



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

April 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 350	Nusinersen for Spinal Muscular Atrophy	Annual review, no change to policy intent. Updating policy number.
CAM 089	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	Annual review, adding statement regarding not using this medication concurrently with nonselective MAOIs. No other changes made.
CAM 216	Imfinzi (durvalumab)	Annual review. Removing indication for use in urothelial carcinoma, adding approval criteria for small cell lung cancer, extensive stage. No other changes.
CAM 190	Enteral Feeding In-line Cartridge (EFIC™)/Immobilized Lipase Cartridge/Relizorb™	Annual review. No change to policy intent.
CAM 263	Bezlotoxumab (Zinplava)	Annual review. No change to policy intent.
CAM 349	Monoclonal Antibody Therapies for Migraine Prevention	Annual review, no change to policy intent. Updating policy number.
CAM 90306	Ophthalmologic Techniques that Evaluate the Posterior Segment for Glaucoma	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 201100	Dry Needling of Trigger Point Injections for Myofascial Pain	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent. Updating rationale and references. Also adding table of terminology.
CAM 90328	Corneal Collagen Cross-linking	Annual review, no change to policy intent.
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent.
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 and references.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Annual review, no change to policy intent. Updating 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 60125	Percutaneous Vertebroplasty and Sacroplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 50116	Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders	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 20156	Low-level Laser Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 274	Cluneal Nerve Block for Treatment of Low Back Pain	Annual review, no change to policy intent.
CAM 271	Testing for Diagnosis of Helicobacter Pylori	Annual review, no change to policy intent. Adding "or" to policy criteria for clarity. Updating rationale and references. Adding table of terminology.
CAM 270	Intracellular Micronutrient Analysis	Annual review, no change to policy intent. Updating rationale and references. Also adding table of terminology.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent. Adding "As" to criteria 1a for clarity. Updating coding, rationale and references. Adding table of terminology.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Annual review, no change to policy intent. Updating rationale and references and removing CPT code 88348 as it is not in the scope of this policy. Also adding table of terminology.
CAM 168	Genetic Testing for Polyposis Syndromes	Annual review, no change to policy intent. Updating coding, rationale and references. Adding table of terminology.
CAM 164	Ultraviolet Light Therapy in the Home Setting (UVB)	Annual review, no change to policy intent.
CAM 159	Lyme Disease Testing	Annual review, no change to policy intent. Updating rationale and references. Adding 0316U and table of terminology.
CAM 128	ANA/ENA Testing	Annual review, no change to policy intent. Updating rationale and references and adding table of terminology.
CAM 116	External Insulin Infusion Pump	Annual review, no change to policy intent.
CAM 110	Pre-implantation Genetic Testing	Annual review, no change to policy intent. Updating coding, rationale and references. Adding table of terminology.
CAM 086	Preventive Services for Non-grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	Annual review, no change to policy intent.
CAM 10119	Threshold Electrical Stimulation as a Treatment of Motor Disorders	Annual review, no change to policy intent.
CAM 70199	Vasectomy Using Polymeric Clip	Annual review, no change to policy intent.
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 10123	Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	Annual review, no change to policy intent.
CAM 20155	Breast Duct Endoscopy	Annual review, no change to policy intent.
CAM 70188	Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee	Annual review, no change to policy intent.
CAM 30102	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	Annual review, no change to policy intent.
CAM 70166	Partial Left Ventriculectomy	Annual review, no change to policy intent.
CAM 70165	Chronic Pulmonary Thromboendarterectomy	Annual review, no change to policy intent.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Annual review, no change to policy intent. Policy verbiage updated to have Short QT and Long QT syndrome written out rather than abbreviated for clarity. Also updating rationale and references. Adding table of terminology.
CAM 060	Rituximab	Annual review, no change to policy intent.
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 155	InflammaDry Test	Annual review, no change to policy intent. Updating rationale and references and adding table of terminology.
CAM 161	Lumbar Spinal Procedures	Annual review, no change to policy intent.
CAM 163	Light Therapy for Dermatologic Conditions	Annual review, no change to policy intent.
CAM 166	General Genetic Testing, Germline Disorders	Annual review, no change to policy intent. Updating coding, rationale and references. Adding table of terminology.
CAM 181	Pathogen Panel Testing	Interim review to update coding, removing 0097u and 0151u and adding 0321U. No other changes.
CAM 20130	Biofeedback as a Treatment of Chronic Pain	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20231	Myocardial Strain Imaging	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 220	CD 5 Complement Inhibitors	Annual review, no change to policy intent.
CAM 242	Esophageal Pathology Testing	Annual review. Updating policy verbiage to state Mismatch Repair analysis rather than microsatellite instability. Also updating rationale and references and adding table of terminology.
CAM 243	Onychomycosis Testing	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 255	Genetic Testing and Genetic Expression Profiling in Patients with Cutaneous Melanoma	Interim review, updating note and language related to the note. No other changes.
CAM 264	Vectra DA Blood Test for Rheumatoid Arthritis	Annual review, no change to policy intent. Updating rationale and references. Also adding table of terminology.

CAM 265	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	Annual review, no change to policy intent. Rewording criteria number 1 for clarity. Updating rationale and references. Adding table of terminology and code 0022U.
CAM 266	Genetic Testing for Epilepsy	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 269	Diagnosis of Vaginitis including Multi-target PCR Testing	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 281	Genetic Testing for Connective Tissue Disorders	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 282	Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection	Annual review, no change to policy intent. Updating rationale, references and adding table of terminology.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating rationale and references.
CAM 50123	Testosterone Replacement Therapies	Annual review, no change to policy intent. Updating rationale and references.
CAM 70109	Risk-reducing Mastectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80116	Chemical Peels	Annual review, no change to policy intent. Updating rationale and references.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 80301	Functional Neuromuscular Electrical Stimulation, Robotic-assisted Rehabilitation & Robotic-assisted Orthotics	Annual review, no change to policy intent. Updating rationale and references.
CAM 90323	Intravitreal Corticosteroid Implants	Annual review, no change to policy intent.
CAM 329	Transplant Rejection Testing	Interim review to update coding: 0319U, 0320U, 84999 (for Heartsbreath), removing 0018M. NO other changes made.
CAM 322	Immune Cell Function Assay	Interim review to update coding. Adding 0018M.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Annual review, no change to policy intent, but, some grammatical updates were made for clarity. Also updating rationale, references and adding table of terminology.
CAM 135	Thyroid Disease Testing	Annual review, updating policy with clarifications regarding frequency of testing, updating for clarity, changing thyrotropin releasing hormone testing to not medically necessary. Updating rationale, references and coding. Adding table of terminology.
CAM 019	Implantable Hormone Pellets for Females	Annual review, no change to policy intent.
CAM 353	Trastuzumab	Annual review, no change to policy intent. Updating CAM policy number to a 3 digit number.
CAM 257	Genetic Testing for Familial Cutaneous Malignant Melanoma	Interim review to update notes 1 and 2.
CAM 352	Esketamine Nasal Spray for Treatment-Resistant Depression	Annual review, no change to policy intent. Updating to a 3 digit CAM number. Policy's old number 50134.

CAM 104	Vedolizumab (Entyvio™)	Annual review, updating previous verbiage related to inadequate response to previous treatment to include " TWO or more self-injectable biologic TNF antagonists". No other changes.
CAM 069	Abatacept (Orencia®)	Annual review, adding policy verbiage for Orencia IV and abatacept for acute graft vs host disease.
CAM 061	Tocilizumab (Actemra®)	Annual review, adding policy verbiage for Actemra IV. No other changes made.
CAM 283	Venous and Arterial Thrombosis Risk Testing	Annual review, adding criteria #4. Updating rationale, references and coding. Adding table of terminology.
CAM 280	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, adding CC#2, 4,5,6 and 7. Also updating coding, rationale and references. Adding table of terminology.
CAM 217	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Annual review, adding "in patients with hypercalcemia" to medical necessity statement #1. Also updating rationale and references. Adding table of terminology.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Annual review, removing Promark from criteria #1, rephrasing for clarity but no other changes to policy intent. Updating rationale, references and adding table of terminology.
CAM 120	Flow Cytometry	Annual review, adding myeloproliferative disorders to criteria # 1, removing hypercellular hematolymphoid disorders, CLL and CMPD as they are repetitive. Also updating rationale, references, and coding. Adding table of terminology.
CAM 153	Zika Virus Risk Assessment	Interim review multiple changes to policy criteria including #2 and #3. Also updating rationale and references.
CAM 167	General Genetic Testing, Somatic Disorders	Annual review, no change to policy intent. Updating rationale and references. Adding table of terminology.
CAM 169	Lynch Syndrome Testing	Annual review, policy and notes have been revised extensively for clarity and consistency. Also updating rationale and references. Adding table of terminology.
CAM 323	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Interim review, policy statement #3 is being added. no other changes made.