



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

## January 2024 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](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 393	Heart (Cardiac) PET	New Policy
CAM 20233	Phrenic Nerve Stimulation for Central Sleep Apnea	New Policy
CAM 391	Low-Dose CT for Lung Cancer Screening	New Policy
CAM 20233	Phrenic Nerve Stimulation for Central Sleep Apnea	New Policy
CAM 109	Preventive Services for Nongrandfathered (PPACA) Plans: Immunizations	Interim review adding CPT 90623 effective 01/01/2024.
CAM 053	Orthodontic Treatment	Annual review, no change to policy intent.
CAM 118	Bulking Agents for the Treatment of of Vocal Cord Paralysis	Annual review, no change to policy intent.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Added HCPCS code E1800
CAM 20156	Low-Level Laser Therapy	Added CPT code 97037 effective 01/01/2024
CAM 20210	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure)	Added code 0861T, 0862T, 0863T, 0517T-0522T (are being revised), effective 01/01/2024
CAM 252	Bowel Management Devices	Annual review, no change to policy intent.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Code 0014M will be deleted in 2024
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for Uterine Fibroids Myolysis	Added code CPT 58580 eff 01/01/2024 and note for code deletion of 0404T

CAM 60123	Diagnosis and Non-Surgical Treatment of Sacroiliac Joint Pain	Added CPT code 20278 eff 01/01/2024 and note for code deletion of 0775T and 809T
CAM 60153	Digital Breast Tomosynthesis	Annual review, no change to policy intent.
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	Annual review, no change to policy intent. Updating coding, rationale, and references.
CAM 70120	Vagus Nerve Stimulation	Annual review, no change to policy intent. Updating references and rationale.
CAM 70148	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating description, guidelines, rationale and references.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Annual review, no change to policy intent. Updating references and rationale.
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	Annual review, no change to policy intent.
CAM 701143	Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy	Added CPT codes 61889, 61891, 61892 effective 01/01/2024
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty and Biacuplasty	Annual review, no change to policy intent. Updating coding, rationale, and references.
CAM 70301	Kidney Transplant	Annual review, no change to policy intent. Updating background, rationale, and references
CAM 70302	Allogeneic Pancreas Transplant	Annual review, no change to policy intent. Updating background, references and rationale.
CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	Annual review, no change to policy intent. Updating references and rationale.
CAM 709	MRI Lumbar Spine	Annual review, updating entire policy. Adding general information statement and evaluation of indeterminate findings on prior imaging. Clarifying pathological reflexes and cerebellar ataxia. Removing radicular pain and malaise from isolated back pain in pediatric population.
CAM 713	CT Lumbar Spine	Annual review, updating entire policy. Adding general information statement, indeterminate findings on prior imaging, pseudoarthrosis to surgery section, clarifying cerebellar ataxia in gait table, clarifying pathological reflexes.
CAM 714	MRI Pelvis	Annual review, entire policy being updated. General information and transplant section added. Updated guidelines for prostate cancer, IBD, hernia, hip imaging and aneurysm. Also adding statement regarding indeterminate findings on prior imaging.

CAM 715	CT Lower Extremity (Ankle, Foot, Hip or Knee)	Annual review, updating entire policy for clarity. Adding verbiage regarding contraindications to MRI, metallosis, indeterminate findings, non-diagnostic imaging, leg length and hip vs pelvis imaging.
CAM 718	UPPER EXTREMITY MRI (Hand, Wrist, Arm, Elbow, Long bone, or Shoulder MRI)	Annual review, updating entire policy for clarity. Adding verbiage for indeterminate findings, vascular malformations, known AVN, indications not addressed in this policy and Popeye and reverse Popeye.
CAM 719	MRI Heart	Annual review, no change to policy intent. Updating entire policy for consistency.
CAM 720	MRI MRCP MRE MRU Abdomen	Annual review, additional guidance regarding adrenal, hepatic, pancreatic renal uses. Also adding transplant section, clarifying IBD guidelines. Adding general information section. Statement regarding further evaluation of indeterminate findings on prior imaging. Also updating description and references. Title being updated to include MRI and MRU also.
CAM 744	MRI Brain (Includes Internal Auditory Canal)	Annual review, no change to policy intent. Updating entire policy for consistency. Coding updated.
CAM 756	Hyperthermia With Radiation	Annual review, no change to policy intent.
CAM 758	Radiation Therapy for Non-Cancerous Conditions	Updating entire policy for clarity and consistency. Adding additional diagnosis to the medical necessity list.
CAM 764	MRI Breast	Annual review, entire policy updated for consistency, adding statement regarding dense breast indications, screening ages for high-risk conditions updated, language regarding lactating and pregnant patient added. Also adding statement regarding indeterminate findings on other imaging.
CAM 80164	Home Non-Invasive Positive Airway Pressure Devices for the Treatment of Respiratory Insufficiency and Failure	Annual review, adding coverage statements regarding thoracic restrictive disorders due to neuromuscular disease. Also updating title, background, description, coding, rationale and references.
CAM 050	Daily Hemodialysis and Hemodialysis in the Home Setting	Annual review, no change to policy intent. Updating references. Also corrected statement regarding NXStage System dialysis.
CAM 710	MRI Thoracic Spine	Annual review, updating entire policy. Adding general information section and indeterminate findings on prior imaging. Clarifying cerebellar ataxia in gait table and pathological reflexes. Removing radicular pain and malaise from pediatric population.
CAM 712	CT Heart	Annual review, no change to policy intent. Entire policy updated for consistency.

CAM 745	Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal CT	Annual review, entire policy updated for consistency. Title updated to include sella and internal auditory canal. Added note regarding hearing loss, statement regarding indeterminate results on prior imaging.
CAM 746	Sinus Maxillofacial CT	Annual review, entire policy updated for consistency. Updated policy verbiage for nasal polyps, cone beam CT, CSF rhinorrhea, biologics like dupilumab. Numerous clarifications in policy that do not change intent.
CAM 749	CT Angiography, Chest (Noncoronary)	Annual review, simplified PE verbiage, clarified TAA follow up verbiage, added statement regarding indeterminate findings on prior imaging. Entire policy updated for consistency.
CAM 761	Functional MRI Brain	Annual review, no change to policy intent. Updating policy for consistency.
CAM 763	Heart (Cardiac) PET With CT for Attenuation	Annual review, updating title to indicate this is HEART (Cardiac) PET with CT for Attenuation. A new CAM policy will be published to address Cardiac Pet Scanning without Attenuation. Removing two-year time limitation for further evaluation adding coronary stenosis of unclear significance, ischemia and nonobstructive CAD, clarified statement for PET/MPI for the evaluation cardiac sarcoidosis.
CAM 386	Phototherapy: PUVA, UV-B and Targeted Phototherapy	Interim review to update a typographical error related to home narrow band UVB. The bullet points were intended to have the word AND between them and the policy was published without the AND.
CAM 716	CT Abdomen and Pelvis	Annual review, entire policy being updated with a general information statement added. Updating guidance for prostate cancer, IBD, pyelonephritis, aneurysm, pancreatic evaluations, hernia, indeterminate findings on other imaging and transplant section added.
CAM 721	Lower Extremity MRI (Foot, Ankle, Knee, Leg or Hip MRI)	Annual review, updating entire policy for clarity. Adding verbiage regarding orthopedic signs updated, clarifying hip vs pelvis imaging, indeterminate findings metallosis, and indications not addressed in the policy.
CAM 750	CT Chest (Thorax)	Annual review, entire policy updated for consistency. Updated Covid information, clarified details on nodules seen in other imaging. Added transplant imaging.
CAM 766	Brain (Head) MRS	Annual review, no change to policy intent. Policy updated for consistency.

CAM 711	CT Pelvis	Annual review, entire policy being updated. Guidelines for prostate cancer, IBD, hernia, aneurysm updated. Transplant section added. Statement regarding indeterminate findings on prior imaging added. Hip imaging guidance updated. General information section added.
CAM 701170	Laser Interstitial Thermal Therapy for Neurological Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 701158	Balloon Dilation of the Eustachian Tube	Annual review, updating policy statements to reflect "and" rather than "or" in the multiple coverage points. Also updating guidelines, rationale and references.
CAM 701143	Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy	Annual review, no change to policy intent. Updating title to reflect current terminology. Also updating rationale and references. Also, Added CPT codes 61889, 61891, 61892 effective 01/01/2024.
CAM 701132	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Annual review, adding not medical necessary statement regarding the Sentinel Device. Updating regulatory status, rationale and references.
CAM 701130	Axial Lumbosacral Interbody Fusion	Annual review, no change to policy intent. Updating rationale and references.
CAM 701117	Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee	Annual review, no change to policy intent.
CAM 701100	Bone Morphogenetic Protein	Annual review, no change to policy intent. Updating rationale and references.
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 748	CT Bone Density Study	Annual review, no change to policy intent.
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	Annual review, removing time limitations for further evaluation of inconclusive prior CAD evaluation, coronary stenosis of unclear significance, diagnosis of ATTR amyloidosis and clinical indications not addressed in this policy. Entire policy updated for consistency.
CAM 212	Intracardiac Ischemia Monitoring	Annual review, no change to policy intent. Updating references.
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Adding CPT codes 96547 and 96548 to be effective on 01/01/2024.

CAM 40116	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Annual review, no change to policy intent.
CAM 70107	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Annual review, no change to policy intent. Updating rationale and references.
CAM 70198	Minimally Invasive Hip and Knee Arthroplasty	Annual review, no change to policy intent.
CAM 70177	Total Ankle Replacement	Annual review, no change to policy intent.
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 218	Pharmacogenetic Testing	Added code 0434U effective 01/01/2024
CAM 235	Laboratory Guideline Policy	Added code 0431U effective 01/01/2024
CAM 239	Proteogenomic Testing of Individuals with Cancer	Added code 0436U & 0438U effective 01/01/2024
CAM 251	Minimal Residual Disease	Added code 0422U effective 01/01/2024
CAM 273	Liquid Biopsy	Added code 81462 effective 01/01/2024
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Added code 81463 & 81464 effective 01/01/2024
CAM 070	Treatment of Chest Wall Deformities (Congenital or Acquired)	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Annual review, no change to policy intent.
CAM 152	Hypothermia To Prevent/Reduce Hair Loss During Chemotherapy	Annual review, no change to policy intent.
CAM 373	Gender Affirmation Surgery and Hormone Therapy	Annual review, no change to policy intent. Adding list of procedures cosmetic in nature.
CAM 377	Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders	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 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Interim review to expand coverage of the third bullet point under initiation of powered negative pressure wound therapy to include treatment for wound with

		exposed bone, cartilage, tendon or foreign material. No other changes.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	Corrected typo in table 9. No other changes made.
CAM 110	Pre-implantation Genetic Testing	Updating review date until April. No other changes.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Updating review to April. No other changes.
CAM 155	InflammaDry Test	Updating review to April. No other changes.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Updating review to April. No other changes.
CAM 094	Women's Preventive Services	Interim review to add on code 99459 in relation to well woman visit. No other changes.
CAM 176	Telehealth	Adding codes 97151 and 97155-97157 as allowed via Telehealth.
CAM 80305	Outpatient Pulmonary Rehabilitation	Annual review, no change to policy intent. Updating rationale and references.
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Annual review, reformatting policy verbiage for clarity and consistency related to treatment of greater or small saphenous veins. Also updating rationale and references.
CAM 472	Laboratory/Pathology Services	Annual review, no change to policy intent.
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	Annual review, no change to policy intent. Updating guidelines to remove coding, updating HCPCS coding, updating background, rationale and references.
CAM 701131	Transcatheter Pulmonary Valve Implantation	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 701106	Percutaneous Tibial Nerve Stimulation	Annual review. Updating description, policy, background, rationale and references. No other changes.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Updated last review date to January 2024. No other changes made.
CAM 70308	Heart/Lung Transplant	Annual review, no change to policy intent. Updating rationale and references.