



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

## August 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](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 60115	Videofluoroscopic Evaluation of Velopharyngeal Dysfunction	ARCHIVED
CAM 80150	Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma	ARCHIVED
CAM 265	Genetic Cancer Susceptibility Panels Using Next Generation Sequencing	ARCHIVED (Archiving Policy. archival is that the material included in the policy is also sourced in other policies. Notes 1 and 3 are included in CAM 235. Other policies that are to be used for what was in this policy are: General Genetic Testing, Germline Disorder CAM 166 and General Genetic Testing , Somatic Disorders CAM 167)
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent. Updating references.
CAM 138	Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/Experimental)	Annual review, no change to policy intent.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 226	BioZorb®	Annual review, no change to policy intent.
CAM 80122	Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias	Annual review, no change to policy intent.
CAM 80129	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	Annual review, no change to policy intent. Updating references.

CAM 041	Orthognathic Surgery	Annual review, major format update format for clarity and consistency. Entire policy being updated.
CAM 70147	Bariatric Surgery	Revision surgery to address perioperative or late complications of the original bariatric procedure may be considered MEDICALLY NECESSARY. They include, but are not limited to, staple-line failure, obstruction, stricture, non-absorption resulting in hypoglycemia or malnutrition, weight loss of 20% or more below ideal body weight, and band slippage that cannot be corrected with manipulation or adjustment (see Policy Guidelines section). Revision of a primary bariatric procedure that has failed due to dilation of the gastric pouch or dilation proximal to an adjustable gastric band (documented by upper gastrointestinal examination or endoscopy) is considered MEDICALLY NECESSARY if the initial procedure was successful in inducing weight loss prior to pouch dilation, and the patient has been compliant with a prescribed nutrition and exercise program. Converting from one surgical intervention to a second, particularly because the desired weight loss has not been realized, is considered a second procedure and not revision.
CAM 308	Testing for Alpha-1 Antitrypsin Deficiency	Change review date to 10/01/2024.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Change review date to 10/01/2024.
CAM 293	Pancreatic Cancer Risk Testing Using Pancreatic Cyst Fluid	Change review date to 10/01/2024.
CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Change review date to 10/01/2024.
CAM 291	Whole Genome and Whole Exome Sequencing	Change review date to 10/01/2024.
CAM 287	Genetic Testing for Alzheimer's Disease	Change review date to 10/01/2024.
CAM 283	Venous and Arterial Thrombosis Risk Testing	Change review date to 10/01/2024.
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	Change review date to 10/01/2024.

CAM 246	Gamma-glutamyl Transferase	Change review date to 10/01/2024.
CAM 210	Testing for Vector-Borne Infections	Change review date to 10/01/2024.
CAM 206	Urine Culture Testing for Bacteria	Change review date to 10/01/2024.
CAM 200	Folate Testing	Change review date to 10/01/2024.
CAM 205	General Inflammation Testing	Change review date to 10/01/2024.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Change review date to 10/01/2024.
CAM 181	Pathogen Panel Testing	Change review date to 10/01/2024.
CAM 167	General Genetic Testing, Somatic Disorders	Change review date to 10/01/2024.
CAM 166	General Genetic Testing, Germline Disorders	Change review date to 10/01/2024.
CAM 151	Quantose Impaired Glucose Tolerance (IGT) Test	Change review date to 10/01/2024.
CAM 135	Thyroid Disease Testing	Change review date to 10/01/2024.
CAM 120	Flow Cytometry	Change review date to 10/01/2024.
CAM 119	Prenatal Screening (nongenetics)	Change review date to 10/01/2024.
CAM 077	Oral Screening and Testing	Change review date to 10/01/2024.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Interim review to add CPT 90684, pneumococcal conjugate vaccine, 21 valent (PCV), for intramuscular use in adults effective 06/17/2024. No other changes made.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Interim review to add: High Body Mass Index in Children and Adolescents: Interventions: children and adolescents 6 years or older: The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (>95 percentile for age and sex) to comprehensive, intensive behavioral interventions. This has been added to the obesity section of policy directly following the HRSA Bright Futures recommendation on this topic.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Adding code 90759 in the Hepatitis B section, retroacting it back to 01/01/2022. No other changes made.

CAM 188	Cardiovascular Disease Risk Assessment	Annual review, no change to policy intent. Updating description, rationale, references and coding.
CAM 235	Laboratory Guideline Policy	Annual review, updated the entire policy.
CAM 288	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Annual review, no change to policy intent. Updating description, note to direct reader to CAM 235, Table of terminology, coding, rationale and references.
CAM 298	Molecular Profiling for Cancers of Unknown Primary Origin	Annual Review, no change to policy intent. Updated description, rationale and references.
CAM 299	Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies	Annual review, no change to policy intent. Updating policy statement #1 to change CMT to CMTA, Note 2 directs reader to CAM 235, rationale, references, coding verbiage for 81406 and removing 96040 and S0265.
CAM 309	Genetic Testing for Hereditary Pancreatitis	Annual review, no change to policy intent. Updating table of terminology, rationale and references. Note one directs reader to CAM 235.
CAM 311	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Annual review, no change to policy intent. Updating description, table of terminology, rationale, references and coding.
CAM 044	Genetic Testing for Cystic Fibrosis	Annual review, updating note 1 to include updated ACMG mutation list. Also updating rationale and references.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Annual review, updating policy to indicate frequency and timing for testing. Also updating coding, rationale, references and notes 1, 3 and 4 for clarity and specificity.

CAM 70147	Bariatric Surgery	Adding back to policy the following verbiage that was left off. Revision surgery to address perioperative or late complications of the original bariatric procedure may be considered MEDICALLY NECESSARY. They include, but are not limited to, staple-line failure, obstruction, stricture, non-absorption resulting in hypoglycemia or malnutrition, weight loss of 20% or more below ideal body weight, and band slippage that cannot be corrected with manipulation or adjustment (see Policy Guidelines section). Revision of a primary bariatric procedure that has failed due to dilation of the gastric pouch or dilation proximal to an adjustable gastric band (documented by upper gastrointestinal examination or endoscopy) is considered MEDICALLY NECESSARY if the initial procedure was successful in inducing weight loss prior to pouch dilation, and the patient has been compliant with a prescribed nutrition and exercise program. Converting from one surgical intervention to a second, particularly because the desired weight loss has not been realized, is considered a second procedure and not revision.
CAM 313	Chromosomal Microarray and Low-Pass Whole Genome Sequencing	Annual review, adding coverage for individuals with a suspected inherited seizure disorder. Also updating rationale and references. Removing 96040 and S0265 as they are not in scope of this policy.
CAM 701159	Sphenopalatine Ganglion Block for Headache	Annual review, no change to policy intent. Updating rationale and references.
CAM 701139	Peripheral Subcutaneous Field Stimulation	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 701128	Bronchial Valves	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80308	Cardiac Rehabilitation in the Outpatient Setting	Annual review, adding policy statement regarding cardiac rehabilitation and long COVID. Also updating rationale and references.
CAM 80167	Medical Management of Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent.
CAM 80148	Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid	Annual review, no change to policy intent. Updating rationale and references.

CAM 115	Durable Medical Equipment (DME)	Annual review, no change to policy intent.
CAM 80137	Inhaled Nitric Oxide	Annual review, no change to policy intent. Updating table 14.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Annual review updating TMB/MSI targeted therapy indications table. Also updating rationale and references and adding 0329U to coding.
CAM 70169	Sacral Nerve Neuromodulation/Stimulation	Interim review to correct formatting issue related to this technology and urinary incontinence. No change to policy intent.
CAM 046	Breast Pumps	Effective Jan. 1, 2023 A4283, A4284, A4285, A4286 and K1005 (termed 12312023): A4287 (replacement for K1005) will be considered MEDICALLY NECESSARY.
CAM 10115	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Interim Review to add: Intrapulmonary percussive ventilation devices (such as the Percussionaire® devices and the Volara™ System) to be investigational and unproven, and therefore, NOT MEDICALLY NECESSARY for all indications, including, but not limited to, cystic fibrosis, bronchiectasis, COPD, and neuromuscular conditions associated with retained airway secretions or atelectasis.)
CAM 20118	Diagnosis of Obstructive Sleep Apnea Syndrome	Re-added. Previously added, but not retained statement regarding supervised polysomnography and split-night polysomnography.
CAM 20121	Temporomandibular Joint Dysfunction	Annual review, no change to policy intent. Updating rationale and references.
CAM 20199	Polysomnography for Non-Respiratory Sleep Disorders	Annual review, no change to policy intent.
CAM 20490	Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes	Annual Review. No change in policy intent.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent.
CAM 60127	FDG Using Camera-Based Imaging (FDG-SPECT)	Annual Review. No change in policy intent.
CAM 60154	Dopamine Transporter Imaging With Single Photon Emission Computed Tomography (DAT-SPECT)	Annual review, no change to policy intent. Updating rationale and coding.

CAM 70113	Surgical Treatment of Bilateral Gynecomastia	Annual review, no change to policy intent.
CAM 70129	Percutaneous Electrical Nerve Stimulation, Percutaneous Neuromodulation Therapy, and Restorative Neurostimulation Therapy	Annual review, updating title, adding position statements regarding Reactive and percutaneous neuromodulation. Also updating rationale and references.
CAM 70191	Radiofrequency Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent.
CAM 70313	Composite Tissue Allotransplantation of the Hand and Face	Annual review, no change to policy intent. Updating rationale and references.
CAM 70191	Radiofrequency Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent.