



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

November 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 |
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| CAM 390 | Genomic Testing for Hematopoietic Neoplasms | New policy |
| CAM 389 | Lumbar Artificial Disc Replacement | New policy |
| CAM 387 | Applied Behavioral Analysis Services | New policy |
| CAM 392 | SACROILIAC JOINT FUSION | New policy |
| CAM 049 | Brain Natriuretic Peptide (BNP) | Archived |
| CAM 306 | Genomic Testing for Acute Myeloid Leukemia | Archived |
| CAM 310 | BCR-ABL1 Testing | Archived |
| CAM 254 | Prenatal Testing for Fetal Aneuploidy | Annual review, updated entire policy for clarity and consistency. Adding coverage for twin pregnancy and egg donor egg pregnancy. |
| CAM 311 | Genetic Testing for PTEN Hamartoma Tumor Syndrome | Updated annual review to 01/01/2024. |
| CAM 374 | Annular Closure Devices (e.g., BARRICAID®, XCLOSE®, INCLOSE™) | Annual review, no change to policy intent. |
| CAM 20232 | Leadless Cardiac Pacemakers | Annual review, no change to policy intent. |
| CAM 30103 | Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder | Annual review, no change to policy intent. |
| CAM 80118 | Lysis of Epidural Adhesions | Annual review, no change to policy intent. |
| CAM 329 | Transplant Rejection Testing | Annual review, entire policy updated for clarity and consistency. Adding criteria #6 to assess for rejection and injury using mRNA expression profiling as not medically necessary. |
| CAM 90102 | Evaluation of Hearing Impairment | Annual review, no change to policy intent. |
| CAM 161 | Lumbar Spinal Procedures | Interim review, removing material related to SI joint as a new policy specific to SI joint fusion is being created. |
| CAM 335 | Biochemical Markers of Alzheimer Disease and Dementia | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |
| CAM 325 | Use of Common Genetic Variants (Single Nucleotide Polymorphisms) To Predict Risk of Non-Familial Breast Cancer | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |

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| CAM 193 | Biomarkers for Myocardial Infarction and Chronic Heart Failure | Interim review, review month changed to October. Entire policy updated for clarity and consistency. Adding verbiage regarding BNP testing. CAM 049 will archive when this policy is published. |
| CAM 127 | Hepatitis Testing | Interim review, change review month to October. Updating entire policy for clarity and consistency. Policy criteria is being broken into sections that address Hepatitis B and C separately for ease of use. Some criteria updates have been made in relations to new CDC guidance. |
| CAM 137 | Paravertebral Facet Joint Injections/Blocks | Interim review, expanding indications for pars interarticularis and adding exclusions for sacral lateral branch block, atlantoaxial joint injections or block for diagnosis or treatment of post-surgical or other spine pain. Entire policy updated for Clarity and consistency. |
| CAM 241 | Gene Expression Profiling and Protein Biomarkers for Prostate Cancer | Updating coding section. Adding code 0403U to be effective on 10/01/2023. No other change made. |
| CAM 235 | Laboratory Guideline Policy | Updating coding section. Adding CPT code 0407U and 0418U effective on 10/01/2023. No other changes made. |
| CAM 136 | Epidural Spinal Injections | Interim review, no change to policy intent, but entire policy updated for clarity. |
| CAM 134 | Diagnostic Testing of Influenza | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. |
| CAM 169 | Lynch Syndrome Testing | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. Also adding CPT 81435, 81436, 81479, 0101U. |
| CAM 234 | Genetic Testing for Neurodegenerative Disorders | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. CPT codes 96040 and S0265 removed. Notes 1 and 2 added/updated. |
| CAM 319 | Nerve Fiber Density Testing | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. Adding CPT codes 88313, removing 88305 and 88314. |
| CAM 320 | Genetic Testing for Familial Hypercholesterolemia | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. A new note has been added to define close relatives. |
| CAM 324 | Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. Adding definition of the central nervous system. |
| CAM 326 | Molecular Testing of Pulmonary Specimens | Annual review, no change to policy intent. Updating the entire policy for clarity and consistency. Adding CPT 0360U. Adding note 1. |
| CAM 322 | Immune Cell Function Assay | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |

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| CAM 323 | Immunopharmacologic Monitoring of Therapeutic Serum Antibodies | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |
| CAM 316 | Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |
| CAM 330 | Metabolite Markers of Thiopurines Testing | Annual review, no change to policy intent. Updating Entire policy for clarity and consistency. |
| CAM 318 | Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |
| CAM 211 | β -Hemolytic Streptococcus Testing | Annual review, no change to policy intent. Entire policy edited for clarity and consistency, Statement added to clarify situations not described above in new coverage statement #9. |
| CAM 60123 | Diagnosis and Non Surgical Treatment of Sacroiliac Joint Pain | Interim review removing SI joint infusion from policy as a new policy specific to SI joint infusion is being published. |
| CAM 333 | Genetic Testing and Genetic Expression Profiling in Patients With Uveal Melanoma | Annual review, no change to policy intent. Updating entire policy for clarity and consistency. |
| CAM 142 | Cervical Spine Procedures | Interim review to update references. No change to policy intent. |
| CAM 767 | Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) | Interim review, reorganizing entire policy without change to intent. Also updating policy number. |
| CAM 20164 | Biofeedback as a Treatment of Fecal Incontinence or Constipation | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 60157 | Radioactive Seed Localization of Nonpalpable Breast Lesions | Annual review, no change to policy intent. Updating rationale and references. Adding codes C7501 and C7502. |
| CAM 70114 | Open and Thoracoscopic Approaches To Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures) | Annual review, no change to policy intent. Updating background, regulatory, rationale and references. |
| CAM 701104 | Subalar Arthroereisis and Subtalar Joint Implant | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 701123 | Plugs for Fistula Repair | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 701163 | Absorbable Nasal Implant for Treatment of Nasal Valve Collapse | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 701134 | Steroid-Eluting Sinus Stents and Implants | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 089 | Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services | Interim Review, adding asymptomatic pregnant person screening for hypertension recommendation. |
| CAM 332 | Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease | Interim review to add CPT code 76981 to policy. |

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| CAM 20118 | Diagnosis of Obstructive Sleep Apnea Syndrome | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 80308 | Cardiac Rehabilitation in the Outpatient Setting | Annual review, adding policy statement about virtual cardiac rehabilitation. Also updating rationale and references. |
| CAM 80103 | Oncologic Uses of Interferon Therapy | Change category to Prescription Drug and updated review date to 12/01/2023. No other changes. |
| CAM 109 | Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations | review to add verbiage regarding CPT 90678 being allowed for pregnant persons between 32-36 weeks of gestation per ACIP update of 10/11/2023. Adding codes to coding section. Added 96380 and 96381. No other change. |
| CAM 031 | Measurement of Thromboxane Metabolites for Aspirin Resistance | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. |
| CAM 209 | Diagnostic Testing of Most Common Sexually Transmitted Infections | Annual review, entire policy updated for clarity and consistency. Adding coverage verbiage regarding mycoplasma. Expanding verbiage related to signs and symptoms. |
| CAM 236 | Therapeutic Drug Monitoring for 5-Fluorouracil | Annual review, entire policy updated for clarity and consistency. Specific cancer types have been removed from criteria #1. |
| CAM 251 | Minimal Residual Disease | Annual review, entire policy updated for clarity and consistency. Policy criteria compressed into 3 statements. |
| CAM 304 | Genetic Testing for Li-Fraumeni Syndrome | Annual review, entire policy updated for clarity and consistency, criteria 2B added and a note added defining relative degrees. |
| CAM 314 | Cervical Cancer Screening Technologies With Pap and HPV | Annual review, no change to policy intent. But, entire policy updated for clarity and consistency. Previous coverage criteria #1 has been removed and restarted in new coverage criteria #7. |
| CAM 315 | Celiac Disease Testing | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. Adding new coverage criteria #1 and 2 to address TTG testing for individuals diagnosed with celiac disease who are IgA sufficient and IgA deficiency with frequency limitations provided. |
| CAM 317 | In Vitro Chemosensitivity and Chemosensitivity Assays | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. |
| CAM 321 | Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems) | Annual review, no change to policy intent. Entire policy updated. |

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| CAM 328 | Bone Turnover Markers Testing | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. Previous coverage criteria #1 is being deleted. Coverage and testing frequency will now be specific to members diagnosed with osteoporosis being treated with bisphosphonate therapy. |
| CAM 331 | Saturation Biopsy for Diagnosis and Staging of Prostate Cancer | Annual review, no change to policy intent. Criteria #2 added for clarity to allow repeat biopsy if the initial biopsy was negative, but clinical suspicion of prostate cancer continues. Policy title changed to Prostate Biopsy Specimen Analysis. Entire policy updated for clarity and consistency. |
| CAM 336 | Testing for Diagnosis of Active or Latent Tuberculosis | Annual review, no change to policy intent. Entire policy updated for clarity and consistency. |
| CAM 337 | Molecular Analysis for Gliomas | Annual review, entire policy updated for clarity and consistency, removing PCR testing to mirror NCCN guidelines. Also updating some genes with corrected names. |