



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

February 2023 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 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 363	efgartigimod alfa -Vyvgart™	New policy
CAM 373	Gender Affirmation Surgery and Hormone Therapy	New policy
CAM 378	Coronary Artery Calcium Scoring by: Electron-Beam Tomography (EBCT) OR Non-Contrast Coronary Computed Tomography (Non-contrast CCT)	New policy
CAM 60103	Gender Reassignment Surgery	Archived (Included in CAM 373 Gender Affirmation Surgery and Hormone Therapy.)
CAM 066	Hereditary Angioedema Drug Therapy	Annual review, including Haegarda in criteria and updating treatment of acute attacks to include adults.
CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	Annual review, no change to policy intent. Policy verbiage updated for clarity. Adding note #2 and updating description, rationale and references.
CAM 111	Blinatumomab (Blincyto)	Annual review, no change to policy intent.
CAM 110	Pre-implantation Genetic Testing	Interim review policy updated for clarity and consistency, also updating coverage criteria related to one biological parent being unavailable for testing and biological parents having previous offspring affected with disorder. Also updating description, rationale and references. Adding CPT 81244, removing 89290 and 89291. Please review for approval.
CAM 117	Ramucirumab (Cyramza®)	Annual review, adding leucovorin as a combination medication option for colorectal cancer. No other changes made.
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia (BPH)	Moving review month to March.
CAM 147	Knee Braces, Orthopedic Casts, Splints	Annual review, no change to policy intent.
CAM 166	General Genetic Testing, Germline Disorders	Adding CPT 81441 and deleting 0236U.
CAM 183	BRINEURA (cerliponase alfa)	Annual review, no change to policy intent.

CAM 20144	Dermatologic Applications of Photodynamic Therapy	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM 20185	Neural Therapy	Annual review, no change to policy intent. Updating rationale.
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 254	Prenatal Screening for Fetal Aneuploidy	Annual review, updating policy verbiage for consistency and clarity. CAM 348 Adding PLA codes 0327U and 0341U.
CAM 256	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	Annual review, no change to policy intent. Policy verbiage updated for clarity including addition of note #1. Also, updating description, rationale and references.
CAM 259	Testing for Autism Spectrum Disorder and Developmental Delay	Annual review, updating policy for clarity and consistency. Adding note/guideline describing first degree relatives. Also updating description, rationale and references.
CAM 343	Genetic Testing for CHARGE Syndrome	Annual review, no change to policy intent. Policy verbiage updated for clarity. Updating description, rationale and references.
CAM 348	Genetic Testing for FMR1 Mutations (including Fragile X Syndrome)	Annual review, no change to policy intent. Policy verbiage updated for clarity. Also updating description, rationale and references.
CAM 50104	Erythropoiesis Stimulating Agents and Darbepoetin Alfa (Aranesp)	Annual review, no change to policy intent.
CAM 50119	Injectable Clostridial Collagenase for Fibroproliferative Disorders	Annual review, no change to policy intent. Updating rationale and references.
CAM 701106	Percutaneous Tibial Nerve Stimulation	Annual review, no change to policy intent. Updating coding, rationale, and references.
CAM 701131	Transcatheter Pulmonary Valve Implantation	Annual review, no change to policy intent. Updating rationale and references.
CAM 701168	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis	Annual review, no change to policy intent.
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	Annual review, no change to policy intent.
CAM 70168	Extracranial Carotid Angioplasty/Stenting	Annual review, no change to policy intent. Updating regulatory, rationale, and references.
CAM 70308	Heart/Lung Transplant	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 background, rationale, and references.
CAM 90301	Keratoprosthesis	Annual review, no change to policy intent.

CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Annual review, no change to policy intent.
CAM 20222	Ultrafiltration in Decompensated Heart Failure	Annual review, no change to policy intent.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Interim review, policy updated for clarity and consistency. Policy also updated regarding use of 4k score test. Also updating description, rationale and references. Adding PLA codes 0339U and 0359U.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 135	Thyroid Disease Testing	Interim review, no change to policy intent. Removing CPT codes 84437 and 84442.
CAM 052	Clinical Trials	Annual review, no change to policy intent.
CAM 70147	Bariatric Surgery	Interim review, no change to policy intended. Updating description, background and rationale.
CAM 50122	Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies	Interim review to remove errant code J9358 from the policy.
CAM 346	Genetic Testing of CADASIL Syndrome	Annual review, no change to policy intent. Policy verbiage updated for clarity. Updating description, rationale and references.
CAM 345	Genetic Testing for Fanconi Anemia	Annual review, updating policy for clarity and consistency. removing sub criteria for prenatal/carrier testing Also updating description, rationale and references.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Annual review, policy updated for clarity and consistency with coverage updated to mirror NCCN guidelines. also updating description, rationale, references, notes/guidelines and adding PLA code 0334U.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Annual review. Updated Description, Policy, Rational and References.
CAM 258	Genetic Testing of Mitochondrial Disorders	Annual review, no change to policy intent. Policy verbiage updated for clarity. Updating description, rationale and references.
CAM 218	Pharmacogenetic Testing	Interim review, no change to policy intent. Adding CPT 81418, 0346U, 0347U, 0348U, 0349U and 0350U.
CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral, and Limb-Girdle Muscular Dystrophies	Annual review, no change to policy intent. Updating policy for clarity. Also updating description, rationale and references. Adding CPT 81407.
CAM 126	Vitamin D Testing	Annual review, updating policy for clarity and consistency. Adding verbiage to guidelines regarding bariatric procedures. Also updating description, rationale and reference.

CAM 112	Siltuximab (Sylvant)	Annual review, removing unicentric in the description of Castleman's disease. No other changes made.
CAM 063	Golimumab (Simponi) for Subcutaneous Use	Annual review, removing requirement for a negative PPD prior to treatment and changing the age range for ulcerative colitis from 18 years down to 5 years. No other changes made.
CAM 062	Octreotide Acetate (Sandostatin)	Annual review, no change to policy intent.
CAM 001	Enhanced External Counterpulsation (EECP)	Annual review, no change to policy intent.
CAM 40117	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea	Annual review, no change to policy intent.
CAM 049	Brain Natriuretic Peptide (BNP)	Change annual review date to coincide with Avalon. No changes made.
CAM 153	Zika Virus Risk Assessment	Change annual review date to coincide with Avalon. No changes made.
CAM 113	Belinostat (Beleodaq)	Annual review, no change to policy intent. Correcting a typo.
CAM 80305	Outpatient Pulmonary Rehabilitation	Annual review, no change to policy intent. Updating rationale and references.
CAM 20154	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Annual review, no change to policy intent. Updating rationale and references.
CAM 344	Genetic Testing for Lipoprotein A Variant as a Decision Aid for Aspirin Treatment and/or CVD Risk Assessment	Annual review, no change to policy intent. Policy verbiage updated for clarity. Also updating description, rationale and references.
CAM 260	Genetic Testing for Hereditary Hemochromatosis	Annual review, no change to policy intent. Policy verbiage updated for clarity and adding notes. Also updating description, 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 051	Allergen Testing	Annual review, no change to policy intent.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Annual review, no change to policy intent. Updating coding, rationale and references. Removing appendixes as they are no longer relevant.
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 40118	Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome	Annual review, no change to policy intent. Updating rationale and references.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Updated Next Review date to 4/03/2023 to fall in line with Avalon. No changes made to policy.

CAM 133	Hemoglobin A1c	Updated Next Review date to 4/03/2023 to fall in line with Avalon. No changes made to policy.
CAM 257	Genetic Testing for Familial Cutaneous Malignant Melanoma	Updated Next Review date to 4/03/2023 to fall in line with Avalon. No changes made to policy.
CAM 235	Laboratory Guideline Policy	Updated Next Review date to 4/03/2023 to fall in line with Avalon. No changes made to policy.
CAM 70147	CT Bone Density Study	Annual review, no change to policy intent. Updating guidelines to remove requirement of 7-10% weight loss during the 4-6 months prior to surgery. Also in February Interim review, no change to policy intended. Updating description, background and rationale.
CAM 131	Testosterone	Annual review, no change to policy intent, but, policy updated for clarity and consistency. Note/guideline 1 updated regarding timing for testing. Also updating description, rationale and references.
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	Annual review, updating policy for clarity and consistency. Adding note/guideline describing first degree relatives. Also updating description, rationale and references.
CAM 292	Genetic Testing for Neurofibromatosis and Related Disorders	Interim review, policy updated for clarity and consistency. Policy criteria also updated regarding genetic counseling, multiple expansions of coverage added in medical necessity criteria. Also updating rationale, references and description.
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 80304	Speech Therapy	Corrected spelling in ICD-9 coding section.
CAM 90323	Intravitreal Corticosteroid Implants	Interim review, adding CPT J7313 and J7314 as well as medical necessity criteria for Yutiq.
CAM 60144	Vertebral Fracture Assessment with Densitometry	Annual review, no change to policy intent. Updating rationale and references.
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 20127	Biofeedback as a Treatment of Urinary Incontinence in Adults	Annual review, no change to policy intent. Updating rationale and references.
CAM 366	Maternity/Obstetrical Care Benefits	Annual review, no change to policy intent.