



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

May 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 034	Visual and Auditory Evoked Potentials	Archived; refer to CAM 201104 Vestibular Function Testing
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 188	Cardiovascular Disease Risk Assessment	Annual review, changing age range for lipid panels from 20-79 years to 18-79 years. Also adding multiple conditions in the medical necessity criteria statement. Updating description, rationale, references and coding.
CAM 220	CD 5 Complement Inhibitors	Annual review, no change to policy intent.
CAM 282	Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection	Annual review, adding medical necessity criteria related to predicting maternal fetal transmission. Also updating rationale, references and coding.
CAM 281	Genetic Testing for Connective Tissue Disorders	Annual review, updating policy verbiage for clarification, adding notes detailing criteria for Ehlers Danlos Syndrome. Also updating description, rationale and references.
CAM 278	Gene Expression Testing for Breast Cancer Prognosis	Annual review, updating policy to expand coverage (see new coverage criteria #4. Also updating description, rationale and references.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Annual review, updating policy for clarity and specificity regarding testing that is not covered. Also updating title, rationale, references and coding.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, no change to policy intent, but, verbiage clarified for specificity. Also updating rationale, references coding and policy number.
CAM 70188	Unicondylar Interpositional Spacer as a Treatment of Unicompartamental Arthritis of the Knee	Annual review, no change to policy intent.
CAM 70199	Vasectomy Using a Polymeric Clip	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 30102	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	Annual review, no change to policy intent.
CAM 20155	Breast Duct Endoscopy	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 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 261	BRCA	Corrected formatting. No other changes made.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow with or without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 60107	Transcranial Doppler Ultrasound	Annual review, no change to policy intent.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 204144	Gene Therapy for Inherited Retinal Dystrophy/Luxturna™	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 70154	Transmyocardial Revascularization	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 70307	Lung and Lobar Lung Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 30201	Methadone Treatment for Opiate Addiction	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70116	Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinson's Disease	Annual review, no change to policy intent.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.

CAM 70153	Transjugular Intrahepatic Portosystemic Shunt (TIPS)	Annual review, no change to policy intent.
CAM 80155	Stem-cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 109	Preventive Services for Non Grandfathered (PPACA) Plans: Immunizations	Added 90619 to the policy in the meningococcal section. No other changes made.
CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent. Updating rationale and references.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 168	Genetic Testing for Polyposis Syndromes	Annual review, updating policy to address congenital retinal pigment epithelium (CHRPE). Also updating description, rationale and references.
CAM 283	Venous and Arterial Thrombosis Risk Testing	Annual review, updating policy for clarity related to deep vs superficial thrombosis. Also updating description, rationale and references.
CAM 80102	Chelation Therapy for Off-Label Uses	Corrected typo to code M0300.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80204	Lipid Apheresis	Annual review, no change to policy intent. Updating rationale and references.
CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Annual review, no change to policy intent. Updating rationale and references.
CAM 90326	Viscocalostomy and Canaloplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 170	Ocrelizumab (Ocrevus™)	Annual review, no change to policy intent.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80149	Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis	Annual review, no change to policy intent. Updating rationale and references.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.
CAM 50112	Trastuzumab	Interim review to add Coverage of these drugs is provided when the criteria is met and there has been a trial and failure of preferred therapy and update the list of drugs.

CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review updating colon cancer screening recommendation age limit from 50 to 45 effective 05182021. No other changes made.
CAM 028	Colorectal Cancer Screening	Interim review to decrease minimum age of screening from 50 to 45. No other changes made.
CAM 161	Lumbar Spinal Procedures	Correcting relative contraindication section. No change to policy intent.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 067	Bevacizumab (Avastin) for Oncologic Use	Interim review, adding Coverage of these drugs is provided when the criteria is met and there has been a trial and failure of preferred therapy and updating drug list.
CAM 149	SIMPONI ARIA (golimumab injection for intravenous use)	Annual review, updating policy verbiage for specificity of criteria points. No other changes made.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 244	COVID-19 Testing	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 50115	Infliximab	Interim review to add Coverage of these drugs is provided when the criteria is met and there has been a trial and failure of preferred therapy, update drug list and coding.
CAM 701125	Occipital Nerve Stimulation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	Annual review, no change to policy intent. Updating rationale and references.
CAM 70179	Whole Glad Cryoablation of Prostate Cancer	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.