.
CAM 230	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	Annual review, no change to policy intent.

CAM 358	Prenatal Screening (Genetic)	Annual review, updating policy for clarity and consistency. Adding verbiage regarding Tier 1/2/3 screening Also updating description, table of terminology, rationale, references, note and adding code 0400U.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent.
CAM 60154	Dopamine Transporter Imaging With Single Photon Emission Computed Tomography (DAT-SPECT)	Annual review, no change to policy intent.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Updating coding. Add codes 90380 and 90381. No other changes made.
CAM 299	Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies	Annual review, updating policy for clarity and consistency. Updating verbiage regarding Charcot Marie Tooth for specificity. Updating description, notes, rationale and references.
CAM 287	Genetic Testing for Alzheimer's Disease	Annual review, no change to policy intent. Criteria addressing genetic counseling moved. Policy updated for clarity and consistency. Updating notes, table of terminology, rationale and references.
CAM 210	Testing for Vector-Borne Infections	Annual review, migrating information from CAM 153 Zika Virus Risk Assessment to this policy. Updating title of this policy to "Testing for Vector-Borne Infections". Updating policy, description, notes, rationale and references. Adding CPT 86794 and 87662. Criteria for Zika is being updated to indicate testing for Dengue may be more appropriate than Zika testing due to prevalence.
CAM 291	Whole Genome and Whole Exome Sequencing	Annual review, no change to policy intent. Policy updated for clarity and consistency. Also updating description, rationale and references.
CAM 380	Coronavirus Testing in the Outpatient Setting	Interim review. Updating policy for clarity and consistency. Adding statement regarding SARS-Co-V2 genotyping in the outpatient setting. Also updating description, coding, table of terminology, notes rationale and references.
CAM 017	Contraceptive Management	Annual review, no change to policy intent.
CAM 137	Paravertebral Facet Joint Injections/Block	Annual review, no change to policy intent.
CAM 50136	Desensitization Treatment for Peanut Allergies	Annual review, no change to policy intent.
CAM 80122	Allogenic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias	Annual review, no change to policy intent.

CAM 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 246	Gamma-glutamyl Transferase	Annual review, no change to policy intent. Policy rewritten for clarity and consistency. updating description, table of terminology, rationale and references.
CAM 142	Cervical Spine Procedures	Annual review, no change to policy intent.
CAM 292	Genetic Testing for Neurofibromatosis and Related Disorders	Annual review, no change to policy intent. Updating policy for clarity and consistency. Updating description, 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.
CAM 193	Biomarkers for Myocardial Infarction and Chronic Heart Failure	Annual review, updating title and policy as the information in CAM 295 is being merged into this policy. Also updating description, note table of terminology, rationale and references. Adding CPT 83006.
CAM 309	Genetic Testing for Hereditary Pancreatitis	Annual review, no change to policy intent. Updating policy for clarity and consistency. Also updating description, notes, rationale and references.
CAM 181	Pathogen Panel Testing	Annual review, updating policy for clarity and consistency. Updating description, table of terminology, rationale and references.
CAM 012	Anesthesia Services	Interim review, removing requirement for modifiers OS,G8 and G9 to be performed by a physician. No other changes.
CAM 80136	Extracorporeal Photopheresis	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 and removing extraneous verbiage/typographical errors in policy.
CAM 80312	Hippotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent. Updated background, rationale and references. Added codes 21685 and 64568.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.
CAM 80146	Intensity-Modulated Radiotherapy of the Lung	Annual review, no change to policy intent. Updating rational and references.
CAM 80156	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis	Annual review, no change to policy intent.

CAM 077	Oral Screening Testing	Annual review, updating policy for clarity and consistency. Updating title to remove lesion identification systems as the is beyond the scope of the policy. Also updating description, rational, and references.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, no change to policy intent. Updating regulatory, rational and references.
CAM 119	Prenatal Screening (Nongenetic)	Annual review, updating policy for clarity and consistency. Adding criteria #4 related to hcg, hormone testing in normal pregnancies. Also updating table of terminology, description, rational, and references. Coding updated to include 84702-04 and 167U.
CAM 200	Folate Testing	Annual review, adding policy statement regarding folate receptor antibody testing, updating criteria for foate testing to require member is diagnosed with megaloblastic or macrocytic anemia and has been treated with folate prior to testing. Also updating description, table of terminology, rational, and references. Add PLA CODE 0399u.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy	Annual review, updating policy to include coverage criteria for Odactra. Also updating rational and references.
CAM 20120	Esophageal pH Monitoring	Annual review, no change to policy intent but policy statements are being updated for clarity. Also updating description, rational and references.
CAM 20192	Fecal Microbiota Transplantation	Annual review, no change to policy intent. Updating guidelines, rational and references.
CAM 205	General Inflammation Testing	Annual review, adding policy statement that ESR testing is not medically necessary if the member is not diagnosed with an inflammatory condition. Also updating for clarity and consistency. Also updating description, table of terminology, rational, and references. Add CPT code 86141.
CAM 247	Redblood Cell Molecular Testing	Annual review, no change to policy intent. Updating policy for clarity and consistency. Updating notes, description, table of terminology, rational, references and verbiage of PLA code (no codes added or deleted).
CAM 255	Molecular Testing for Cutaneous Melanoma	Annual review, merging content from CAM 257 into this policy. Updating title and verbiage to reflect that. Als updating description, table of terminology, rationale, references, notes and coding. Adding 81167, 81216, 81217, 81345, 81404, 81479 and 387u.

CAM 269	Diagnosis of Vaginitis Including Multi-Target PCR Testing	Annual review, no change to policy intent. Adding PLA code 0330U.
CAM 277	Serum Tumor Markers for Malignancies	Annual review, updating policy for clarity and consistency. Updating criteria for multiple tumor markers. Also, updating description, rational, and references and removing CPT 85415
CAM 288	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Annual review, no change to policy intent. Policy updated for clarity and consistency. Updating notes, description, table of terminology, rational and references.
CAM 297	Genetic Testing for Alpha- and Beta-Thalassemia	Annual review, no change to policy intent. Policy updated for clarity and consistency. Also updating description including direction to use CAM 358 for prenatal genetic screening issues. Updating table of terminology, rational, and references.
CAM 301	Genetic Testing for Ophthalmologic Conditions	Annual review, updating policy for clarity and consistency. Adding a new note 1 that contains recommendations from the American Academy of Ophthalmology. Also updating description, rational, and references.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Annual review, updating policy for clarity and consistency. Also updating table of terminology, rationale, and references and coding.
CAM 313	Chromosomal Microarray	Annual review, no change to policy intent. Policy updated for clarity and consistency. Updating notes, description, table of terminology, rational and references.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Interim review updating policy coverage criteria for cervical and colon cancer based on NCCN updates. Also updating notes, rational, and references and adding PLA 0391U.
CAM 357	Genetic Markers for Assessing Risk of Cardiovascular Disease	Annual review, no change to policy intent. Updating for clarity and consistency. Also updating table of terminology, rational, and references. Adding PLA code 0401U.
CAM 70309	Heart Transplant	Annual review, no change to policy intent. updating background, rational and references.
CAM 80121	Allogenic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	Annual review, no change to policy intent Updating guidelines with 2022 WHO classification schema. Also updating rational and references.
CAM 80123	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	Annual review, no change to policy intent. Updating rational and references.
CAM 80125	Hematopoietic Stem Cell Transplantation for Autoimmune Diseases	Annual review, no change to policy intent. Updating rational and references.

CAM 80129	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	Annual review, no change to policy intent. Updating rational and references.
CAM 80154	Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia	Annual review, no change to policy intent.
CAM 80310	Cognitive Rehabilitation	Annual review, no change to policy intent. updating rational and references.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Annual review, no change to policy intent. Policy verbiage rewritten for clarity and consistency. Updating description, ration, references and coding.
CAM 298	Molecular Profiling for Cancers of Unknown Primary Origin	Annual review, no change to policy intent. Policy updated for clarity and consistency. Also updating description, table of terminology, rationale and references. Updating coding verbiage.
CAM 300	Genetic Testing for Lactase Insufficiency	Annual review, no change to policy intent. Updating policy for clarity and consistency. Updating rationale and references. Adding CPT 81479.
CAM 10112	Oxygen Therapy	Annual review, no change to policy intent.
CAM 701111	Wireless Pressure Sensors in Endovascular Aneurysm Repair	Annual review, no change to policy intent.
CAM 701125	Implantable Peripheral Nerve Stimulators for the Treatment of Chronic Pain	Interim review, updating title, rationale, references and coding.
CAM 701140	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery	Annual review, no change to policy intent. Updating rational and references.
CAM 701144	Patient-Specific Instrumentation (e.g., Cutting Guides) for Joint Arthroplasty	Annual review, no change to policy intent.
CAM 206	Urine Culture Testing for Bacteria	Annual review, updating policy for clarity and consistency. Also updating description, rationale, references, note and adding CPT 87186.
CAM 20160	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	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 20213	T-Wave Alternans	Annual review, no change to policy intent.
CAM 188	Cardiovascular Disease Risk Assessment	Annual review, updating policy criteria for lipid panel screening, Lp(A) and hs-CRP. Also updating notes, table of terminology, rationale and references. Adding CPT code 96140 and 0377U, removing 84512.

CAM 20232	Leadless Cardiac Pacemakers	Interim review to expand coverage statements regarding Aveir and Micra AV. Also updating description, rationale, references and background. Also updated the guidelines in the policy.
CAM 70171	Lung Volume Reduction Surgery for Severe Emphysema	Annual review, no change to policy intent. Updating rationale and references.
CAM 70182	Thermal Capsulorrhaphy as a Treatment of Joint Instability	Annual review, no change to policy intent.
CAM 70183	Auditory Brainstem Implant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70304	Isolated Small Bowel Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 80102	Chelation Therapy for Off-Label Uses	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 rationale and references.
CAM 80126	Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia	Annual review, no change to policy intent. Updating guidelines for clarity in existing chart. Also updating rationale, references and coding (removing 38242).
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 80120	Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas	Annual review, updating policy to include medical necessity criteria for hepatosplenic T cell lymphoma. Also updating guidelines, coding, rationale and references.
CAM 80124	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 041	Orthognathic Surgery	Annual review, no change to policy intent. Code Q750 deleted
CAM 136	Spinal Epidural Injections	Annual review, no change to policy intent.
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent. Updating rational and references. Also, updated coding section with note indicating upcoming changes effective 10/01/2023.
CAM 138	Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/Experimental)	Annual review, no change to policy intent.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Annual review, no change to policy intent. Updating policy for clarity and consistency. Also updating notes, description, table of terminology, rational and references.

CAM 201105	Dry Hydrotherapy for Chronic Pain Condition	Annual review, no change to policy intent.
CAM 226	BioZorb®	Annual review, no change to policy intent.
CAM 248	Mental Health Services	Annual review, no change to policy intent.
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Annual review, no change to policy intent. Policy reformatted for clarity and specificity. Also updating background, rationale and references.