



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

December 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 093	Pembrolizumab (Keytruda)	Annual review, adding criteria for triple negative breast cancer, mycosis fungoides, additional criteria for esophageal and cervical cancer.
CAM 180	Avelumab (Bavencio®)	Annual review, adding statement B3 under urothelial carcinoma. No other changes.
CAM 702	MR Angiography Spinal Canal	Annual review, no change to policy intent.
CAM 727	CT Angiography, Head/Brain	Annual review, adding multiple medical necessity criteria for headaches, Langerhans cell histiocytosis, ophthalmologic issues, cisternography, carotid or vertebral artery dissection. Also updating description and references.
CAM 728	CT Angiography, Abdominal Arteries	Annual review, no change to policy intent.
CAM 751	Brain PET Scan	Annual review, no change to policy intent.
CAM 753	ABDOMEN MRA (Angiography)	Annual review, no change to policy intent. Reorganizing policy for clarity, also updating background and overview, adding note.
CAM 80118	Lysis of Epidural Adhesions	Annual review, no change to policy intent. Updating rationale and references.
CAM 046	Breast Pumps	Interim review adding verbiage regarding the Ameda Mya Joy Plus pump. No other changes made.
CAM 20230	Transcatheter Mitral Valve Repair	Annual review, no change to policy intent. Updating description, background, guidelines, rationale and references.
CAM 339	Human Growth Hormone	Annual review, no change to policy intent.
CAM 50105	Botulinum Toxin	Interim review, updating conditions Xeomin can be used to treat. No other changes.
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Annual review, no change to policy intent. Updating rationale and references.
CAM 708	CT Angiography, Abdomen and Pelvis	Annual review, o change to policy intent. Updating background adding note.
CAM 723	CT (Virtual) Colonoscopy - DIAGNOSTIC	Annual review, no change to policy intent.

CAM 724	Neck MRA/MRV	Annual review, adding medical necessity criteria for Loeys-Dietz syndrome, vertebrobasilar insufficiency, pulsatile tinnitus, preoperative evaluation and indications for children under 8 years of age. Also updating rationale and references.
CAM 735	MRI Bone Marrow	Annual review, no change to policy intent. Correcting bullet points and updating references.
CAM 738	ORBIT, FACE, NECK, SINUS MRI	Annual review, adding criteria related to complex strabismus, temporal bone fracture, optic neuritis, compressive lesions. Clarifying language regarding visual defect, osteomyelitis, optic neuropathy, csf otorrhea. No other changes
CAM 739	CT Soft Tissue Neck	Annual review adding medical necessity criteria for lymphadenopathy, unexplained throat pain and unexplained ear pain. Also updating rationale and references.
CAM 740	MRI Temporomandibular Joint (TMJ)	Annual review, updating direction for initial x-ray for clarity. Also adding not and updating description.
CAM 742	CT Head/Brain	Annual review, adding multiple new medical necessity statements related to headaches, Langerhans cell histiocytosis, carotid vertebral artery dissection, cisternographies and ophthalmologic issues. Also updating description and references.
CAM 755	Brain (Head) MRA/MRV	Annual review, adding medical necessity statement related to headache associated with exercise or sexual activity, giant cell arteritis and preoperative evaluation. Also updating description and references.
CAM 90315	Retinal Prosthesis	Annual review, no change to policy intent. Updating rationale.
CAM 202	Incapacitated Dependent Coverage	Interim review, changing policy category, no other changes made.
CAM 760	Cerebral Perfusion Analysis CT	Annual review, adding two additional medical necessity criteria related to post ictal paralysis and preoperative evaluation. Also updating overview and references.
CAM 311	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Updated coding. Added code 0235U to coding section. No other changes made.
CAM 90321	Aqueous Shunts and Devices for Glaucoma	Updating policy with 2022 coding. Adding codes 66989, 66991 and 0671T. DELETE CODES 0191T and 0376T effective on 01/01/2022. No other change made.
CAM 60101	Bone Mineral Density Studies	Updating policy with 2022 coding. Adding code 0691T. No other change made.
CAM 60144	Vertebral Fracture Assessment with Densitometry	Updating policy with 2022 coding. Adding code 0691T. No other change made.

CAM 60146	Dynamic Spinal Visualization	Updating policy with 2022 coding. Adding code 0693T. No other change made.
CAM 701140	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery	Updating policy with 2022 coding. Adding code 0694T. No other change made.
CAM 20210	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	Updating policy with 2022 coding. Adding code 0695T and 0696T. No other change made.
CAM 50135	Prescription Digital Therapeutics for Substance Abuse	Updating policy with 2022 coding. Adding code 0702T and 0703T. No other change made.
CAM 60103	Computed Tomography to Detect Coronary Artery Calcification	Updating policy with 2022 coding. Adding code 0710T, 0711T and 0712T. No other change made.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Updating policy with 2022 coding. Adding code 43497. No other change made.
CAM 161	Lumbar Spinal Procedures	Updating policy with 2022 coding. Adding code 63052 and 63053. No other change made.
CAM 90323	Intravitreal Corticosteroid Implants	Updating policy with 2022 coding. Adding code 68841. No other change made.
CAM 60133	Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon	Updating policy with 2022 coding. Adding code 91113. No other change made.
CAM 244	COVID-19 Testing	Updating policy with 2022 coding. DELETING code 0098U, 0099U and 0100U effective 01/01/20.
CAM 254	Prenatal Screening for Fetal Aneuploidy	Updating policy with 2022 coding. DELETING code 0168U.
CAM 259	Testing for Autism Spectrum Disorder and Developmental Delay	Updating policy with 2022 coding. DELETING code 0139U effective 01/01/2022.
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Updating policy with 2022 coding. Adding code 33267, 33268 and 33269. No other change made.
CAM 341	Eteplirsen for Duchenne Muscular Dystrophy	Annual review, no change to policy intent.
CAM 80101	Adoptive Immunotherapy	Annual review, no change to policy intent. Adding brexucabtagene autoleucel, lisocabtagene maraleucel, idocabtagene vidleucel. Also updating rationale and references.
CAM 177	RADICAVA (edaravone injection)	Annual review, no change to policy intent.
CAM 80163	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	Annual review, expanding policy indications for all therapies. Also updating rationale and references.
CAM 719	MRI Heart	Annual review, no change to policy intent. Reorganizing policy criteria for clarity.
CAM 758	Radiation Therapy for Non-Cancerous Conditions	Annual review, no change to policy intent.
CAM 118	Bulking Agents for the Treatment of Vocal Cord Paralysis	Annual review, no change to policy intent.

CAM 253	Surgical Treatment for Lymphedema and Lipedema	Annual review, no change to policy intent.
CAM 40116	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Annual review, no change to policy intent. Updating rationale and references.
CAM 20102	Dynamic Posturography	Annual review, no change to policy intent. Updating rationale and references.
CAM 70306	Liver Transplant and Combine Liver-Kidney Transplant	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	Updating policy with 2022 coding. Adding code 64628 and 64629. No other change made.
CAM 050	Daily Hemodialysis and Hemodialysis in the Home Setting	Annual review, no change to policy intent.
CAM 094	Women's Preventive Services	Annual review, no change to policy intent.
CAM 60123	Diagnosis and Treatment of Non-Surgical Sacroiliac Joint Pain	Updating policy with 2022 coding. Adding code 64628 and 64629. No other change made.
CAM 322	Immune Cell Function Assay	Updating policy with 2022 coding. Adding code 81560. No other change made.
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Updating policy with 2022 coding. Adding codes 42975, 64582, 64583 and 64584. Codes 0466T, 0467T and 068t will be DELETED on 01/01/2022. No other change made.
CAM 267	Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology)	Updating policy with 2022 coding. Adding code 82653. No other change made.
CAM 181	Pathogen Panel Testing	Updating policy with 2022 coding. Adding code 87154. No other change made.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Updating policy with 2022 coding. Adding code 83529. No other change made.
CAM 278	Gene Expression Testing for Breast Cancer Prognosis	Updating policy with 2022 coding. Adding code 81523. No other change made.
CAM 313	Chromosomal Microarray	Updating policy with 2022 coding. Adding code 81349. No other change made.
CAM 315	Celiac Disease Testing	Updating policy with 2022 coding. Adding code 86231, 86258 and 86364. No other change made.
CAM 324	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	Updating policy with 2022 coding. Adding code 86051, 86052, 86053, 86362 and 86363. No other change made.
CAM 20103	Gait Analysis	Annual review, no change to policy intent.
CAM 20110	Topographic Brain Mapping	Annual review, no change to policy intent.
CAM 40102	Prenatal Genetic and Chromosomal Metabolic Testing	Annual review, no change to policy intent.
CAM 40109	Home Uterine Activity Monitoring	Annual review, no change to policy intent.
CAM 60109	Vacuum-Assisted Breast Biopsy	Annual review, no change to policy intent.
CAM 60137	Radioimmunosintigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer	Annual review, no change to policy intent.

CAM 70102	Angelchik™ Anti-Reflux Prosthesis	Annual review, no change to policy intent.
CAM 70112	Isolated Limb Perfusion/Infusion for Malignant Melanoma	Annual review, no change to policy intent.
CAM 70177	Total Ankle Replacement	Annual review, no change to policy intent.
CAM 70198	Minimally Invasive Hip and Knee Arthroplasty	Annual review, no change to policy intent.
CAM 701117	Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee	Annual review, no change to policy intent.
CAM 80103	Oncologic Uses of Interferon Therapy	Annual review, no change to policy intent.
CAM 80104	Oncologic Applications of Interleukin-2 (Aldesleukin) When Used as Monotherapy	Annual review, no change to policy intent.
CAM 80202	Plasma Exchange (Plasmapheresis)	Annual review, no change to policy intent.
CAM 10101	Air Fluidized Beds	Annual review, no change to policy intent.
CAM 70107	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Annual review, no change to policy intent. Updating rationale and references.
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 761	Functional MRI Brain	Annual review, no change to policy intent. Updating references.
CAM 714	MRI Pelvis	Annual review, no change to policy intent. Updating verbiage related to prostate cancer for clarity related to NCCN guidelines. No other changes made.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Adding code 90671 and code 90677 int the pneumococcal conjugate section. No other changes made.
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	Annual review, no change to policy intent. Updating rationale and references.
CAM 763	Cardiac Applications of PET Scanning	Annual review, adding criteria for class IC antiarrhythmic drugs and history of diabetes mellitus, >40 years old with a calcium score >400. Also updating references.
CAM 744	MRI Brain (includes Internal Auditory Canal)	Annual review, multiple policy revisions, additions and deletions. Policy criteria reorganized, description and references updated.
CAM 710	MRI Thoracic Spine	Annual review, updating policy criteria, description and references.
CAM 70120	Vagus Nerve Stimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 701132	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Annual review, no change to policy intent. Updating regulatory status, rationale and refences. Updating 2022 Coding. Adding code 33370 to be effective 01/01/2022.
CAM 764	MRI Breast	Annual review. Adding new criteria for high risk screening with a lifetime risk of 0% or better, adding BARD1 germline mutation. Updating rationale and references.

CAM 765	CTA Coronary Arteries (CCTA)	Annual review, removing criteria related to low Duke treadmill score, adding high pretest probability as an alternative to coronary angiography (can also do MPI). Also updating rationale and references.
CAM 718	Upper Extremity MRI	Hand, Wrist, Arm, Elbow, Long bone, or Shoulder MRI) (Annual review, added verbiage about impingement, non-traumatic shoulder instability and glenoid labral tear requiring active conservative therapy. Also added detail regarding shoulder dislocation; suspected bone infection in the setting of ulcers and neuropathy; brachial plexopathy and treatment for rheumatoid arthritis. Also updating description and references.
CAM 70302	Allogeneic Pancreas Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 053	Orthodontic Treatment	Annual review, no change to policy intent.
CAM 60153	Digital Breast Tomosynthesis	Annual review, no change to policy intent.
CAM 70103	Implantable Bone Conduction and Bone Anchored Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 70148	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating rationale and references.
CAM 701133	Microwave Tumor Ablation	Annual review, no change to policy intent.
CAM 70301	Kidney Transplant	Annual review, no change to policy intent. Updating guidelines, rationale and references.
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 709	MRI Lumbar Spine	Annual review, updating policy criteria, description and references.
CAM 711	CT Pelvis	Annual review, no change to policy intent. Updating policy for clarity related to prostate scanning. No other changes made.
CAM 713	CT Lumbar Spine	Annual review, updating medical necessity criteria, description and references.
CAM 715	CT Lower Extremity (Ankle, Foot, Hip or Knee)	Annual review adding medical necessity criteria related to unstable syndesmotic injury, navicular bone to high risk stress fracture and information related to suspected bone infection in the setting of ulcers, neuropathy and following treatment for rheumatoid arthritis.
CAM 717	CT Abdomen	Annual review, no change to policy intent. Adding note regarding combination approvals. Also reorganizing policy criteria for clarity and specificity and updating overview.
CAM 720	MRI MRCP Abdomen	Annual review, no change to policy intent, but, correcting formatting of policy. Also updating description and references.

CAM 721	MRI Lower Extremity (Ankle, Foot, Knee, Hip, Leg)(Joint and other than joint)	Annual review, adding policy verbiage related to unstable syndesmotic injury, navicular bone to high risk stress fracture, suspected bone infection in the setting of ulcers and neuropathy, following treatment for rheumatoid arthritis, clarifying pre and post-operative statements. Also updating description and references.
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	Annual review, no change to policy intent.
CAM 757	Neutron Beam Therapy (NBT)	Annual review, no change to policy intent.
CAM 766	Brain (Head) MRS	Annual review, no change to policy intent. Updating description and references.
CAM 80108	Intraoperative Radiotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	Annual review, no change to policy intent. Updating background, rationale and references.