



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

May 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 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 380	Coronavirus Testing in the Outpatient Setting	New policy
CAM 384	Colorectal Cancer Screening	New policy
CAM 244	COVID-19 Testing	Archived (included in CAM 380)
CAM 10119	Threshold Electrical Stimulation as a Treatment of Motor Disorders	Archived
CAM 20155	Breast Duct Endoscopy	Archived
CAM 70165	Chronic Pulmonary Thromboendarterectomy	Archived
CAM 70166	Partial Left Ventriculectomy	Archived
CAM 70188	Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	Archived
CAM 70199	Vasectomy Using a Polymeric Clip	Archived
CAM 132	Thyroid Disease Testing	Annual review, updates to testing frequencies, thyroid issues in pregnancy addressed with medical necessity criteria, TRH and TBG addressed. Adding CPT 84442, also updating description, rationale, references and notes.
CAM 168	Genetic Testing for Polyposis Syndromes	Annual review, policy being rewritten for clarity and consistency as well as NCCN updates. Also updating description, table of terminology, notes, rationale and references. Removing CPT 81041.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Interim review, policy updated to include T. vaginalis testing and STD testing for sexually active members under 18 years of age. Also updating for clarity and consistency. Updating description, notes, table of terminology, rationale, references and adding coding related to T. vaginalis.
CAM 269	Diagnosis of Vaginitis Including Multi-Target PCR Testing	Annual review, policy updated with specific testing called out in criteria 8 and 9. Also updating description, table of terminology, rationale, references and coding (adding 035U and 81514).
CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Annual review, no change to policy intent. Updating rationale and references.

CAM 051	Allergen Testing	Interim review, annual review no moved to April. NO change to policy intent, but, policy is being rewritten for clarity and consistency. Also updating description, table of terminology, rationale and references.
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	Adding the following bullets to the list of preventative medicine counseling topics: Breast-feeding counseling and support Domestic and interpersonal violence FDA-approved contraception methods for women with reproductive capacity. No other changes.
CAM 098	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	Annual review, moving dopamine agonist from bullet point 1.1 to bullet point 1.2.
CAM 163	Light Therapy for Dermatologic Conditions	Annual review, no change to intent.
CAM 164	Ultraviolet Light Therapy in the Home Setting (UVB)	Annual review, no change to intent.
CAM 167	General Genetic Testing, Somatic Disorders	Annual review no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating description, table of terminology, rational and references.
CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/Immobilized Lipase Cartridge/Relizorb™	Annual review adding bullet points regarding documentation and medication history.
CAM 20130	Biofeedback as a Treatment of Chronic Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 20173	Actigraphy	Annual review, no change to policy intent. Updating rationale.
CAM 233	Hospice Care	Adding coding 'S9126, T2042, T2045, Q5005' to Hospice Policy.
CAM 243	Onychomycosis Testing	Annual review no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating description, rational and references.
CAM 266	Genetic Testing for Epilepsy	Annual review no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating rational, references and table of terminology.
CAM 272	Fibromyalgia Testing	Annual review, no change to policy intent, but, policy being rewritten for clarity and consistency. Also updating description, rationale and reference.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Annual review no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating rational and references.
CAM 281	Genetic Testing for Connective Tissue Disorders	Annual review no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating note #4, rational, and references.
CAM 20231	Myocardial Strain Imaging	Annual review, no change to policy intent. Updating rationale, reference and coding (C9762, C9763).

CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent, but, policy is being written to clarify and consistency. Also updating description, table of terminology and rationale.
CAM 70109	Risk-Reducing Mastectomy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Annual review, no change to policy intent. Updating description and guidelines for clarity. Also updating rationale and references.
CAM 80152	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used With Autologous Bone Marrow)	Annual review, no change to policy intent. Updating rationale, references and coding 0236T-0265T, 0489T-0490T, 0565T-0566T, 20930-20931
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 90328	Corneal Collagen Cross-linking	Annual review, no change to policy intent. Updating 402T coding verbiage, guidelines, rationale and references.
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 217	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Annual review, no change to policy intent, but, policy is rewritten for clarity and consistency. Also updating description, rationale and references.
CAM 242	Esophageal Pathology Testing	Annual review, no change to policy intent, but, policy is being rewritten for clarity and consistency. Also update description, table of terminology, rationale, references and adding code 0386U.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 270	Intracellular Micronutrient Analysis	Annual review, no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating table of terminology, rationale and references.
CAM 271	Testing for Diagnosis of Helicobacter Pylori	Annual review, no change to policy intent, but policy is being rewritten for clarity and consistency. Also updating table of terminology, rationale and references.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, no change to policy intent, but, policy is being rewritten for clarity and consistency. Also updating description, table of terminology, rationale and references.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.
CAM 278	Molecular Diagnostics for Breast Cancer Prognosis	Annual review, policy updated for clarity and consistency and addition of test brand names. Also updating description, policy, title, rationale, references, notes and removing 84999 from coding.

CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Interim review. In conjunction at the end of the PHE, COVID vaccine are being added to the policy for members ages 6 and older. No other changes.
CAM 116	External Insulin Infusion Pump	Annual review, no change to policy intent. Adding the following policy statement to directly above the coding section: Disposable insulin pumps including, but, not limited to the V-Go pump, are investigational/unproven therefore considered NOT MEDICALLY NECESSARY. THIS IS direct from existing policy statement.
CAM 127	Hepatitis Testing	Annual review with major revisions. Policy title change to Hepatitis Testing and criteria regarding Hepatitis B testing has been added. Updating coding, rationale, description and references.
CAM 128	Biomarker Testing for Autoimmune Rheumatic Disease	Annual review with major revision. Policy title changing from ANA/ENA testing to Biomarker Testing for Autoimmune Rheumatic Disease, lifetime testing and repeat testing addressed information regarding biomarker panel testing added. Also updating description rationale, references and coding.
CAM 161	Lumbar Spinal Procedures	Annual review, no change to policy intent.
CAM 216	Imfinzi (durvalumab)	Annual review, adding coverage criteria for biliary tract cancer, hepatocellular carcinoma and metastatic NSCLC.
CAM 264	Vectra DA Blood Test for Rheumatoid Arthritis	Annual review, no change to policy intent.
CAM 265	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	Annual review, no change to policy intent, but, policy is being rewritten for clarity and consistency. Also updating description, notes rationale and references.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent, but, policy is being rewritten for clarity and consistency. Also updating description, table of terminology, rationale and references.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 273	Liquid Biopsy	Annual review, multiple changes to coverage allowances related to expanded NCCN recommendations. Also updating description, rationale, references and coding.
CAM 80301	Functional Neuromuscular Electrical Stimulation, Robotic-Assisted Rehabilitation and Robotic-Assisted Orthotics	Annual review, no change to policy intent. Updating rationale and references.
CAM 280	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, no change to policy intent, but, policy is being rewritten for clarity and consistency. Also updating description, table of terminology, rationale and references.

CAM 283	Venous and Arterial Thrombosis Risk Testing	Annual review, updating policy for clarity and consistency coverage position for activated protein C (aPC) added. Also updating description, rationale and references. Added notes under policy section.
CAM 10117	Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating rationale and references.
CAM 20182	Bioimpedance Devices for Detection and Management of Lymphedema	Annual review, no change to policy intent. Updating rationale and references.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent.
CAM 274	Cluneal Nerve Block For Treatment Of Low Back Pain	Annual review, no change to policy intent.
CAM 20156	Low-Level Laser Therapy	Annual review, no change to policy intent. Updating rationale and references. Deleting CPT 97206.
CAM 30102	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	Annual review, no change to policy intent.
CAM 278	Molecular Diagnostics for Breast Cancer Prognosis	Annual review, policy updated for clarity and consistency and addition of test brand names. Also updating description, policy, title, rationale, references, notes and removing 84999 from coding.
CAM 10123	Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	Annual review, no change to policy intent.
CAM 60125	Percutaneous Vertebroplasty and Sacroplasty	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 10122	Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy and Miscellaneous Musculoskeletal Conditions	Annual review, no change to policy intent.
CAM 381	Breast Cancer Radiation Oncology	Interim review. adding coding to policy. No change to intent of policy.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Annual review, updating policy for clarity and consistency, no change to intent. Updating rationale and references.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	Annual review, no change to policy intent.

CAM 40206	Uterus Transplantation for Absolute Uterine Factor Infertility	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 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent.
CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent.