



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

## January 2022 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](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://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 334	Intravenous Iron	<b>New Policy</b>
CAM 80164	Home Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	<b>New Policy</b>
CAM 701170	Laser Interstitial Thermal Therapy for Neurological Conditions	<b>New Policy</b>
CAM 066	Hereditary Angioedema Drug Therapy	Annual review, no change to policy intent
CAM 111	Blinatumomab (Blincyto)	Annual review, no change to policy intent
CAM 117	Ramucirumab (Cyramza®)	Annual review, expanding verbiage related to non-small cell lung cancer, no other changes.
CAM 201104	Vestibular Function Testing	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 212	Intracardiac Ischemia Monitoring	Annual review, no change to policy intent. Updating background and description.
CAM 238	VYONDYS 53 (golodirsen)	Annual review, no change to policy intent
CAM 252	Bowel Management Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 701100	Bone Morphogenetic Protein	Annual review, no change to policy intent. Updating rationale and references.
CAM 701130	Axial Lumbosacral Interbody Fusion	Annual review, no change to policy intent. Updating rationale and references.
CAM 701143	Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy	Annual review, no change to policy intent. Updating rationale and references.
CAM 712	CT Heart	Annual review, no change to intent. Reorganizing description
CAM 716	CT Abdomen and Pelvis	Annual review, updating policy with regards to prostate imaging, hematuria and UTI definitions. Also updating description and references.
CAM 745	TEMPORAL BONE, MASTOID, ORBITS CT	Annual review, adding policy verbiage related to complex strabismus, temporal bone fracture, optic neuritis, visual defect, osteomyelitis, optic neuropathy and csf otorrhea. Also updating description and references.

CAM 746	Sinus Maxillofacial CT	Annual review, multiple additions and clarifications in policy verbiage related to chronic recurrent sinusitis, facial trauma, sinonasal bone mass, dyssomnia, sialadenitis, rhinosinusitis, and csf rhinorrhea. Also updating description and references.
CAM 748	CT Bone Density Study	Annual review, adding policy verbiage related to vertebral abnormalities, fractures with minimal or no trauma, maternal hip fracture and estrogen deficiency. Also updating description and references.
CAM 749	CT Angiography, Chest (non-coronary)	Annual review, policy revised for clarity. Also updating description and references.
CAM 112	Siltuximab (Sylvant)	Annual review, no change to policy intent.
CAM 113	Belinostat (Beleodaq)	Annual review, no change to policy intent.
CAM 70147	Bariatric Surgery	Annual review, no change to policy intent, but, guideline update related to adolescent bariatric surgery made. Also updating rationale and references.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 90314	Implantation of Intrastromal Corneal Ring Segments	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 126	Vitamin D Testing	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 255	Genetic Testing and Genetic Expression Profiling in Patients with Cutaneous Melanoma	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 260	Genetic Testing for Hereditary Hemochromatosis	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 40117	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary	Annual review, no change to policy intent.
CAM 20165	Aerosolized Antibiotics as a Treatment of Chronic Sinusitis	Annual review, no change to policy intent.
CAM 20146	Vacuum Therapy as a Treatment for Female Sexual Dysfunction	Annual review, no change to policy intent.
CAM 20141	Noncontact Radiant Heat Bandage for the Treatment of Wounds	Annual review, no change to policy intent.
CAM 201101	Multispectral Digital Skin Lesion Analysis	Annual review, no change to policy intent.
CAM 001	Enhanced External Counterpulsation (EECP)	Annual review, no change to policy intent.
CAM 147	Knee Braces, Orthopedic Casts, Splints	Annual review, no change to policy intent.
CAM 113	Belinostat (Beleodaq)	Annual review, no change to policy intent.
CAM 112	Siltuximab (Sylvant)	Annual review, no change to policy intent.

CAM 157	Medical Policy Development and Review	Annual review, no change to policy intent.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Annual review, no change to policy intent.
CAM 032	Telemedicine	Annual review, no change to policy intent.
CAM 80305	Outpatient Pulmonary Rehabilitation	Annual review, updating rationale and references and adding coverage statement for long COVID coverage.
CAM 115	Durable Medical Equipment (DME)	Interim review adding statement regarding athletic/exercise/physical fitness equipment. No other changes
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Interim review to update the FDA approval status of the Amplatzer Amulet. No other changes
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia(BPH)	Interim review, removing criteria for Urolift related to PSA results. Adding statement for Urolift indicating prostate gland volume is < 80 ml. (Updates reflect Up To Date
CAM 10124	Interferential Current Stimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 20303	Donor Lymphocyte Infusion for Malignancies Treated With an Allogeneic Hematopoietic Cell Transplant	Annual review, no change to policy intent.
CAM 209	Diagnostic Testing of Most Common Sexually Transmitted Infections	Correcting typographical error in related policy number.
CAM 254	Prenatal Screening for Fetal Aneuploidy	Annual review, no change to policy intent. Updating rationale and references.
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 701106	Percutaneous Tibial Nerve Stimulation	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 701131	Transcatheter Pulmonary Valve Implantation	Annual review, updating policy statement to include FDA approved statement. Also updating regulatory status, rationale and references.
CAM 70168	Extracranial Carotid Angioplasty/Stenting	Annual review, no change to policy intent. Updating rationale, references and description
CAM 70308	Heart/Lung Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 099	Diagnostic Testing of Iron Homeostasis & Metabolism	Annual review, no change to policy intent. Updating rationale and references, adding code 0251U
CAM 214	Genetic Testing for Duchenne, Becker, Facioscapulohumeral, and Limb-Girdle Muscular Dystrophies	Annual review, no change to policy intent. Updating policy for clarity. Also updating rationale and references
CAM 257	Genetic Testing for Familial Cutaneous Malignant Melanoma	Annual review, no change to policy intent. Updating rationale and references.

CAM 259	Testing for Autism Spectrum Disorder and Developmental Delay	Annual review, no change to policy intent. Updating rationale and references. Adding 0263U and end dating 0139U.
CAM 269	Diagnosis of Vaginitis including Multi-target PCR Testing	Interim review, adding coverage to criteria # 8 for NAAT testing. Also adding CPT 87801 to policy
CAM 344	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 policy number, rationale and references
CAM 345	Genetic Testing for Fanconi Anemia	Annual review, updating policy criteria #2, also updating rationale and references.