



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

May 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 90331	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy	Adding HCPCS code J0177 effective 04/01/2024. No other changes made.
CAM 120	Flow Cytometry	Moving review date to 7/1/2024.
CAM 135	Thyroid Disease Testing	Moving review date to 7/1/2024.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Moving review date to 7/1/2024.
CAM 166	General Genetic Testing, Germline Disorders	Moving review date to 7/2024.
CAM 167	General Genetic Testing, Somatic Disorders	Moving review date to 7/2024.
CAM 168	Genetic Testing for Polyposis Syndromes	Moving review date to 7/2024.
CAM 218	Pharmacogenetic Testing	Moving review date to 7/2024.
CAM 265	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	Moving review date to 7/2024.
CAM 266	Genetic Testing for Epilepsy	Moving review date to 7/2024.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Moving review date to 7/2024.
CAM 283	Venous and Arterial Thrombosis Risk Testing	Moving review date to 7/2024.
CAM 381	Breast Cancer Radiation Oncology	Annual review, no change to policy intent.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Added CPT code 30469 back to policy. Code got deleted by accident. No other changes made.
CAM 765	CTA Coronary Arteries (CCTA)	Annual review, no change to policy intent.

CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 159	Lyme Disease Testing	Annual review, no change to policy intent. Updating table of terminology, rationale and references.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent. Updating table of terminology, rationale and references. Adding 0420U.
CAM 269	Diagnosis of Vaginitis	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 270	Intracellular Micronutrient Analysis	Annual review, no change to policy intent. Updating rationale and references.
CAM 271	Testing for Diagnosis of Helicobacter Pylori	Annual review, no change to policy intent. Updating rationale and references.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, no change to policy intent. Also updating table of terminology, rationale, references and verbiage of multiple CPT codes.
CAM 272	Fibromyalgia Testing	Annual review, no change to policy intent. Updating description, table of terminology, rationale and references.
CAM 051	Allergen Testing	Annual review, no change to policy intent. Policy is be updated for clarity and consistency. Coverage criteria 7 and 8 are being merged into one statement, Also updating description, table of terminology, rationale and references.
CAM 235	Laboratory Guideline Policy	Annual review moved to January 2025.
CAM 264	Vectra DA Blood Test for Rheumatoid Arthritis	Annual Review date moved to July 2024.
CAM 217	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Annual review, no change to policy intent. Updating rationale and references.
CAM 273	Liquid Biopsy	Annual review, no change to policy intent. Updating rationale and references.
CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent, coverage criteria one updated for clarity and consistency. rationale and references. Also updating description, rationale, and references.

CAM 243	Onychomycosis Testing	Annual review, updating description, table of terminology, rationale and references updated. We are also updating the policy verbiage, but, for the new coverage criteria #2, the verbiage needs to read: #2 For individuals with onychomycosis and for whom trial and failure of oral anti-fungals or documented reasons why oral treatment is contraindicated (i.e. liver disease) has failed to resolve infection, nucleic acid amplification testing (NAAT) is MEDICALLY NECESSARY.
CAM 280	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, policy updated for clarity and consistency, adding Coverage Criteria #2, updating rationale, references and coding.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Interim review to add NSCLC to table two.
CAM 384	Colorectal Cancer Screening	Annual review, no change to policy intent. Updating table of terminology, rationale and references.
CAM 70179	Whole Gland Cryoablation of Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 70154	Transmyocardial Revascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.
CAM 40206	Uterus Transplantation for Absolute Uterine Factor Infertility	Annual review, no change to policy intent. Updating Rationale and References.
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating rationale and references adding regulatory status.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, updating HCPCS coding to include the verbiage for all codes in the range E0650-E0676. No other changes.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	Annual review, no change to policy intent.

CAM 242	Esophageal Pathology Testing	Annual review, major policy revision related to NCCN updates. Also updating policy for clarity and consistency. Also updating description, Table of Terminology, rationale, references and coding.
CAM 278	Molecular Diagnostics for Breast Cancer Prognosis	Annual review, policy updated for clarity and consistency. Criteria #2 has been expanded to include specifics about the tumor type and size Also updating rationale and references.
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Annual review, no change to policy intent. Updating rationale and references.