



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

## October 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](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 151	Quantose Impaired Glucose Tolerance (IGT) Test	<b>ARCHIVED</b>
CAM 264	Vectra DA Blood Test for Rheumatoid Arthritis	<b>ARCHIVED</b>
CAM 201108	High Intensity Laser Therapy for Chronic Musculoskeletal Pain Conditions and Bell's Palsy	<b>ARCHIVED</b>
CAM 90323	Intravitreal and Intracanalicular Corticosteroid Implants	Reformatting policy verbiage to be brand name neutral. No other changes to policy intent.
CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	Annual review, no change to policy intent. Updating rationale and references.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Interim review adding policy statement: Gastric peroral endoscopic myotomy is investigational and unproven and therefore considered not medically necessary as a treatment for gastroparesis. Also updating Rationale and References.
CAM 30301	Digital Health Technologies: Diagnostic Applications	Annual review, no change to policy intent. Updating rationale and references.
CAM 80106	Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus	Annual review, no change to policy intent. Updating rationale and references.
CAM 80157	Baroreflex Stimulation Devices	Annual review, no change to policy intent.
CAM 80159	Intensity-Modulated Radiotherapy: Central Nervous System Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 90312	Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool To Detect Amblyogenic Factors	Annual review, no change to policy intent.
CAM 100105	Ambulance and Medical Transport Services	Annual review, No change to policy intent.

CAM 701158	Balloon Dilation of the Eustachian Tube	Interim review to add "or" in the bullet points related to abnormal tympanogram (type B or C) and Abnormal tympanic membrane (retracted membrane, effusion, perforation, or any other abnormality identified on exam).
CAM 385	Orthopedic Implants	Annual review, no change to policy intent.
CAM 10128	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Adding E0683
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Annual review, no change to policy intent. Updating guidelines.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20183	Interventions for Progressive Scoliosis	Adding L1006 effective 10/01/2024
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for Uterine Fibroids Myolysis	Annual review, no change to policy intent. Updating rationale and references.
CAM 50116	Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders	Adding J2002, J2003, J2004, and Delete J2001
CAM 60118	Scintimammography and Gamma Imaging of the Breast and Axilla	Annual review, no change to policy intent. Updating rationale and references.
CAM 701105	Balloon Ostial Dilation for Treatment of Chronic and Recurrent Acute Rhinosinusitis	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 701149	Amniotic Membrane and Amniotic Fluid	Adding codes Q4334-Q4345
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	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 80158	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating rationale and references. Updating code E0721 & A4543
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Updated 90656 verbiage
CAM 307	Testing for Colorectal Cancer Management	Annual review, adding new coverage statement #4 for clarity and consistency. Updating note to direct reader to CAM 235. Also updating rationale, references, and the last entry in the table of terminology.

CAM 20219	Catheter Ablation as Treatment for Atrial Fibrillation	Annual review, no change to policy intent.
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating rationale and references.
CAM 20179	Non-Contact Ultrasound Treatment of Wounds	Annual review, no change to policy intent. Updating rationale and references.
CAM 60133	Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders	Annual review, no change to policy intent. Updating rationale and references.
CAM 70114	Open and Thoracoscopic Approaches To Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	Annual review, no change to policy intent. Updating references.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Biacuplasty	Interim review to remove code 64628 as that code is now addressed in CAM 394.
CAM 70180	Hip Resurfacing	Annual review, no change to policy intent. Updating rationale and references.
CAM 166	General Genetic Testing, Germline Disorders	Moving review date to 01/01/2025.
CAM 167	General Genetic Testing, Somatic Disorders	Moving annual review to January 2025.
CAM 236	Therapeutic Drug Monitoring for 5-Fluorouracil	Moving annual review to January 2025.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Moving annual review to January 2025.
CAM 293	Pancreatic Cancer Risk Testing Using Pancreatic Cyst Fluid	Moving annual review to January 2025.
CAM 134	Diagnostic Testing of Influenza	Annual review, no change to policy intent. Updating table of terminology, rationale, references and reorganizing coding.
CAM 176	Telehealth	Annual review, no change to policy intent.
CAM 193	Biomarkers for Myocardial Infarction and Chronic Heart Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 200	Folate Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 317	In Vitro Chemoresistance and Chemosensitivity Assays	Annual review, no change to policy intent. Updating rationale, references and coding.

CAM 319	Nerve Fiber Density Testing	Annual review, no change to policy intent. 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, but, policy verbiage edited for clarity and consistency. Also updating rationale and references.
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.
CAM 701136	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension	Annual review, title, description, background, rationale, references and regulatory status updated. Policy continues to maintain a not medically necessary position, but, has had resistant hypertension removed and addresses uncontrolled hypertension.
CAM 218	Pharmacogenetic Testing	Updated coding section. Added new codes 0476U, 0477U and 0516U to be effective 10/01/2024. No other changes made.
CAM 017	Contraceptive Management	Annual review, no change to policy intent.
CAM 045	Suit Therapy	Annual review, no change to policy intent.
CAM 015	Influenza Vaccine	Updating coding verbiage for 90656.
CAM 358	Prenatal Screening (Genetic)	Updated CPT coding. Added codes 0488U, 0489U and 0494U (effective 10/01/2024). No change in policy intent.
CAM 071	Concurrent Care	Annual review, no change to policy intent.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Annual review, no change to policy intent. Updating table of terminology, rationale and references.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Annual review, policy being updated for clarity and consistency. Criteria #6 addresses all issues not covered in the first 5 criteria as being not medically necessary. Also updating Note 1, rationale and references, and table of terminology.
CAM 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	Annual review, no change to policy intent.
CAM 206	Urine Culture Testing for Bacteria	Annual review, no change to policy intent. Updating rationale and references.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Annual review, updating policy, coverage for M. genitalium has been moved to another policy. Coverage for Herpes virus 6 has been changed to not medically necessary. Also updating table of

		terminology, rationale and references. 87563 removed.
CAM 308	Testing for Alpha-1 Antitrypsin Deficiency	Annual review, updating policy to include “one in a lifetime” statement, providing examples of unexplained liver disease, coverage of neonatal cholestasis. Also updating table of terminology, rationale and references.
CAM 315	Celiac Disease Testing	Annual review, no change to policy intent. Updating table of terminology, 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, but, policy verbiage edited for clarity and consistency. Also updating rationale and references.
CAM 323	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Annual review, policy for clarity and consistency. Updating rationale and references.
CAM 324	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	Annual review, no change to policy intent. Updating table of terminology, rationale and references.
CAM 328	Bone Turnover Markers Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 330	Metabolite Markers of Thiopurines Testing	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	Annual review, updating policy to include a positive position statement for testing CSF in individuals with Alzheimer disease or mild cognitive impairments. Also updating table of terminology, rationale and references.
CAM 701104	Subtalar Arthroereisis and Subtalar Joint Implant	Annual review, no change to policy intent.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Annual review, no change to policy intent.
CAM 90313	Retinal Telescreening for Diabetic Retinopathy	Annual review, no change to policy intent. Updating rationale and references #11 and #19.
CAM 90322	Endothelial Keratoplasty	Annual review, no change to policy intent. Updating rationale and references.