



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

April 2021 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 096	Alemtuzumab (Lemtrada)	Annual review, no change to policy intent.
CAM 141	Mepolizumab (Nucala®)	Annual review, no change to policy intent.
CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/Immobilized Lipase (Cartridge/Relizorb™)	Annual review, no change to policy intent.
CAM 50129	Monoclonal Antibody Therapies for Migraine Prevention	Annual review, no change to policy intent.
CAM 50128	Nusinersen for Spinal Muscular Atrophy	Annual review, no change to policy intent.
CAM 161	Lumbar Spinal Procedures	Corrected annual review date from 4/2021 to 4/2022.
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	Annual review, no change to policy intent.
CAM 128	ANA/ENA Testing	Annual review, no change to policy guidelines. Updating rationale and references.
CAM 163	Light Therapy for Dermatologic Conditions	Annual review, no change to policy intent.
CAM 164	Ultraviolet Light Therapy in the Home Setting (UVB)	Annual review, no change to policy intent.
CAM 166	General Genetic Testing, Germline Disorders	Annual review, no change to policy intent. Updating description, rationale, references and coding.
CAM 217	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Annual review, no change to policy intent.
CAM 264	Vectra DA Blood Test for Rheumatoid Arthritis	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 265	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 266	Genetic Testing for Epilepsy	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent. Updating description, rationale and references.

CAM 10123	Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	Annual review, no change to policy intent. Updating guidelines. No other changes made.
CAM 20173	Actigraphy	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20231	Myocardial Strain Imaging	Annual review, no change to policy intent.
CAM 201100	Dry Needling of Trigger Point Injections for Myofascial Pain	Annual review, no change to policy intent. Updating title, guidelines, coding, rationale and references.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating guidelines, coding, background, rationale and references.
CAM 60125	Percutaneous Vertebroplasty and Sacroplasty	Annual review, no change to policy intent. Updating background, guidelines, coding, regulatory status, 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 and references.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent. Updating coding, description, 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 50123	Testosterone Replacement Therapies	Annual review, no change to policy intent. Updating rationale and references.
CAM 70105	Cochlear Implant	Interim review, changing month of review. Updating policy verbiage to provide coverage from 12 months to 9 months with medical necessity criteria. Also updating background, description, guidelines, regulatory status, rationale and references.
CAM 80301	Functional Neuromuscular Electrical Stimulation, Robotic-assisted Rehabilitation & Robotic-assisted Orthotics	Annual review, no change to policy intent. Updating description, guidelines, coding, rationale and references.
CAM 10405	Microprocessor-Controlled Prosthetic for the Lower Limb	Adding code 'K1014' to Coding Section. No other changes made.
CAM 70109	Risk-Reducing Mastectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 70120	Vagus Nerve Stimulation	Adding code 'K1020' to Coding Section. No other changes made.
CAM 701134	Steroid-Eluting Sinus Stents	Adding code 'S1091' to Coding Section. No other changes made.
CAM 80163	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	Adding code 'Q2053' to Coding Section. No other changes made.

CAM 019	Implantable Hormone Pellets for Females	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 116	External Insulin Infusion Pump	Annual review, no change to policy intent.
CAM 135	Thyroid Disease Testing	Annual review, adding coverage related to individuals suspect of central hypothyroidism and differentiated thyroid carcinomas. Also updating coding, rationale and references.
CAM 159	Lyme Disease Testing	Annual review, adding coverage criteria for: d. In patients with amyotrophic lateral sclerosis.
CAM 169	Lynch Syndrome Testing	Annual review, multiple areas of policy reworded related to lynch syndrome variants. Also updating description, rationale and references.
CAM 181	Pathogen Panel Testing	Interim review to update coding. PLA codes 0098U, 0099U and 0100U are being removed.
CAM 20156	Low-Level Laser Therapy	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20182	Bioimpedance Devices for Detection and Management of Lymphedema	Annual review, no change to policy intent. Updating coding, guidelines, rationale and references.
CAM 242	Esophageal Pathology Testing	Annual review, no change to policy intent, correcting typographical errors in policy criteria #7. Updating rationale and references.
CAM 243	Onychomycosis Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 270	Intracellular Micronutrient Analysis	Annual review, adding Cell Science Systems cell micronutrient assay to policy statement. Also updating description, rationale and references.
CAM 273	Liquid Biopsy	Annual review, adding medical necessity statements regarding BRCA1/2. Also updating description, rationale, references and coding.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80116	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 90328	Chemical Peels	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 176	Telehealth	Correct typo in history section dated 3/23/2021 9387 should be 99387 . No other changes made.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent.
CAM 50134	Esketamine Nasal Spray for Treatment-Resistant Depression	Annual review, adding medical necessity criteria for major depressive disorder with acute suicidal ideation or behavior. Also updating description, background, guidelines, regulatory status, rationale, references and coding.

CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90323	Intravitreal Corticosteroid Implants	Annual review, updating policy with statements regarding Dextenza, Yutiq and Ozurdex. Also updating background, description, regulatory status, guidelines, rationale and references.
CAM 20164	Biofeedback as a Treatment of Fecal Incontinence or Constipation	Interim review to add coverage criteria for dyssynergia-type constipation. Updating Description, background, guidelines, regulatory status, rationale and references.
CAM 061	Tocilizumab (Actemra®)	Annual review, no change to policy intent.
CAM 104	Vedolizumab (Entyvio™)	Annual review, no change to policy intent.
CAM 110	Pre-implantation Genetic Testing	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Annual review, updating policy to address cascade screening of first degree relatives. Also updating description, rationale and references.
CAM 50112	Trastuzumab	Annual review, no change to policy intent.
CAM 058	Omalizumab (Xolair®)	Annual review, adding medical necessity coverage for adults and children over 12 years of age with nasal polyps. No other changes made.
CAM 060	Rituximab	Annual review, no change to policy intent.
CAM 069	Abatacept (Orencia®)	Annual review, no change to policy intent.
CAM 119	Prenatal Screening	Annual review, updating coverage criteria related to group b strep from 35-37 weeks. to 36-37 weeks. Also updating to add criteria related to thalassemia. Updating description, coding, rationale and references.
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)	Correcting coding section errors. No change to policy intent.
CAM 261	BRCA	Annual review, multiple policy criteria rewritten for clarity and specificity. Also updating description, rationale and references.
CAM 271	Testing for Diagnosis of Helicobacter Pylori	Annual review, adding statement regarding family history of gastric cancer and first generation immigrants from high prevalence areas. Also updating coding, rationale and references. Corrected formatting. No other change made.
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 10119	Threshold Electrical Stimulation as a Treatment of Motor Disorders	Annual review, no change to policy intent.

CAM 277	Serum Tumor Markers for Malignancies	Annual review, updating policy to address epithelial ovarian cancer, fallopian tube cancer or primary peritoneal cancer workup. Also updating description, rationale and references.
CAM 280	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, cascade testing removed for clarity. CALR MPL testing added for clarity. Also updating rationale, references and coding.
CAM 167	General Genetic Testing, Somatic Disorders	Annual review, adding statement related to Keytruda therapy. Also updating rationale and references.
CAM 218	Pharmacogenetic Testing	Annual review, adding additional medications with testing criteria, also updating description, rationale and references.
CAM 269	Diagnosis of Vaginitis including Multi-target PCR Testing	Annual review, no change to policy intent. Updating rationale and references.