



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

January 2021 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 722	Radiopharmaceutical Tumor Localization (SPECT), Single Area	New Policy
CAM 723	CT (Virtual) Colonoscopy	New Policy
CAM 724	Neck MRA/MRV	New Policy
CAM 751	Brain PET Scan	New Policy
CAM 752	PELVIS MR Angiography	New Policy
CAM 753	ADBDOMEN MRA (Angiography)	New Policy
CAM 754	LOWER EXTREMITY MRA/MRV	New Policy
CAM 755	Brain (Head) MRA/MRV	New Policy
CAM 756	HYPERTHERMIA With Radiation	New Policy
CAM 757	NEUTRON BEAM THERAPY (NBT)	New Policy
CAM 758	Radiation Therapy for Non-Cancerous Conditions	New Policy
CAM 111	Blinatumomab (Blincyto)	Annual review, adding medical necessity criteria 1-3. No other changes.
CAM 112	Siltuximab (Sylvant)	Annual review, no change to policy content.
CAM 117	Ramucirumab (Cyramza®)	Annual review, adding specific exons into policy criteria. No other changes.
CAM 131	Testosterone Testing	Updated coding section with 2021 codes.
CAM 167	General Genetic Testing, Somatic Disorders	Updated coding section with 2021 codes.
CAM 238	VYONDYS 53 (golodirsen)	Annual review, no change to policy content.
CAM 527	Salivary Hormone Testing	Updated coding section with 2021 codes.
CAM 204101	Genetic Testing for Li-Fraumeni Syndrome	Updated coding section with 2021 codes.
CAM 204109	Genetic Testing for Epilepsy	Updated coding section with 2021 codes.
CAM 204115	Molecular Panel Testing of Cancers for Diagnosis, Prognosis, and Identification of Targeted Therapy	Adding code 0017M to coding section. No other changes made.
CAM 204120	Genetic Testing and Genetic Expression Profiling in Patients with Uveal Melanoma	Updated coding section with 2021 codes.
CAM 204142	Molecular Testing of Pulmonary Specimens	Updated coding section with 2021 codes.

CAM 20416	Diagnosis of Vaginitis including Multi-target PCR Testing	Updated coding section with 2021 codes.
CAM 20460	Mutation Analysis in Myeloproliferative Neoplasms	Updated coding section with 2021 codes.
CAM 20477	Genetic Testing and Genetic Expression Profiling in Patients with Cutaneous Melanoma	Updated coding section with 2021 codes.
CAM 20478	Molecular Markers in Fine Needle Aspirates of the Thyroid	Updated coding section with 2021 codes.
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 701143	Responsive Neurostimulation for the Treatment of Refractory Foal Epilepsy	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 60117	MR Angiography Chest	Annual review, policy reorganized for clarity, updating references.
CAM 60124	Brain (Head) MRS	Annual review, no change to policy intent. Updating title and references. No other changes.
CAM 60129	MRI Breast	Annual review, updating policy for clarity. Also updating description and references.
CAM 60143	CTA Coronary Arteries (CCTA)	Annual review, no change to policy intent, updating policy for clarity. Also updating description and references.
CAM 60147	Functional MRI Brain	Annual review, no change to policy intent.
CAM 60149	Cerebral Perfusion Analysis CT	Annual review, no change to policy intent.
CAM 700	CT Angiography, Neck	Annual review, numerous clarifications and additions made to policy statement, also updating references and background.
CAM 701	MR Angiography Upper Extremity	Annual review, revising policy for clarity. Also updating references.
CAM 702	MR Angiography Spinal Canal	Annual review, no change to policy intent. Updating policy, description and references.
CAM 703	CT Angiography, Pelvis	Annual review, adding verbiage regarding runoff requests, iliac artery aneurysm size removed, adding multiple new diagnoses with medical necessity. Also updating background and references.
CAM 704	CT Angiography, CTA/CTV	Annual review, adding verbiage for deep venous thrombosis, clarifying statements regarding baseline CT, vascular malformation and arterial obstruction and renal impairment. Also updating title, description and references.
CAM 705	CT Cervical Spine	Annual review, expanded and revised policy verbiage for multiple different issues. Also updating description and references.
CAM 706	CT Angiography, Abdomen	Annual review, updating policy to include verbiage regarding compression syndrome, Ehlers Danlos syndrome, Loetz Dietz, May Thurner and combination studies for chest CTA/ abdomen and pelvis CTA. Also updating references.
CAM 707	CT Thoracic Spine	Annual review, updating policy adding new medical necessity criteria also clarifying some verbiage for specificity. Updating description and references.

CAM 708	CT Angiography, Abdomen and Pelvis	Annual review, significant revision of policy for clarity and specificity, adding a section related to "other vascular indications". Also updating description and references.
CAM 709	MRI Lumbar Spine	Annual review, adding criteria for new neurologic deficits, ankylosing spondylitis, metastatic disease. Also adding clarifying language to existing criteria. Updating references and description.
CAM 710	MRI Thoracic Spine	Annual review, updating policy to include expanded verbiage for trauma/injury, metastatic disease, transverse myelitis and new neurologic deficits. Also adding clarifying language for other criteria. Updating description and references.
CAM 711	CT Pelvis	Annual review, expanding policy verbiage with criteria related to perianal fistula, pre op, IBD, hernia, pelvic congestion syndrome, IUD location, May-Thurner , varicocele. Also updating description and references.
CAM 712	CT Heart	Annual review, revising criteria for congenital heart disease, adding verbiage for infective endocarditis. Also updating description and references.
CAM 713	CT Lumbar Spine	Annual review, updating policy to include verbiage related to new neurologic deficits, ankylosing spondylitis. Also updating verbiage for clarity, updating description and references.
CAM 714	MRI Pelvis	Annual review, adding verbiage re: lumbosacral plexus, pudendal neuralgia, maralgia paresthetica and piriformis syndrome. Also adding verbiage re: ernia, abnormal uterine bleeding, May-Thurner, varicocele and hematospermia. Also updating references and description.
CAM 715	CT Lower Extremity (Ankle, Foot, Hip or Knee)	Annual review, updating policy with additional criteria related to flatfoot, labral tear, crystalline arthropathy, loose bodies. Also adding clarifying language, updating background and references.
CAM 716	CT Abdomen and Pelvis	Annual review, updating policy for clarity, also adding several medical necessity criteria. Updating description and references.
CAM 717	CT Abdomen	Annual review, updating policy with multiple additions and revisions of criteria. Also updating description and references.
CAM 718	UPPER EXTREMITY MRI (Hand, Wrist, Arm, Elbow, Long one or Shoulder MRI)	Annual review, added verbiage regarding adhesive capsulitis, clarified policy verbiage. Also updated description and references.
CAM 719	MRI Heart	Annual review, significant revision to policy language related to cardiomyopathy and heart failure, intra and extra cardiac structures, aortic pathology and congenital heart disease. Also updating description and references.
CAM 720	MRI MRCP Abdomen	Annual review, updating policy to include medical necessity statement for organ or abnormality related to previous imaging, also updating sizes related to adrenal masses. Updating references and description.

CAM 721	MRI Lower Extremity (Ankle, Foot, Knee, Hip, Leg)(Joint and other than joint)	Annual review, added policy verbiage for pediatrics, loose bodies, delayed union, flatfoot, labral tear and joint implants/hardware. Also updating description and references.
CAM 725	CT Upper Extremity	Annual review, updating policy for clarity, adding table 1 and updating references.
CAM 726	CT Angiography, Upper Extremity	Annual review, no change to policy intent. Updating policy for clarity and updating references.
CAM 727	CT Angiography, Head/Brain	Annual review, multiple additions and revisions to the policy criteria. Also updating description and references.
CAM 728	CT Angiography, Abdominal Arteries	Annual review, no change to policy intent. Updating policy for clarity. also updating description and references.
CAM 729	Fetal MRI	Annual review, no change to policy intent.
CAM 733	MUGA Scan	Annual review, updating policy and description for clarity. No change to policy intent.
CAM 735	MRI Bone Marrow	Annual review, no change to policy intent. Updating policy for clarity, also updating description and references.
CAM 737	Low Field MRI	Annual review, no change to policy intent.
CAM 738	ORBIT, FACE, NECK, SINUS MRI	Annual review, updating policy for clarifications and facial trauma and metastases. Also updating references and background.
CAM 739	CT Soft Tissue Neck	Annual review, updating policy verbiage for clarity, adding verbiage/clarity re: neck masses, pediatric patients bell's palsy, cranial nerve palsy. Also updating references.
CAM 740	MRI Temporomandibular Joint (TMJ)	Annual review, updating policy with verbiage related to TMD and Juvenile idiopathic arthritis. Also updating background and references.
CAM 741	MRI Cervical Spine	Annual review, reformatting policy for clarity, updating references.
CAM 742	CT Head/Brain	Annual review, updating policy for clarification. Also adding additional criteria related to headache, stroke, visual changes. Also updating background and references.
CAM 743	MRI Chest (Thorax)	Annual review, adding medical criteria for chest wall pain and other clarifications. Also updating references.
CAM 744	MRI Brain (Includes Internal Auditory Canal)	Annual review, policy updated with numerous additions, revisions and clarifications. Also updating background and references.
CAM 745	TEMPORAL BONE, MASTOID, ORBITS CT	Annual review, clarifying policy verbiage and updating references and description.
CAM 746	Sinus Maxillofacial CT	Annual review, revising policy verbiage for multiple issues including pediatric rhinosinusitis, jaw osteonecrosis, trigeminal neuralgia and visualized lesions. Also updating background and references.
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	Annual review, no change to policy intent. Updating verbiage for clarity, also updating description and references.
CAM 748	CT Bone Density Study	Annual review, no change to policy intent.
CAM 749	CT Angiography, Chest (non-coronary)	Annual review, policy revised for clarity. Also updating description and references.

CAM 750	CT Chest (Thorax)	Updated coding section with 2021 codes.
CAM 066	Hereditary Angioedema Drug Therapy	Annual review, adding statement regarding use with other treatments and medical necessity criteria #3 for Cinryze. No other changes.
CAM 113	Belinostat (Beleodaq)	Annual review, adding compendial criteria. No other changes.
CAM 147	Knee Braces, Orthopedic Casts, Splints	Annual review, no change to policy intent.
CAM 157	Medical Policy Development and Review	Annual review, no change to policy intent.
CAM 202	Incapacitated Dependent Coverage	Annual review, no change to policy intent.
CAM 20144	Dermatologic Applications of Photodynamic Therapy	Annual review, no change to policy intent.
CAM 001	Enhanced External Counter Pulsation (EECP)	Changing review date, no other changes.
CAM 070	Surgical Treatment of Chest Wall Deformities (Congenital or Acquired)	Annual review, no change to policy intent.
CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 10124	Interferential Current Stimulation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	Annual review, medical necessity criteria updated to include age and therapy verbiage. Also reformatting policy for clarity including description, background, regulatory status, rationale and references.
CAM 20185	Neural Therapy	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20470	Genetic Testing for Lipoprotein A Variant as a Decision Aid for Aspirin Treatment and/or CVD Risk Assessment	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 221	Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Interim review to update policy coverage criteria regarding documentation of SMA type and age.
CAM 40118	Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome	Annual review, no change to policy intent. Updating rationale and references.
CAM 511	Radiation Oncology Services	Updated coding section with 2021 codes.
CAM 701106	Percutaneous Tibial Nerve Stimulation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	Annual review, no change to policy intent. Updating background, coding, rationale and references.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Annual review, no change to policy intent. Updating rationale, references, guidelines and coding.
CAM 70168	Extracranial Carotid Angioplasty/Stenting	Annual review, no change to policy intent. Updating guidelines, coding, regulatory status, rationale and references.

CAM 70308	Heart/Lung Transplant	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale and references.
CAM 80117	Hematopoietic Stem-Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome	Annual review, no change to policy intent. Updating rationale and references.
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 201101	Genetic Testing for Li-Fraumeni Syndrome	Updated coding section with 2021 codes.
CAM 032	Telemedicine	Annual review, no change to policy intent.
CAM 126	Vitamin D Testing	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 145	Gender Reassignment Surgery	Annual review, no change to policy intent.
CAM 186	Eye Movement Desensitization and Reprocessing (EMDR) Therapy	Annual review, expanding list of not medically necessary uses. No other change to policy intent. Also updating background, rationale, references and coding.
CAM 242	Esophageal Pathology Testing	Interim review, adding medical necessity criteria for wide area transepithelial sampling. Also reformatting policy for clarity.
CAM 472	Laboratory/Pathology Services	Annual review, no change to policy intent.
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 20218	Progenitor Cell Therapy for the Treatment of Damaged Myocardium due to Ischemia	Annual review, no change to policy intent. Updating background, regulatory status, coding, rationale and references.
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	Annual review, no change to policy intent. Updating background, regulatory status, coding, rationale and references.
CAM 70175	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Annual review, no change to policy intent.
CAM 80305	Outpatient Pulmonary Rehabilitation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90301	Keratoprosthesis	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90314	Implantation of Intrastromal Corneal Ring Segments	Annual review, no change to policy intent. Updating rationale and references.
CAM 20841	Genetic Testing for Rett Syndrome	Annual review, no change to policy intent. Updating description, coding, rationale and references.
CAM 204128	Genetic Testing for Fanconi Anemia	Annual review, no change to policy intent. Updating description, coding, rationale and references.

CAM 046	Breast Pumps	Interim review to add the following verbiage: The Medela In-style pump will be discontinued in 2021 and replaced with the Medela Pump In Style Advanced model. The Pump In Style Advanced model will now be considered for the no cost sharing breast pump purchases.”
CAM 128	ANA/ENA Testing	Interim review, adding policy statement regarding cell-bound, complement activation products. Also updating description, rationale and references.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Annual review, adding policy statement related to bariatric surgery status. Also updating description, rationale, references, and coding.
CAM 50104	Erythropoiesis Stimulating Agents and Darbeoetin Alfa (Aranesp)	Annual review, no change to policy intent.
CAM 50117	Repository Corticotropin Injection	Annual review, no change to policy intent.
CAM 50119	Injectable Clostridial Collagenase for Fibroproliferative Disorders	Annual review, no change to policy intent.
CAM 062	Octreotide Acetate (Sandostatin)	Annual review, no change to policy intent.
CAM 063	Golimumab (Simponi) for subcutaneous use	Annual review, no change to policy intent.
CAM 067	Bevacizumab (Avastin) for Oncologic Use	Annual review, no change to policy intent.
CAM 084	Pegloticase (Krystexx)	Interim review to correct typographical error in policy. No other changes made.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management	Interim review adding medical necessity criteria for EPI biomarker test. Adding guidelines. No other changes made.
CAM 261	BRCA	Interim review, updating description, policy, references and rationale. Adding "exocrine" to clarify pancreatic cancer updating policy language related to PARP inhibitor coverage.
CAM 204106	Genetic Testing for CHARGE Syndrome	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 20483	Genetic Testing for FMR1 mutations (including Fragile X Syndrome)	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 60126	Oncologic Applications of PET Scanning	Updating annual review date.
CAM 701131	Transcatheter Pulmonary Valve Implantation	Annual review, no change to policy intent. Updating guidelines, coding and rationale.