



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

December 2023 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 094	Women's Preventive Services	Annual review, no change to policy intent.
CAM 717	CT Abdomen	Annual review, eliminating IBD for abdomen or pelvis alone unless contraindicated, adding updated guidance regarding adrenal, renal, hepatic, aneurysm exams. Adding information regarding pancreatic cyst lesions and transplant section added. Also updating description, rationale and references.
CAM 757	Neutron Beam Therapy (NBT)	Annual review, no change to policy intent.
CAM 701133	Microwave Tumor Ablation	Annual review, no change to policy intent.
CAM 701173	Axillary Reverse Mapping for Breast Cancer-Related Lymphedema	Annual review, no change to policy intent. Updating coding.
CAM 175	Fractional Flow Reserve CT	Adding CPT code 75580 to policy. Codes will be deleted on 01/01/2024 are 0501T, 0502T, 0503T and 0504T. No other changes.
CAM 701168	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis	Adding CPT codes that will be effective on 01/01/2024. Codes are 31242 and 31243. No other changes made.
CAM 701106	Percutaneous Tibial Nerve Stimulation	Adding CPT codes 0816T and 0818T to policy effective date is 01/01/2024.
CAM 20183	Interventions for Progressive Scoliosis	Adding CPT codes that will be effective on 01/01/2024. Codes are 22836, 22837, 22838 and 0790T. No other changes made.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Added CPT code 76981. This code was left off in annual review in error. No other changes.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Added HCPCS code E1800.
CAM 737	Low-Field MRI	Annual review, no change to policy intent. Entire policy updated for clarity.
CAM 740	MRI Temporomandibular Joint (TMJ)	Annual review, entire policy updated for consistency. No change to policy intent.
CAM 329	Transplant Rejection Testing	Annual review, entire policy updated for clarity and consistency. Adding criteria #6 to assess for rejection and injury using mRNA

		expression profiling as not medically necessary.
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Annual review, no change to policy intent. Updating background, regulatory status, rationale, references and coding.
CAM 755	Brain (Head) MRA/MRV	Annual review, adding statements regarding indeterminate findings on prior imaging, follow up of known carotid or vertebral artery dissection. Clarifying language in policy verbiage to better change intent. Updating entire policy for consistency.
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating background, coding, rationale and references.
CAM 752	Pelvis MRA/MRV (Angiography/Venography)	Annual review, entire policy being updated. General information and transplant sections added. Updated guidance regarding aneurysm, vascular conditions, and other vascular abnormalities. Statement regarding indeterminate findings on prior imaging added.
CAM 728	CTA Aortogram with Runoff	Annual review, entire policy being updated. Adding general information statement and statement regarding indeterminate finding on prior imaging. Title being changed to CTA Aortogram with Runoff.
CAM 700	Neck CTA	Annual review, entire policy updated for consistency. Adding verbiage for congenital vascular malformations of head and neck, follow up known carotid or vertebral artery dissection and indeterminate findings on prior imaging.
CAM 239	Proteogenomic Testing of Individuals With Cancer	Annual review, no change to policy intent. Updating entire policy for clarity and consistency.
CAM 338	Skilled Nursing Facility	Annual review, no change to policy intent.
CAM 20230	Transcatheter Mitral Valve Repair	Annual review, no change to policy intent. Updating rationale, references, and regulatory status.
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Annual review, no change to policy intent. Updating description, rationale, references, coding and reg status.
CAM 70150	Placental and Umbilical Cord Blood as a Source of Stem Cells	Annual review, no change to policy intent.

CAM 701	MR Angiography Upper Extremity	Annual review, Updating entire policy for clarity. Adding verbiage regarding vascular malformations and indeterminate findings.
CAM 704	Lower Extremity CTA/CTV	Annual review, Updating entire policy for clarity. Adding verbiage regarding vascular malformations and graft evaluation.
CAM 722	Radiopharmaceutical Tumor Localization (SPECT), Single Area	Annual review, entire policy updated for consistency. No change to policy intent.
CAM 723	CT (Virtual) Colonoscopy — Diagnostic	Annual review, no change to policy intent. Entire policy updated for clarity and adding statement regarding indeterminate findings on prior imaging.
CAM 724	Neck MRA/MRV	Annual review, updating entire policy for consistency. Adding verbiage for follow up of known or vertebral artery dissection and indeterminate findings on previous imaging.
CAM 739	CT Soft Tissue Neck	Annual review, adding language regarding indeterminate findings on prior imaging. Entire policy updated for consistency.
CAM 742	CT Head/Brain	Annual review, adding language regarding indeterminate imaging, lesions with atypical features, syringomyelia bulbar and pseudobulbar symptoms, abnormal reflexes, new onset headache, tumor surveillance and headache associated with exercise, exertion, Valsalva or sexual activity. Deleting language regarding anosmia or dysomia that is persistent. Entire policy is updated for consistency.
CAM 751	Brain PET Scan	Annual review, adding that dotatate is now FDA approved for meningioma imaging. Entire policy updated for clarity, adding statement regarding indeterminate findings on prior imaging.
CAM 759	PET Scan	Annual review, updating title to include PET, PET with CT Attenuation and PET/CT. Multiple updates made throughout the policy related to criteria for different diagnoses. Entire policy updated for clarity and consistency.
CAM 760	Cerebral Perfusion Analysis CT	Annual review, entire policy updated for consistency. No change to policy intent.
CAM 762	MR Angiography Chest	Annual review, simplified PE indications, clarified follow up of TAA repair, added verbiage regarding indeterminate findings on prior imaging. Entire policy updated for consistency.

CAM 765	CTA Coronary Arteries (CCTA)	Interim review, adding statement regarding electrophysiology testing prior to ablation, Kawasaki/MIS-C section on follow-up and clinical indications not addressed in this policy. Also updating entire policy for consistency.
CAM 701155	Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis	Annual review, no change to policy intent. Updating rationale and references.
CAM 90305	Corneal Topography/Computer-Assisted Corneal Topography/Photokeratotomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 702	MR Angiography Spinal Canal	Annual review, updating entire policy. Adding general information statement and evaluation of indeterminate findings on prior review.
CAM 703	CT Angiography, Pelvis	Annual review, entire policy being updated. General information section added. Transplant section added. Statement regarding indeterminate findings on prior imaging added. Updated other vascular abnormalities guidelines.
CAM 705	CT Cervical Spine	Annual review, updating entire policy. Adding general information statement. Adding statement about indeterminate findings on prior imaging. Clarifying cerebellar ataxia in gait table. Adding statement about trigeminal neuralgia not explained in recent brain imaging.
CAM 706	CT Angiography, Abdomen	Annual review, general information section, adding verbiage regarding abdomen or pelvis imaging alone, clarifying verbiage for other vascular abnormalities. Transplant section added. Statement regarding indeterminate findings added.
CAM 708	CT Angiography, Abdomen and Pelvis	Annual review, entire policy being updated. General information section added. Transplant section added. Aneurysm guidance updated. Indeterminate findings on prior imaging statement added.
CAM 733	MUGA Scan	Annual review, entire policy updated for consistency. No change to policy intent.
CAM 738	Orbit, Face, Neck, Sinus MRI	Annual review, updating entire policy for consistency. Adding verbiage regarding combo/orbit/brain MRI for suspected retinoblastoma, Bell's palsy/hemifacial spasm. Adding statement regarding indeterminate findings on prior imaging.

CAM 743	MRI Chest (Thorax)	Annual review, updated entire policy for consistency. Updating language on mass imaging and chest wall imaging, adding statement about indeterminate findings on prior imaging.
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