



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

May 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 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 70153	Transjugular Intrahepatic Portosystemic Shunt (TIPS)	Archived
CAM 70116	Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinson's	Archived
CAM 60107	Transcranial Doppler Ultrasound	Archived
CAM 261	BRCA	Annual review, major revision of policy for clarity and specificity. Updating all aspects of policy.
CAM 278	Gene Expression Testing for Breast Cancer Prognosis	Annual review, updating policy for clarity in criteria 8 and 9. Adding Criteria 11 regarding DCISionRT and BBDRiskDX. Also updating rationale and references. Adding table of terminology.
CAM 051	Allergen Testing	Interim review. Adding coverage criteria #4 and updating criteria 1a. Also updating rationale and references.
CAM 058	Omalizumab (Xolair®)	Annual review, adding policy verbiage related to Xolair vials and treatment for nasal polyps. No other changes made.
CAM 218	Pharmacogenetic Testing	Annual review, updating policy to include Oliceridine, Pitolisant and Sacituzumab. Also updating rationale, references and coding. Adding table of terminology.
CAM 272	Fibromyalgia Testing	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 273	Liquid Biopsy	Annual review, removing "up to 50 genes" from criteria #3, also updating rationale, references and coding.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, removing note regarding 50 genes allowed for testing. Also updating rationale, references and coding. Adding table of terminology.
CAM 30201	Methadone Treatment for Opiate Addiction	Annual review, no change to policy intent.

CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow with or without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.
CAM 149	SIMPONI ARIA (golimumab injection for intravenous use)	Annual review, adding statement regarding prior treatment for patients with polyarticular juvenile idiopathic arthritis. No other changes.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 204144	Gene Therapy for Inherited Retinal Dystrophy/Luxturna™	Annual review, updating policy statement to include specifics regarding visual acuity and visual fields. No other changes.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 50137	Lumasiran for Primary Hyperoxaluria Type 1	Annual review, no change to policy intent.
CAM 512	Radiopharmaceutical Agents and Other In Vivo Diagnostic Aids	Annual review, no change to policy intent.
CAM 701125	Occipital Nerve Stimulation	Annual review, no change to policy intent.
CAM 701166	Allograft Injection for Degenerative Disc Disease	Annual review, no change to policy intent. Updating coding.
CAM 70179	Whole Gland Cryoablation of Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	Annual review, no change to policy intent.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating rationale and references.
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	Annual review, no change to policy intent. Updating rationale and references.
CAM 80155	Stem-cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent. Updating rationale and references.
CAM 90326	Viscocanalostomy and Canaloplasty	Annual review, no change to policy intent.