



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

## February 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](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 342	Microsatellite Instability and Tumor Mutational Burden Testing	<b>New Policy</b>
CAM 80203	Extracorporeal Immunoabsorption Using Protein A Columns	<b>Archived</b>
CAM 80306	Work Hardening Programs	<b>Archived</b>
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 50119	Injectable Clostridial Collagenase for Fibroproliferative Disorders	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Annual review, no change to policy intent. Updating rationale, references and coding
CAM 20218	Progenitor Cell Therapy for the Treatment of Damaged Myocardium due to Ischemia	Annual review, no change to policy intent. Updating rationale and references
CAM 20144	Dermatologic Applications of Photodynamic Therapy	Annual review, no change to policy intent. Updating rationale and references
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Interim review, removing 0244U from this policy. No other changes.
CAM 183	BRINEURA (cerliponase alfa)	Annual review, no change to policy intent.
CAM 256	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	Annual review, no change to policy intent. Updating rationale and references
CAM 258	Genetic Testing of Mitochondrial Disorders	Annual review, no change to policy intent. Updating policy verbiage to clarify acronyms. Also updating rationale and references.
CAM 343	Genetic Testing for CHARGE Syndrome	Annual review, no change to policy intent. Updating policy number, adding the verbiage for the acronym CHARGE to policy statement 1, changing the word mutation to genetic

		in policy statements 3 & 4 for clarity. Updating rationale and references.
CAM 70175	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Annual review, no change to policy intent.
CAM 167	General Genetic Testing, Somatic Disorders	Interim review removing microsatellite instability and tumor mutational burden testing as they will migrate to another policy. Also updating coding.
CAM 273	Liquid Biopsy	Interim review, removing microsatellite instability analysis and tumor mutational burden language as it will migrate to a new policy. Also updating coding, rationale and references.
CAM 288	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Interim review, removing microsatellite instability and tumor mutational burden testing as these will be addressed in a new policy. Also updating coding.
CAM 312	Molecular Panel Testing of Cancers for Diagnosis, Prognosis, and Identification of Targeted Therapy	Interim review removing microsatellite instability and tumor mutational burden testing as they will migrate to a new policy. Also removing associated codes
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non Ophthalmic Applications	Interim review to add Neox100 and Neox 1k as supported products for diabetic foot ulcer care
CAM 062	Octreotide Acetate (Sandostatin)	Annual review, adding hepatorenal syndrome to the list of compendial uses. No other changes.
CAM 063	Golimumab (Simponi) for subcutaneous use	Annual review, removing requirement for treatment with Humira or Enbrel prior to Simponi. Also adding medical necessity criteria for polyarticular juvenile idiopathic arthritis. No other changes
CAM 067	Bevacizumab (Avastin) for Oncologic Use	Annual review, adding coverage criteria for hepatocellular carcinoma. No other changes.
CAM 186	Eye Movement Desensitization and Reprocessing (EMDR) Therapy	Annual review, no change to policy intent.
CAM 20185	Neural Therapy	Annual review, no change to policy intent
CAM 202	Incapacitated Dependent Coverage	Annual review, no change to policy intent

CAM 20303	Donor Lymphocyte Infusion for Malignancies Treated With an Allogeneic Hematopoietic Cell Transplant	Annual review, no change to policy intent
CAM 511	Radiation Oncology Services	Annual review, no change to policy intent
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	Annual review, no change to policy intent
CAM 80117	Hematopoietic Stem-Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome	Annual review, no change to policy intent. Updating description, guidelines, rationale and references.
CAM 90301	Keratoprosthesis	Annual review, no change to policy intent. Updating rationale and references
CAM 333	Genetic Testing and Genetic Expression Profiling in Patients with Uveal Melanoma	Updating coding section. No other changes made.
CAM 90324	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Annual review. No changes made to policy.
CAM 317	In Vitro Chemoresistance and Chemosensitivity Assays	Interim review to add 0564T. No other changes.
CAM 90327	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions	Annual review. No changes to policy intent.
CAM 90325	Gas Permeable Scleral Contact Lens	Annual review. No changes to policy intent.
CAM 80314	Iontophoresis and Phonophoresis	Annual review. No changes to policy intent.
CAM 70156	Laser-Assisted Tonsillectomy	Annual review. No changes to policy intent.
CAM 60152	Positron Emission Mammography (PEM)	Annual review, no change to policy intent. Updating rationale.
CAM 60121	Magnetoencephalography/Magnetic Source Imaging	Annual review, no change to policy intent.
CAM 20158	Transanal Radiofrequency Treatment of Fecal Incontinence	Annual review, no change to policy intent.
CAM 100107	Patient-Controlled Analgesia	Annual review, no change to policy intent.
CAM 10303	Thoracic-Lumbo-Sacral Orthosis with Pneumatics	Annual review, no change to policy intent.
CAM 239	Proteogenomic Testing of Individuals with Cancer	Interim review, removing 0211U from this policy. No other changes.
CAM 152	Hypothermia to Prevent/Reduce Hair Loss During Chemotherapy	Annual review, no change to policy intent.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Interim review, adding end date 01012022 to code 0208U.
CAM 346	Genetic Testing of CADASIL Syndrome	Annual review, no change to policy intent. Updating policy verbiage to include the description of the acronym CADASIL. Also updating rationale, references and policy number.

CAM 348	Genetic Testing for FMR1 Mutations (including Fragile X Syndrome)	Annual review, no change to policy intent. Updating policy number, rationale and references. Adding CPT codes 96040 and S0265.
CAM 472	Laboratory/Pathology Services	Annual review, no change to policy intent.
CAM 50117	Repository Corticotropin Injection	Annual review, no change to policy intent. Updating rationale and references.
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	Annual review, no change to policy intent. Content related to Alzheimer's Disease has been migrated to CAM 60155. Also updating rationale and references.
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia (BPH)	Annual review, no change to policy intent.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Interim review to add coverage for 90750 to adults age 19 and older who are immunodeficient or have immunosuppression caused by known disease or therapy. Represented by ICD 10 D80-D84.9.
CAM 131	Testosterone Testing	Annual review, updating policy verbiage for clarity and adding medical necessity regarding testing for androgen deficiency for members who are/were female at birth. No other changes.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Annual review, no change to policy intent.
CAM 20128	Neurofeedback	Annual review, no change to policy intent. Updating rationale and references.
CAM 80160	Extracorporeal Membrane Oxygenation for Adult Conditions	Annual review, no change to policy intent. Updating regulatory status, background, rationale and references.
CAM 60140	Whole Body Dual X-ray Absorptiometry (DEXA) to Determine Body Composition	Annual review, no change to policy intent. Updating rationale and references.
CAM 60101	Bone Mineral Density Studies	Annual review, no change to policy intent. Updating rationale and references.
CAM 366	Maternity/Obstetrical Care Benefits	Annual review, no change to policy intent.
CAM 064	Chemotherapy Drugs and Administration by Physicians for the Treatment of Cancer	Annual review, no change to policy intent.

CAM 10305	Patient-Controlled End of Range Motion Stretching Devices	Annual review, no change to policy intent.
CAM 20181	Ingestible pH and Pressure Capsule	Annual review, no change to policy intent.
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	Adding clarifying language regarding chronic kidney disease and dialysis. No other changes made.
CAM 50104	Erythropoiesis Stimulating Agents and Darbepoetin Alfa (Aranesp)	Adding clarifying language regarding chronic kidney disease and dialysis. No other changes made.
CAM 60146	Dynamic Spinal Visualization and Vertebral Motion Analysis	Annual review, no change to policy intent. Updating title, coding, rationale and references.
CAM 60123	Diagnosis and Treatment of Non-surgical Sacroiliac Joint Pain	Annual review, adding policy verbiage related to trans iliac placement of a titanium triangular implant. Also updating coding, description, background, rationale and references. Also updating regulatory status.
CAM 20127	Biofeedback as a Treatment of Urinary Incontinence in Adults	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 20196	Autonomic Nervous System Testing	Annual review, no change to policy intent. Updating coding, description, rationale and references.
CAM 20304	Melanoma Vaccines	Interim review, updating rationale. No other changes.
CAM 240	Crizanlisumab-tmca (Adakveo)	Annual review, no change to policy intent.
CAM 262	Teprotumumab-trbw (TEPEZZA™)	Annual review, no change to policy intent.
CAM 60103	Computed Tomography to Detect Coronary Artery Calcification	Annual review, no change to policy intent. Updating rationale and references.
CAM 701123	Plugs for Fistula Repair	Interim review, updating rationale, no change to policy intent.
CAM 701127	Bronchial Thermoplasty	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80130	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 001	Enhanced External Counterpulsation (EECP)	Interim review, updating rationale.
CAM 052	Clinical Trials	Annual review, no change to policy intent.
CAM 10109	Transcutaneous Electrical Nerve Stimulation (TENS)	Annual review, no change to policy intent.
CAM 10130	Artificial Pancreas Device Systems	Annual review, updating policy and adding verbiage to address close loop hybrid devices for children 2-6 years old. Also updating description,

		background, regulatory status, rationale and references.
CAM 163	Light Therapy for Dermatologic Conditions	Interim review, updating references.
CAM 20154	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	Annual review, no change to policy intent. Updating rationale and references.
CAM 20171	Non-pharmacologic Treatment of Rosacea	Annual review, no change to policy intent. Updating rationale and references.
CAM 20222	Ultrafiltration in Decompensated Heart Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 284	Eptinezumab-jjmr (Vyepti™)	Interim review, updating references.
CAM 60112	Thermography	Annual review, no change to policy intent. Updating rationale and references.
CAM 60144	Vertebral Fracture Assessment with Densitometry	Annual review, no change to policy intent. Updating rationale and references.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Interim review updating description, no change to policy intent
CAM 10120	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Annual review, no change to policy intent. Updating description, background, regulatory status, rationale and references.
CAM 179	Olaratumab (Lartruvo)	Annual review. No changes made to policy.
CAM 20210	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 70196	Computer-Assisted Navigation for Orthopedic Procedure	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 334	Intravenous Iron	Interim review removing requirement to have tried and failed or have an intolerance or contraindication to Iron Dextran. No other changes made.
CAM 80105	Immune Globulin Therapy	Annual review, no change to policy intent.