



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

December 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 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 60153	Digital Breast Tomosynthesis	ARCHIVED
CAM 40116	Progesterone Therapy as a Technique To Reduce Preterm Delivery in High-Risk Pregnancies	ARCHIVED
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Annual review, expanding policy coverage for pediatrics. Also updating guidelines, regulatory status, description, rationale and references.
CAM 20232	Leadless Cardiac Pacemakers	Annual review, updating policy to include a not medically necessary statement for Aveir DR dual chamber pacing system. Also updating background, rationale and references.
CAM 20230	Transcatheter Mitral Valve Repair	Annual review, adding policy verbiage for TMViVR. Also updating rationale and references and adding codes 0483T and 0484T.
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Interim review to remove coverage language regarding mandibular-maxillary advancement surgery and direct reader to CAM 041 Orthognathic Surgery. No other changes.
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Annual review, no change to policy intent. Updating rationale and references.

CAM 727	CT Angiography, Head/Brain	Annual review, policy reformatted for clarity and consistency. Multiple additions to indications for this technology: Frequency of screening in genetic syndromes, Screening for aneurysm in high-risk populations • Bicuspid aortic valve • Known aortic diseases (aneurysm, coarctation, dissection) • Suspected cerebral vasospasm • Suspected carotid or vertebral artery dissection; secondary to trauma or spontaneous due to weakness of vessel wall (already in combo) • Follow-up of known carotid or vertebral artery dissection within 3-6 months for evaluation of recanalization and/or to trauma or spontaneous due to weakness of vessel wall (already in combo) • Follow-up of known carotid or vertebral artery dissection within 3-6 months for evaluation of recanalization and/or to guide anticoagulation treatment (already in combo) • Horner's syndrome, non-central (miosis, ptosis, and anhidrosis_ - also in combo section • Genetic syndromes and rare disease section. • Refractory trigeminal neuralgia or hemifacial spasm when done for surgical evaluation • Note: For remote strokes with no prior vascular imaging, imaging can be considered based on location/type of stroke and documented potential to change management • To combo CT/CTA section Thunderclap headache >6 hours after onset in an acute setting with high suspicion of SAH • Large vessel vasculitis (Giant cell or takayasu arteritis) with suspected intracranial and extracranial involvement (Brain/Neck CTA combo) • Know Moyamoya disease or reversible cerebral vasoconstriction with any new or changing neurological signs or symptoms (Brain CTA/Brain CT combo) • Suspected secondary CNS vasculitis based on neurological signs or symptoms in the setting of an underlying systemic disease with abnormal inflammatory markers or autoimmune antibodies (Brain CTA/CT combo) when MRI is contraindicated or cannot be performed • Suspected primary CNS vasculitis based on neurological signs and symptoms with completed infectious/inflammatory lab work-up (Brain CTA/CT combo) when MRI is contraindicated or cannot be performed also adding purpose, contraindications/preferred studies. Updating rationale/background and references.
CAM 725	CT Upper Extremity	Annual review, no change to policy intent, policy being reformatted for clarity and consistency. Purpose statement and contraindication/preferred studies statement added, also for clarity and consistency. Updating references.
CAM 387	Applied Behavioral Analysis Services	Annual review, minor revisions made. Adding pediatric neurologist as specialty allowed to perform testing and decreased additional testing requirement from 2 to 1.
CAM 338	Skilled Nursing Facility	Annual review, no change to policy intent.

CAM 90102	Evaluation of Hearing Impairment	Annual review, no change to policy intent.
CAM 175	Fractional Flow Reserve CT	Annual review, no change to policy intent.
CAM 201103	Trigger Point and Tender Point Injections	Annual review, no change to policy intent.
CAM 30103	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder	Annual review, no change to policy intent.
CAM 392	Sacroiliac Joint Fusion	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 rationale and references.
CAM 701155	Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis	Annual review, no change to policy intent. Updating rationale and references.
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent.
CAM 70150	Placental and Umbilical Cord Blood as a Source of Stem Cells	Annual review, no change to policy intent.
CAM 706	CT Angiography, Abdomen	Annual review, policy updated for clarity and consistency. Separated aortic syndromes, EVAR studies clarified order in which studies would be ordered, renal artery stenosis updated, adding genetic syndromes and tumors section. Combination section adjust for clarity. Also updating rationale and references.
CAM 726	CT Angiography, Upper Extremity	Annual review, policy updated for clarity and consistency, adding evaluation of tumor, genetic syndromes, rare diseases and contraindications and preferred studies. Also updating rationale and references.
CAM 728	Abdominal Aorta CT Angiography with Lower Extremity Runoff	Annual review, policy updated for clarity and consistency, combination studies, genetic syndromes, rare disease and contraindications/preferred studies section added. Also updating rationale and references. Policy title updated.
CAM 742	CT Head/Brain	Annual review, policy updated for clarity and consistency, updated Cancer section, vertigo with progressive unilateral hearing loss or tinnitus, known Moyamoya disease, thunderclap headache criteria. Also updating rationale and references.
CAM 751	Brain PET Scan	Annual review, policy updated for clarity and consistency, Amyloid PET indications moved to oncologic PET guidelines, updating indications for known brain tumor or cancer. Also updating rationale and references.
CAM 80118	Lysis of Epidural Adhesions	Annual review, no change to policy intent.
CAM 90305	Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy	Annual review, no change to policy intent. Updating regulatory status.

CAM 748	CT Bone Density Study	Annual review, no change to policy intent. Replacing "description" with "background", adding general information statement for clarity and consistency. Updating references and reference numbers through policy.
CAM 756	Hyperthermia With Radiation	Annual review, no change to policy intent.
CAM 758	Radiation Therapy for Non-Cancerous Conditions	Annual review, no change to policy intent.
CAM 10101	Air Fluidized Beds	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 716	CT Abdomen and Pelvis	Annual review, no changes made.
CAM 176	Telehealth	Updated coding with CPT codes 98000 - 98007 with an effective date of 01/01/2025. No other changes.
CAM 133	Diabetes Mellitus Testing	Added Code CPT 82947 to coding section. No other change made.
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	Updated coding with CPT codes 82233 and 82234 with an effective date of 01/01/2025. No other changes.
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Updated coding with CPT codes 60660 and 60661 with an effective date of 01/01/2025. No other changes.
CAM 80161	Focal Treatments for Prostate Cancer	Updated coding with CPT codes 55881 and 55882 with an effective date of 01/01/2025. No other changes.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Updated CPT code 90661 updated Age Group to Both. No other changes.
CAM 322	Immune Cell Function Assay	Moving annual review to January 2025.
CAM 378	Coronary Artery Calcium Scoring by Electron-Beam Tomography (EBCT) OR Non-Contrast Coronary Computed Tomography (Non-Contrast CCT)	Annual review, policy updated for clarity and consistency including adding AUC scoring, adding clarifying statement that this test is not to be utilized for symptomatic patients. Also updating rationale and references.
CAM 709	MRI Lumbar Spine	Annual review, policy reformatted for clarity and consistency, adding contraindications and preferred studies section, updating description, rationale and references.
CAM 711	CT Pelvis	Annual review, policy reformatted for clarity and consistency. Updating combination studies, clarification contraindications vs MRI and CT use. Also updating rationale and references.
CAM 713	CT Lumbar Spine	Annual review, no change to policy intent. Policy reformatted for clarity and consistency. Adding contraindications/ preferred studies, updating references.

CAM 714	MRI Pelvis	Annual review, updating policy for clarity and consistency including uses of fetal MRI and Pelvis MRI, gynecologic uses updated, prostate cancer, known malignancies and inflammation/infections sections reorganized. Genetic and rare disease section added and combination studies updated. Also updating rationale and references.
CAM 715	CT Lower Extremity (Ankle, Foot, Hip or Knee)	Annual review, no change to policy intent but policy verbiage being reformatted for clarity and consistency. Removing verbiage regarding sonogram for leg length. Adding special note, Contraindication and preferred for clarity and consistency. Updating references.
CAM 717	CT Abdomen CT	Annual review, policy updated for clarity and consistency, genetics, malignancy and organ sections reorganized, renal/kidney disease updated, adding post embolization imaging, adding including adding CPT 0722T, adding contraindications and preferred studies section, updating combination studies. Also updating rationale and references.
CAM 744	MRI Brain (Includes Internal Auditory Canal)	Annual review, policy updated for clarity and consistency. Adding - Genetic syndromes and rare disease section-reorganized indications - Note: Vessel wall MRI (ordered as Brain MRI) can also be performed in the evaluation of vasculitides - PML suspected or known to the infectious or inflammatory disease section. - And updated Brain MRI for Known Cancer sections (initial staging, restaging and surveillance) - Vertigo with progressive unilateral hearing loss or tinnitus Horner's syndrome with symptoms localizing the lesion to the central nervous system (Brain/Cervical MRI Combo) - Known Moyamoya disease or reversible cerebral vasoconstriction with any new or changing neurological signs or symptoms (also to (Brain MRA /MRI combo) - Suspected secondary CNS vasculitis based on neurological signs or symptoms in the setting of an underlying systemic disease with abnormal inflammatory markers or autoimmune antibodies (Brain MRA /MRI combo) - Suspected primary CNS vasculitis based on neurological signs and symptoms with completed infectious/inflammatory lab work-up ((Brain MRA /MRI combo)) - Giant cell arteritis with suspected intracranial and extracranial involvement (Brain MRA /Neck/ Brain MRI combo)) Clarified - Updated pediatric seizure section. - Treatment of Alzheimer's disease with anti-amyloid-β monoclonal antibodies - baseline and surveillance imaging as per FDA labeling. Also updating description, references and combination section. Adding purpose.

CAM 745	Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal CT	Annual review, policy updated for clarity and consistency including adding contraindications and preferred studies. Adding indications for pulsatile tinnitus. Also updating rationale and references.
CAM 763	Heart (Cardiac) PET With CT for Attenuation	Annual review, policy updated for clarity and consistency, including adding AUC scores and calcium score. Also updating rationale and references.
CAM 766	Brain (Head) MRS	Annual review, updating policy for clarity and consistency, adding contraindications and preferred studies and pediatric metabolic disorders section. Also updating rationale and references.
CAM 053	Orthodontic Treatment	Annual review, no change to policy intent.
CAM 094	Women's Preventive Services	Annual review, no change to policy intent.
CAM 20102	Dynamic Posturography	Annual review, no change to policy intent.
CAM 201104	Vestibular Function Testing	Annual review, no change to policy intent. Updating references.
CAM 252	Bowel Management Devices	Annual review, no change to policy intent.
CAM 389	Lumbar Artificial Disc Replacement	Annual review, no change to policy intent.
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	Annual review, no change to policy intent. Updating regulatory status, table 12, and reference 16.
CAM 701	MR Angiography Upper Extremity	Annual review, no change to policy intent. Adding contraindications/preferred studies for clarity and consistency. Updating references and reference numbers.
CAM 701109	Magnetic Resonance — Guided Focused Ultrasound	Adding code 61715 effective 01012025.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Annual review, no change to policy intent. Updating rationale, references and HCPCS coding.
CAM 701133	Microwave Tumor Ablation	Annual review, no change to policy intent. Updating rationale and references.
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	Annual review, no change to policy intent. Updating rationale and references.
CAM 701158	Balloon Dilation of the Eustachian Tube	Annual review, no change to policy intent. Updating regulatory status, rationale, references and HCPCS coding.
CAM 701175	Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia	Adding codes 53865, 53866 effective 01012025.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Biacuplasty	Annual review, no change to policy intent. Updating regulatory status and references.
CAM 70120	Vagus Nerve Stimulation	Annual review, no change to policy intent. Updating rationale, references and HCPCS coding.
CAM 70302	Allogeneic Pancreas Transplant	Annual review, no change to policy intent. Updating pancreas specific guidelines, rationale, and references.
CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	Annual review, no change to policy intent. Updating rationale, references and CPT coding.

CAM 720	MRI MRCP MRE MRU Abdomen	Annual review, policy updated for clarity and consistency, genetics section and malignancy reorganized, organ section reorganized, polycystic kidney section updated, adding post embolization imaging and contraindications and preferred studies added. Also updating description, rationale and references. Adding CPT 0722T.
CAM 721	Lower Extremity MRI (Foot, Ankle, Knee, Leg or Hip MRI)	Annual review, no change to policy intent, but, policy reformatted for clarity and consistency. Adding special note, contraindication/preferred for clarity and consistency. Updating references.
CAM 757	Neutron Beam Therapy (NBT)	Annual review, no change to policy intent.
CAM 761	Functional MRI Brain	Annual review, no change to policy intent. Adding contraindications/preferred studies section, and updating references and reference numbers throughout policy.
CAM 80164	Home Non-Invasive Positive Airway Pressure Devices for the Treatment of Respiratory Insufficiency and Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 701170	Laser Interstitial Thermal Therapy for Neurological Conditions	Annual review, no change to policy intent. Updating regulatory status, 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 701132	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Annual review, policy and guidelines updated: For TAVI and VIV TAVI, the criterion of left ventricular ejection fraction greater than 20% was removed. A statement Was Added For consideration of individuals who may be at high risk of open surgery but no demonstrated on Society of Thoracic Surgeons risk score, 'Individual is considered at increased surgical risk for an open surgery but no demonstrated on Society of Thoracic Surgeons risk score, 'Individual is considered at increased surgical risk for a open surgery (eg, repeat sternotomy) due to a history of congenital vascular anomalies AND/OR has a complex intrathoracic surgical history, as documented by at least 2 cardiovascular specialists (including a Cardiac surgeon)'. Also updating description, regulatory status, rationale and references.
CAM 701100	Bone Morphogenetic Protein	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 references and HCPS coding.
CAM 80108	Photodynamic Therapy for Choroidal Neovascularization	Annual review, no change to policy intent.
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	Annual review, no change to policy intent. Updating references.
CAM 70301	Kidney Transplant	Annual review, no change to policy intent. Updating background, guidelines, rationale and references.

CAM 747	Myocardial Perfusion Imaging (Nuc Card)	Annual review, policy updated for clarity and consistency including adding AUC scoring, anginal symptoms verbiage updated, new guidelines for stress testing within the last 12 months. Also updating rationale and references.
CAM 70198	Minimally Invasive Hip and Knee Arthroplasty	Annual review, no change to policy intent.
CAM 70177	Total Ankle Replacement	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, references and CPT coding.
CAM 10101	Air Fluidized Beds	Annual review, no change to policy intent.
CAM 253	Surgical Treatments for Lymphedema and Lipedema	Annual review, no change to policy intent.
CAM 212	Intracardiac Ischemia Monitoring	Annual review, no change to policy intent.
CAM 050	Daily Hemodialysis and Hemodialysis in the Home Setting	Annual review, no change to policy intent.
CAM 377	Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders	Interim review to expand age range to 8- 21 years. No other changes.
CAM 391	Low-Dose CT for Lung Cancer Screening	Annual review, no change to policy intent. Updating references and Lung Rads table, policy reformatted for clarity and consistency.
CAM 70107	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Annual review, no change to policy intent. Updating rationale and references.
CAM 750	CT Chest (Thorax)	Annual review, policy reformatted for clarity and consistency updating: Lung Cancer screening is consistent with Cancer society • Lung nodules sections was clarified for size and follow up studies • Infections and inflammation section added to incorporate indications within the GL that were alone and added in sarcoidosis • Reorganized the malignancy section to follow the abdomen GLs; for known malignancy Initial staging was broad, Restaging gave the situations not reasonable, and surveillance was each identified with timelines for acceptable studies • Genetic Syndromes and Rare Diseases was added/adjusted. • Combination Studies were expanded upon to coincide with other guidelines/combination studies. Also adding purpose, contraindications/preferred studies, rationale and references.
CAM 749	CT Angiography, Chest (Noncoronary)	Annual review, policy reformatted for clarity and consistency. Added Genetics and Rare Diseases, Evaluation of Tumor, Contraindications and Preferred Studies section. Updating references.
CAM 710	MRI Thoracic Spine	Annual review, reformatting policy for clarity and consistency, also adding contraindications and preferred studies, updating combination studies, adding genetic and rare disease section, updating rationale and references.

CAM 393	Heart (Cardiac) PET	Annual review with reformatting of policy for clarity and consistency, adding clinical reasoning statements with AUC scoring. Also updating rationale, references and abbreviation/acronym list.
CAM 718	Upper Extremity MRI	Annual review, no change to policy intent. Updating policy for clarity and consistency. Adding special note and contraindications/preferred studies for clarity and consistency. Updating references.
CAM 719	MRI Heart	Annual review, policy reformatted for clarity and consistency including adding AUC scores and combination studies section. Also updating rationale and references.
CAM 746	Sinus Maxillofacial CT	Annual review, updating policy for clarity and consistency, adding contraindications and preferred studies adding verbiage regarding bone marrow transplant, clarifying anosmia indication. Also updating description, rationale and references.