



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

October 2020 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 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 028	Colorectal Cancer Screening	Annual review, no change to policy intent.
CAM 071	Concurrent Care	Annual review, no change to policy intent.
CAM 090	Robotic Assisted Surgery - Reimbursement Policy	Annual review, no change to policy intent.
CAM 195	Cimzia® (certolizumab pegol)	Updating coding in the coding section. No other changes made.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Updated medication list. No other changes made.
CAM 237	Speech Generating Devices	Annual review, no change to policy intent.
CAM 20164	Biofeedback as a Treatment of Fecal Incontinence or Constipation	Annual review, no change to policy intent. Updating references.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20410	Identification of Microorganisms Using Nucleic Acid Probes	Updating Annual review date to 07/2021. No other changes.
CAM 20416	Diagnosis of Vaginitis including Multi-target PCR Testing	Interim review, removing 0068U from coding.
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 rationale and references.
CAM 70173	Gastric Electrical Stimulation	Annual review, no change to policy intent.
CAM 701102	Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)	Annual review, no change to policy intent. Updating guidelines and coding.
CAM 80143	Radioembolization for Primary and Metastatic Tumors of the Liver	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90313	Retinal Telescreening for Diabetic Retinopathy	Annual review. Adding the following policy statement: Retinal telescreening with digital imaging and manual grading of images may be considered MEDICALLY NECESSARY as a screening technique for the detection of diabetic retinopathy. Also updating rationale, references, and regulatory status.
CAM 90322	Endothelial Keratoplasty	Annual review, no change to policy intent. Updating background, description, guidelines, coding, rationale and references.

CAM 20179	Non-contact Ultrasound Treatment of Wounds	Annual review, no change to policy intent. Updating guidelines, coding and references.
CAM 20402	BRCA	Interim review adding code 0172U to coding section. No other changes.
CAM 204115	Molecular Panel Testing of Cancers for Diagnosis, Prognosis and Identification of Targeted Therapy	Interim review, adding code 0016M. No other changes.
CAM 60157	Radioactive Seed Localization of Nonpalpable Breast Lesions	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 guidelines, coding, rationale and references.
CAM 701136	Radiofrequency Ablation of the Renal Sympathetic Nevers as a Treatment for Resistant Hypertension	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 background, regulatory status, rationale and references.
CAM 90321	Aqueous Shunts and Devices for Glaucoma	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 204120	Genetic Testing and Genetic Expression Profiling in Patients with Uveal Melanoma	Annual review, no change to policy intent. Updating title, rationale and references.
CAM 20414	Biochemical Markers of Alzheimer Disease and Dementia	Annual review, no change to policy intent. Updating rationale and references.
CAM 20409	Cervical Cancer Screening Technologies with Pap and HPV	Annual review, adding policy verbiage related to immunocompromised members. Updating coding, description, rationale and references.
CAM 235	Laboratory Guideline Policy	Annual review, no change to policy intent.
CAM 60133	Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus and Colon	Annual review, no change to policy intent. Updating background, guidelines, regulatory status, rationale, references and coding.
CAM 701104	Subtalar Arthroereisis and Subtalar Joint Implant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70180	Hip Resurfacing	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 141	Mepolizumab (Nucala®)	Interim review, changing age requirement from 12 years to 6 years. No other changes.
CAM 188	Cardiovascular Disease Risk Assessment	Interim review, removed "and management" from medical criteria number 8 novel cardiovascular biomarkers. No other changes made.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Annual review, no change to policy intent, minor revision in policy for clarity regarding age. also updating coding, rationale and references.
CAM 244	COVID-19 Testing	Update coding. Adding code 87636, 87637, 87811, 0240U, 0241U. No other changes made.
CAM 204113	Molecular Analysis for Gliomas	Annual review, adding coverage criteria for HIST1H3B, otherwise, no change to policy intent.
CAM 234	Genetic Testing for Neurodegenerative Disorders	Annual review, updating policy to add criteria for hereditary spastic paraplegia. Also updating rationale and references.
CAM 024	Antineoplaston Therapy and Sodium	Annual review, no change to policy intent.

	Phenylbutyrate	
CAM 031	Measurement of Thromboxane Metabolites for Aspirin Resistance	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 133	Hemoglobin A1c	Annual review, no change to policy intent, but, medical necessity criteria have been reworded for clarity and to meet ADA updated definitions. Also updating description, coding, rationale and references.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Interim review, adding "or oral fluid" to the statement regarding specimens for members with chronic renal failure. No other changes made.
CAM 176	Telehealth	Adding: "A fully executed Business Associate Agreement (BAA) with the telehealth vendor, system or platform" to the security and confidentiality section. No other changes.
CAM 210	Testing for Mosquito- or Tick-Related Infections	Annual review, no change to policy intent. Updating coding and references.
CAM 211	β -Hemolytic Streptococcus Testing	Annual review, no change to policy intent. Updating regulatory status, description, coding, rationale and references.
CAM 236	Therapeutic Drug Monitoring for 5-Fluorouracil	Annual review, no change to policy intent. Updating rationale and references.
CAM 20168	Transplant Rejection Testing	Annual review. No change to policy intent.
CAM 20301	In Vitro Chemoresistance and Chemosensitivity Assays	Annual review, no change to policy intent. Updating rationale and references.
CAM 20415	Bone Turnover Markers Testing	Annual review. Policy being revised to include issues that are medically necessary and expanding for clarity language regarding issues that are not medically necessary. Also updating coding, rationale and references.
CAM 20417	Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 20430	Celiac Disease Testing	Annual review, reformatting policy and adding "note 1" for clarity. Updating coding, description, rationale and references.
CAM 20456	Immune Cell Function Assay	Annual review, no change to policy intent.
CAM 20463	Use of Common Genetic Variants (single nucleotide polymorphisms) to Predict Risk of Non-Familial Breast Cancer	Annual review, no change to policy intent. Updating coding.
CAM 204139	Genetic Testing for Heterozygous Familial Hypercholesterolemia	Annual review, no change to policy intent; one criteria rewritten for clarity. Updating rationale, references and coding.
CAM 701114	Reverse Shoulder Arthroplasty	Annual review, no change to policy intent.
CAM 176	Telehealth	Adding: "A fully executed Business Associate Agreement (BAA) with the telehealth vendor, system or platform" to the security and confidentiality section. No other changes.
CAM 172	Daratumumab (Darzalex®) Injection	Adding DARZALEX FasPRO to policy section. No other changes made.

CAM 155	InflammaDry Test	Interim review, updating policy with medical necessity criteria for Testing of tear osmolarity in patients suspected of having dry eye IS MEDICALLY NECESSARY to aid in determining the severity of dry eye disease as well as monitor effectiveness of therapy. Also updating description, rationale and references.
CAM 239	Proteogenomic Testing of Individuals with Cancer	Interim review, changing annual review month. Updating policy, coding, description, rationale and references to include transcriptome testing and Caris Molecular Intelligence Cancer Seek.
CAM 119	Prenatal Screening	Interim review, updating policy language for clarity and to meet CDC guidelines. Also updating rationale and references.
CAM 20426	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing	Annual review, adding medical necessity criteria specific to pre- fecal microbata transplant. Also updating rationale, references and coding.
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Interim review adding medical necessity criteria for low and intermediate prostate cancer treatment.
CAM 204142	Molecular Testing of Pulmonary Specimens	Annual review, updating policy to address genomic testing related to idiopathic pulmonary fibrosis. Also updating title, rationale and references.
CAM 051	Allergen Testing	Annual update, Updating rationale, references, description, policy and coding to include verbiage related to peanut allergy testing.
CAM 134	Diagnostic Testing of Influenza	Annual review, no change to policy intent. Updating description, coding, rationale and references.
CAM 175	Fractional Flow Reserve CT	Annual review, no change to policy intent.
CAM 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	Annual review, no change to policy intent. Updating background, guidelines and coding.
CAM 20145	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. Updating rationale and references.
CAM 204118	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	Annual review, updating policy in relation to CSF testing. Also updating regulatory status, rationale, references and coding.
CAM 20428	Testing for Diagnosis of Active or Latent Tuberculosis	Annual review, updating policy to include verbiage regarding repeat drug susceptibility testing. Also updating description, rationale, references and coding.
CAM 20441	Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease	Annual review, no change to policy intent. Updating coding.
CAM 20484	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	Annual review, adding medical necessity criteria for multiple medications. Previously this policy had a not medically necessary statement for all uses. Also updating rationale, references and coding.
CAM 701121	Saturation Biopsy for Diagnosis and Staging of Prostate Cancer	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 248	Mental Health Services	Updated description, definitions, related policies, contract, and policy.

CAM 244	COVID-19 Testing	Interim review, adding policy verbiage for adult coverage of testing for Multisystem Inflammatory Syndrome.
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