



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

August 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 138	Corporate Administrative/Medical Policy Guidelines	Annual review, no change to policy intent.
CAM 296	Multigene Expression Assay for Predicting Recurrence in Colon Cancer	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent. Updating rationale and references.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy	Annual review, no change to policy. Updating 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 80121	Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	Annual review, no change to policy intent. Updating rationale and references.
CAM 80123	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80125	Hematopoietic Stem Cell Transplantation for Autoimmune Diseases	Annual review, no change to policy intent. Updating rationale and references.
CAM 80136	Extracorporeal Photopheresis	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 80312	Hippotherapy	Annual review, no change to policy intent. Updating background, rationale, and references.
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Annual review, no change to policy. Updating rationale and references.
CAM 70309	Heart Transplant	Annual review, no change to policy intent. Updating guidelines, background, rationale and references.

CAM 80105	Immune Globulin Therapy	Interim review to add medical necessity statement: Patient with dermatomyositis or polymyositis that is refractory to treatment with corticosteroids; in combination with other immunosuppressive agents.
CAM 60150	Use of Magnetic Resonance Imaging to Monitor Integrity of Silicone Gel-Filled Breast Implants	Annual review, no change to policy intent.
CAM 049	Brain Natriuretic Peptide (BNP)	Annual review, no change to policy intent.
CAM 235	Laboratory Guideline Policy	Added code 0331U.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 045	Suit Therapy	Annual review, no change to policy intent.
CAM 289	Erectile Dysfunction	Annual review, no change to policy intent. Updating coding.
CAM 80113	Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Stage Breast Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Annual review, no change to policy intent.
CAM 295	Molecular Testing for Chronic Heart Failure and Heart Transplant	Annual review, no change to policy intent.
CAM 80120	Hematopoietic Stem Cell Transplantation for Non-Hodgkin Lymphomas	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 293	Pancreatic Cancer Risk Testing Using Pancreatic Cyst Fluid	Annual review, adding medical necessity language regarding CEA, amylase and cytology. Also updating title, rationale, references, description and coding.
CAM 291	Whole Genome and Whole Exome Sequencing	Annual review, no change to policy intent. Updating coding, description, rationale and references.
CAM 306	Genetic Testing for Acute Myeloid Leukemia	Annual review, no change to policy intent. Updating coding, description, rationale and references.
CAM 308	Testing for Alpha-1 Antitrypsin Deficiency	Annual review, policy rewritten for clarity, no change to intent. Updating description, rationale and references.
CAM 309	Genetic Testing for Hereditary Pancreatitis	Annual review, policy rewritten for clarity, no change to policy intent. Updating description, rationale and references.
CAM 206	Urine Culture Testing for Bacteria	Annual review, updating policy for clarity and pronoun update. No change to policy intent. Updating description, rationale and references.
CAM 181	Pathogen Panel Testing	Annual review, no change to policy intent, but, policy verbiage has been rewritten for clarity. Also updating description, rationale, references and coding.
CAM 246	Gamma-glutamyl Transferase	Annual review, no change to policy intent. Updating description, rationale and references.

CAM 247	Red Blood Cell Molecular Testing	Annual review, policy rewritten for clarity, no change to policy intent. Updating description, rationale, references and coding.
CAM 292	Genetic Testing for Neurofibromatosis	Annual review, policy rewritten for clarity, no change to intent. Updating description, rationale and references.
CAM 301	Genetic Testing for Ophthalmologic Conditions	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 298	Molecular Profiling for Cancers of Unknown Primary Origin	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 297	Genetic Testing for Alpha- and Beta-Thalassemia	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 50126	Buprenorphine Implant for Treatment of Opioid Dependence	Annual review, no change to policy intent.
CAM 50138	Aducanumab for Alzheimer Disease	Annual review, no change to policy intent.
CAM 468	Drug Coverage	Annual review, no change to policy intent.
CAM 167	General Genetic Testing, Somatic Disorders	Interim review to updating codes.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Interim review to updating codes.
CAM 223	Tagraxofusp-erzs (Elzonris)	Annual review, updating policy to expand coverage criteria related to cardiovascular disease and diagnosis of AML, CMML and myelofibrosis. No other changes.
CAM 60155	Beta Amyloid Imaging with Positron Emission Tomography (PET) for Alzheimer's Disease	Annual review, expanding policy verbiage to additional diagnoses/symptoms. Also updating background, description, rationale and references.
CAM 041	Orthognathic Surgery	Annual review, no change to policy intent.
CAM 10102	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure	Annual review, no change to policy intent. Updating rationale and references.
CAM 127	Hepatitis C Testing	Annual review, updating policy to include verbiage regarding pregnant individuals, changing age range for once in a lifetime Hepatitis C screening, high risk sexual behavior and one time exposure. Also updating description, rationale and references.
CAM 136	Spinal Epidural Injections	Annual review, no change to policy intent.
CAM 193	Cardiac Biomarkers for Myocardial Infarction	Annual review, no change to policy intent.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Annual review, updating policy to indicate that serum lipase testing is preferred over amylase testing, adding coverage for urine specimen testing to criteria #3, adding not medically necessary statement as coverage statement #5. Also updating description, rationale and references.

CAM 200	Folate Testing	Annual review, no change to policy intent, adding definition of RBC in criteria #3. Also updating description, rationale and references.
CAM 201	Extended-Release Injectable (Sublocade)	Annual review, no change to policy intent.
CAM 205	General Inflammation Testing	Annual review, updated policy to include a table to include what testing and conditions are appropriate together. Also updating description, rationale, references, and coding.
CAM 20197	Alcohol Injections for Treatment of Peripheral Neuromas	Annual review, no change to policy intent. Updating rationale and references.
CAM 224	Emapalumab-lzsg (Gamifant)	Annual review, no change to policy intent.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Interim review to update coding.
CAM 287	Genetic Testing for Alzheimer's Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 288	Testing for Targeted Therapy for Non-Small-Cell Lung Cancer	Annual review, policy verbiage reformatted for clarity and updated related to new NCCN guidelines. Also adding coverage criteria #8 related to variants of uncertain significance. Also updating description, coding rationale and references.
CAM 290	Genetic Testing for Adolescent Idiopathic Scoliosis	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 299	Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies	Annual review, policy rewritten for clarity, but, no change to policy intent. Also, updating description, rationale, and references.
CAM 300	Genetic Testing for Lactase Insufficiency	Annual review, no change to policy intent. Updated description, rationale and references.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Annual review, policy rewritten for clarity, but, no change to policy intent. Also, updating description, rationale, and references.
CAM 311	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Annual review, policy rewritten for clarity, new note #1 added, coverage criteria #6 updated regarding pathogenic variants. Also updating coding, description, rationale and references
CAM 307	KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer	Annual review, policy verbiage rewritten for clarity without change to intent. Also updating coding, description, rationale and references.
CAM 316	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing	Updating coding.
CAM 50109	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Annual review, no change to policy intent.
CAM 50120	Pertuzumab for Treatment of Malignancies	Annual review, no change to policy intent.

CAM 60118	Scintimammography and Gamma Imaging of the Breast and Axilla	Annual review, no change to policy intent. Updating rationale and references.
CAM 60151	Interim Positron Emission Tomography Scanning in Oncology to Detect Early Response During Treatment	Annual review, no change to policy intent. Updating rationale and references.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	Annual review, no change to policy intent. Updating rationale and references.
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating rationale and references.
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Annual review, no change to policy intent. Updating description, 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 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating rationale and references.
CAM 062	Octreotide Acetate (Sandostatin)	Adding code J1930.
CAM 90102	Evaluation of Hearing Impairment	Interim review to add codes 92650-92653. No other changes.
CAM 701153	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 70113	Steroid-Eluting Sinus Stents and Implants	Annual review, no change to policy intent. Updating rationale.
CAM 133	Hemoglobin A1C	Interim review, removing BMI statement in coverage criteria, adding note at the end of the coverage criteria. Also some updating for clarity of the policy verbiage. Updating description, rationale and references.
CAM 044	Genetic Testing for Cystic Fibrosis	Annual review, policy reformatted for clarity, adding coverage criteria #7. Also updating description, rationale and references.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Interim Review to correct mis-formatting in the rationale. No other changes made.
CAM 277	Serum Tumor Markers for Malignancies	Annual review, medical policy updated, adding new coverage criteria related to B-Type natriuretic peptide and free light chain. Ovasure and Coloprint are being removed from the policy. Coverage criteria otherwise reformatted for clarity. Updating description, rationale, and references and coding.

CAM 313	Chromosomal Microarray	Annual review, policy reworded for clarity adding coverage criteria #6. Also updating description, rationale and reference.
CAM 310	BCR-ABL1 Testing	Annual review, policy revised for clarity, Coverage Criteria #4c added related to CML cytogenetic or molecular response added. Also updating coding, description, rationale and references.
CAM 80310	Cognitive Rehabilitation	Annual review, adding policy statement regarding SARS-CpV-2 cognitive sequelae. Also updating description, rationale and references.
CAM 80308	Cardiac Rehabilitation in the Outpatient Setting	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80148	Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid	Annual review, no change to policy intent.
CAM 171	Radium Ra 223 (Xofigo®) Injection	Annual review, no change to policy intent.
CAM 20121	Temporomandibular Joint Dysfunction	Annual review, no change to policy intent.
CAM 115	Durable Medical Equipment (DME)	Annual review, no change to policy intent.
CAM 077	Oral Screening, Lesion Identification Systems and Genetic Screening	Annual review. Updating policy to remove criteria 2b as MOP testing is no longer available. No other change to policy intent. Also updating description, coding, rationale and references.
CAM 126	Vitamin D Testing	Interim review, updating policy for clarity. Also updating description, rationale, and references.
CAM 145	Gender Reassignment Surgery	Interim review to place trachea shaving into the cosmetic surgery list. No other changes.
CAM 204	ZOMETA (zoledronic acid)	Annual review, updating policy to include FDA approved indication for documented bone metastases from solid tumors. No other changes made.
CAM 294	Genetic Testing for Hereditary Hearing Loss	Annual review, no change to policy intent. Updating coding.
CAM 302	HIV Genotyping and Phenotyping	Annual review, adding coverage criteria related to starting doravirine treatment and treatment-experienced individuals on failing regimens. Also updating description, rationale and references.
CAM 304	Genetic Testing for Li-Fraumeni Syndrome	Annual review, policy rewritten for clarity. Revision of criteria related to Chompret clinical diagnostic criteria. Also updating coding, description, rationale and references.
CAM 305	Genetic Testing for Mental Health Conditions	Annual review, no change to policy intent. Updating coding, description, rationale and references.
CAM 60115	Videofluoroscopic Evaluation of Velopharyngeal Dysfunction	Annual review, no change to policy intent.
CAM 194	Ustekinumab (Stelara)	Annual review, no change to policy intent.

CAM 80111	Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies	Annual review, adding statement to the not medically necessary criteria "as part of combination therapy (with radiofrequency ablation) for resectable or unresectable hepatocellular carcinoma. Also updating rationale and references.
CAM 70191	Radiofrequency Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 50118	Bevacizumab in Advanced Adenocarcinoma of the Pancreas	Annual review, no change to policy intent.
CAM 80137	Inhaled Nitric Oxide	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 120	Flow Cytometry	Interim review, adding coverage criteria 1i and 2f. Also updating description, rationale and references. This policy has been merged with the now archived CAM 154 DNA Ploidy Cell Cycle Analysis.
CAM 70313	Composite Tissue Allotransplantation of the Hand and Face	Annual review, no change to policy intent. Updating rationale and references.
CAM 60154	Dopamine Transporter Imaging with Single Photon Emission Computed Tomography (DAT-SPECT)	Annual review, no change to policy intent. Updating background, rationale and references. Removing appendix.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Returning policy to July review month. Updating description, rationale, references and coding. Policy reformatted for clarity.