



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

March 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 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 378	Coronary Artery Calcium Scoring by Electron-Beam Tomography (EBCT) OR Non-Contrast Coronary Computed Tomography (Non-Contrast CCT)	Interim review, clarifying age statement. No change to policy intent.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Adding codes 97151 and 97155-97157 as allowed via Telehealth.
CAM 052	Clinical Trials	Annual review, no change to policy intent.
CAM 10304	Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	Annual review, no change to policy intent. Updating regulatory status, 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 20171	Non-Pharmacologic Treatment of Rosacea	Annual review, no change to policy intent.
CAM 20222	Ultrafiltration in Decompensated Heart Failure	Annual review, no change to policy intent.
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	Annual review, no change to policy intent. Updating 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 60146	Dynamic Spinal Visualization and Vertebral Motion Analysis	Annual review, no change to policy intent.

CAM 90327	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions	Annual review, no change to policy intent.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	CPT code 81517 has been added to coding section. No other changes.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	In history dated 05/15/2023 corrected typo 6 years to 6 months. No other change to policy.
CAM 60144	Vertebral Fracture Assessment With Densitometry	Corrected date on Last review date and next review date. Changed last review to 02/01/2024 and next review to 02/01/2025. No other changes.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 348	Genetic Testing for FMR1 Mutations (including Fragile X Syndrome)	Annual review, updating policy verbiage to add coverage of AGG interruption testing. Also updating rationale and references.
CAM 10109	Transcutaneous Electrical Nerve Stimulation (TENS)	Annual review, no change to policy intent. Updating regulatory status, description, rationale and references.
CAM 10130	Artificial Pancreas Device Systems	Annual review, adding policy statement regarding use of FDA cleared or approved automated insulin delivery system. Also updating regulatory status, rationale and references.
CAM 20181	Ingestible pH and Pressure Capsule	Annual review, no change to policy intent.
CAM 80314	Iontophoresis and Phonophoresis	Annual review, no change to policy intent.
CAM 10305	Patient-Controlled End of Range Motion Stretching Devices	Annual review, no change to policy intent. Updating rationale and coding.
CAM 90324	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Annual review, no change made to policy.
CAM 90325	Gas Permeable Scleral Contact Lens	Annual review. No change to policy intent.
CAM 20128	Neurofeedback	Annual review, no change to policy intent. Updating rationale and references.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	Adding statement to allow Carnation Ambulatory Monitors for members greater than 10kg/22 pounds if they meet the same medical criteria required for the Zio Patch. No other changes.
CAM 60144	Vertebral Fracture Assessment With Densitometry	Corrected date on Last review date and next review date. Changed last review to 02/01/2024 and next review to 02/01/2025. No other changes.

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 366	Maternity/Obstetrical Care Benefits	Annual review, no change to policy intent. Also corrected the verbiage for CPT 59020 and 59025, they were inverted.
CAM 100107	Patient-Controlled Analgesia	Annual review. No change to policy intent.
CAM 60101	Bone Mineral Density Studies	Annual review, no change to policy intent. Updating rationale and references.
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Interim review, updating policy criteria for stereotactic body radiotherapy to include a not medically necessary statement for widely diffuse metastatic disease, removing metastatic disease from first bullet point, removing (other than spine or vertebral body) from the statement regarding oligometastases. No other changes made.
CAM 60112	Thermography	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 60123	Diagnosis and Non-Surgical Treatment of Sacroiliac Joint Pain	Annual review, no change to policy intent. Updating description and background. Removing CPT code 27278 as that procedure is not addressed in this policy.
CAM 70121	Reduction Mammoplasty for Breast-Related Symptoms	Interim review to remove BMI link that is no longer supported. No other changes.
CAM 70196	Computer-Assisted Navigation for Orthopedic Procedure	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 80160	Extracorporeal Membrane Oxygenation for Adult Conditions	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80167	Medical Management of Obstructive Sleep Apnea Syndrome	Interim review, updating policy verbiage regarding oral appliance medical necessity criteria. No other changes made.
CAM 701127	Bronchial Thermoplasty	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 90325	Gas Permeable Scleral Contact Lens	Annual review. No change to policy intent.
CAM 100107	Patient-Controlled Analgesia	Annual review. No change to policy intent.
CAM 152	Hypothermia To Prevent/Reduce Hair Loss During Chemotherapy	Adding codes 0062T and 0063T to policy. No other changes.

CAM 20196	Autonomic Nervous System Testing	Annual review, no change to policy intent. Updating regulatory status, coding, rationale and references.
CAM 80130	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80167	Medical Management of Obstructive Sleep Apnea Syndrome	Adding HCPCs codes E0490 and E0491 effective date 01/01/2024 to policy. No other change.
CAM 701168	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis	Interim review to add note: NOTE: CPT 30117 may be considered medically necessary for diagnoses other than chronic rhinitis (allergic or non allergic), This policy should not be used to address diagnoses other than chronic rhinitis. No other changes made.
CAM 701175	Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia	Annual review, no change to policy intent. Updating rationale and references.
CAM 767	Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)	Annual review, no change to policy intent. Updating rationale and references.
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia (BPH)	Updating statement regarding TUNA for clarification to now state: 1. Transurethral needle ablation (TUNA), also known as transurethral radiofrequency needle ablation (RFNA) (including TUNA using water vapor, Rezum system(also known as convective radiofrequency transurethral water vapor therapy)
CAM 078	Discarded Drugs/Biologicals — Pharmaceutical Waste	Annual review, no change to policy intent.
CAM 012	Anesthesia Services	Interim review, removing the following statement from the policy: NOTE: Risk factors will only be paid if the physician (modifier AA on the primary anesthesia code) administers the anesthesia personally. There will be no separate reimbursement for risk factors for CRNAs or anesthesiologist supervision of CRNAs, even if reported separately. No other changes.
CAM 009	Allergy Immunotherapy	Interim review, updating the frequency statement for 95165 to indicate 120 doses in a year allowing 30 doses in a 90 day period. No other changes made.
CAM 80167	Medical Management of Obstructive Sleep Apnea Syndrome	Adding HCPCs codes E0490 and E0491 effective date 01/01/2024 to policy. No other change.
CAM 277	Serum Tumor Markers for Malignancies	Adding CPT code 0375U to coding section. This codes effective date is 01/01/2024. No other changes.
CAM 10105	Low-Intensity Pulsed Ultrasound Fracture Healing Device	Annual review, no change to policy intent. Updating regulatory status, rationale and references.

CAM 20104	Hyperbaric Oxygen Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 60101	Bone Mineral Density Studies	Updating policy verbiage to contain: Trabecular Bone Scoring is considered to be a component of the primary procedure and is not separate reimbursed. No other changes.
CAM 70105	Cochlear Implant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70114	Open and Thoracoscopic Approaches To Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	Interim review, updating the entire policy with expanded coverage statement allowing for hybrid ablation when clinical criteria is met.
CAM 90306	Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 181	Pathogen Panel Testing	Updating Coding section. Adding CPT codes 0441U and 0442U effective 04/01/2024. No other changes made.
CAM 188	Cardiovascular Disease Risk Assessment	Updating Coding section. Adding CPT codes 0439U and 0440U effective 04/01/2024. No other changes made.
CAM 324	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	Updating policy section. Adding code 0443U (effective 04/01/2024). No other change made.
CAM 287	Genetic Testing for Alzheimer's Disease	Updating Coding section. Adding CPT codes 0443U and 0445U effective 04/01/2024. No other changes made.
CAM 128	Biomarker Testing for Autoimmune Rheumatic Disease	Updating Coding section. Adding CPT codes 0446U and 0447U effective 04/01/2024. No other changes made.
CAM 288	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Updating policy section. Adding code 0448U (effective 04/01/2024). No other change made.
CAM 358	Prenatal Screening (Genetic)	Updating policy section. Adding code 0449U (effective 04/01/2024). No other change made.
CAM 167	General Genetic Testing, Somatic Disorders	Updating policy section. Adding code 0444U (effective 04/01/2024). No other change made.