



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

September 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 |
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| CAM 701150 | Vagus Nerve Blocking Therapy for Treatment of Obesity | ARCHIVED |
| CAM 169 | Lynch Syndrome Testing | Annual review, adding C2 F, updating note 3 directing reader to CAM 235 and adding note 2 regarding specific mutations that must be included in panel testing for LS related cancer. Updating CC#3 in relation to notes. Also updating multiple entries in the table of terminology, rationale and references. |
| CAM 247 | Redblood Cell Molecular Testing | Annual review, adding coverage criteria for individuals with suspected Duffy-null neutropenia. Also updating description, rationale and references. |
| CAM 251 | Minimal Residual Disease | Annual review, no change to policy intent. Updating description, table of Terminology, rationale, references, and coding. |
| CAM 261 | Genetic Testing for Breast, Ovarian, Pancreatic and Prostate Cancers | Annual review updating criteria #4: For individuals 18 years of age or older who are of Ashkenazi Jewish ancestry and who do not meet any of the above criteria, testing for the three known founder mutations (185delAG and 5385insC in BRCA1; 6174delT in BRCA2) is medically necessary. Adding criteria #7: For all other purposes, including, but not limited to, testing of the general population, genetic testing for susceptibility to breast, ovarian, pancreatic, or prostate cancer is not medically necessary (Updating description, rationale and references. |

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| CAM 266 | Genetic Testing for Epilepsy | Annual review, no change to policy intent. Updating rationale, references. Note 1 directs reader to CAM 235 updating verbiage for CPT 81406. |
| CAM 292 | Genetic Testing for Neurofibromatosis and Related Disorders | Annual review, no change to policy intent. Updating description table of terminology, rationale, references. Note 2 directs reader to CAM 235. |
| CAM 294 | Genetic Testing for Hereditary Hearing Loss | Annual review, updating rationale and references and updating note #2 to direct reader to CAM 235. |
| CAM 297 | Genetic Testing for Alpha- and Beta-Thalassemia | Annual review, no change to policy intent. Updating description, table of Terminology, rationale, references. |
| CAM 301 | Genetic Testing for Ophthalmologic Conditions | Annual review, adding coverage criteria #2 for individuals with findings suggestive of other ophthalmologic disorders with a known causative gene(s) where identification of a genetic variant will affect clinical management, testing of the known causative gene(s) meets medical necessity. Also updating rationale, references and the verbiage of 81404. |
| CAM 333 | Genetic Testing and Genetic Expression Profiling in Patients With Uveal Melanoma | Annual review, no change to policy intent. Updating description, rationale, references. Note directs reader to CAM 235. |
| CAM 337 | Molecular Analysis for Gliomas | Annual review, no change to policy intent. Updating rationale and references. Note 1 refers reader to CAM 235. |
| CAM 358 | Prenatal Screening (Genetic) | Annual review, criteria #3 and #5 reworded for clarity. Criteria #7 added stating: To screen for single-gene mutations (i.e. autosomal recessive, autosomal dominant, X-lined) in the fetus, the use of non-invasive prenatal screening (NIPS) is not medically necessary. Updating description, note #2, rationale, references, table of terminology and updating coding verbiage. |
| CAM 60156 | Myocardial Sympathetic Innervation Imaging in Patients With Heart Failure | Annual review, no change to policy intent. Updating references. |

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| CAM 70312 | Islet Cell Transplantation | Annual review, no change to policy intent. Updating coding, rationale, and references. |
| CAM 90329 | Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome | Annual review, no change to policy intent. Updating regulatory status, rationale, and references. |
| CAM 047 | Amniotic Membrane and Limbal Stem Cell Transplantation for the Treatment of Ocular Conditions | Annual review, no change to policy intent. |
| CAM 10128 | Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis | Annual review, no change to policy intent. Updating rationale. |
| CAM 20129 | Biofeedback as a Treatment of Headache | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 230 | Genicular Nerve Blocks and Ablation for Chronic Knee Pain | Annual review, no change to policy intent. |
| CAM 251 | Minimal Residual Disease | Annual review, no change to policy intent. Updating description, table of Terminology, rationale, references, and coding. |
| CAM 297 | Genetic Testing for Alpha- and Beta-Thalassemia | Annual review, no change to policy intent. Updating description, table of Terminology, rationale, references. |
| CAM 300 | Genetic Testing for Lactase Insufficiency | Annual review, no change to policy intent. Updating Table of Terminology, rationale, references. |
| CAM 329 | Transplant Rejection Testing | Annual review, no change to policy intent. Updating description, rationale, references. |
| CAM 701134 | Steroid-Eluting Sinus Stents and Implants | Annual review, no change to policy intent. Updating table #9 and references. |
| CAM 70121 | Reduction Mammoplasty for Breast-Related Symptoms | Annual review, no change to policy intent. |
| CAM 70186 | Endovascular Stent Grafts for Disorders of the Thoracic Aorta | Annual review, no change to policy intent. Updating guidelines, background, regulatory status, rationale, and references. |
| CAM 80111 | Transcatheter Arterial Chemoembolization To Treat Primary or Metastatic Liver Malignancies | Annual review, no change to policy intent. |

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| CAM 307 | Testing for Colorectal Cancer Management | Updated CPT coding. Added code 0498U (effective 10/01/2024). No change in policy intent. |
| CAM 119 | Prenatal Screening (Nongenetics) | Updating coding section. Effective 10/01/2024 code O167U will be Deleted. |
| CAM 110 | Preimplantation Genetic Testing | Updating coding section. On 10/01/2024 Code 0396U will be deleted.No other changes made. |
| CAM 209 | Diagnostic Testing of Most Common Sexually Transmitted Infections | Updating coding section. Effective 10/01/2024 code O167U will be Deleted. |
| CAM 241 | Gene Expression Profiling and Protein Biomarkers for Prostate Cancer | (Updated CPT coding. Added codes 0495U and 00497U (effective 10/01/2024). No change in policy intent. |
| CAM 304 | Genetic Testing for Li-Fraumeni Syndrome | Annual review, adding coverage criteria 2 c for individual diagnosed with any cancer before 30 years of age and for whom a pathogenic or likely pathogenic TP53 variant has been identified on tumor only genomic testing as medically necessary. Also updating description, rationale and references. |
| CAM 317 | In Vitro Chemoresistance and Chemosensitivity Assays | Updated coding section. Updated verbiage on code 0248U to be effective 10/01/2024. |
| CAM 329 | Transplant Rejection Testing | Updated CPT coding. Added codes 0493U, 0508U and 0509U (effective 10/01/2024). No change in policy intent. Also added Code 0118U to be effective on 10/01/2024. |
| CAM 181 | Pathogen Panel Testing | Updated CPT coding. Added codes 0480U and 0504U (effective 10/01/2024). No change in policy intent. |
| CAM 335 | Biochemical Markers of Alzheimer Disease and Dementia | Updated CPT coding. Added code 0503U (effective 10/01/2024). No change in policy intent. |
| CAM 140 | Prescription Medication and Illicit Drug Testing in the Outpatient Setting | Updated CPT coding. Added codes 0517U, 0518U, 0519U and 0520U (effective 10/01/2024). No change in policy intent. |
| CAM 235 | Laboratory Guideline Policy | Updated CPT coding. Added codes 0482U, 0483U, 0484U, 0486U, 0510U and 0511U (effective 10/01/2024). No change in policy intent. |

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| CAM 239 | Proteogenomic Testing of Individuals With Cancer | Updated CPT coding. Added codes 0495U and 00497U (effective 10/01/2024). No change in policy intent. |
| CAM 241 | Gene Expression Profiling and Protein Biomarkers for Prostate Cancer | Updated CPT coding. Added codes 0495U and 00497U (effective 10/01/2024). No change in policy intent. |
| CAM 269 | Diagnosis of Vaginitis | Updated CPT coding. Added code 0505U (effective 10/01/2024). No change in policy intent. |
| CAM 273 | Liquid Biopsy | Updated CPT coding. Added codes 0490U, 0491U, 0492U, 0496U, 0499U, 0500U, 0501U and 0507U (effective 10/01/2024). No change in policy intent. |
| CAM 314 | Cervical Cancer Screening Technologies With Pap and HPV | Updated CPT coding. Added code 0502U (effective 10/01/2024). No change in policy intent. |
| CAM 323 | Immunopharmacologic Monitoring of Therapeutic Serum Antibodies | Updated CPT coding. Added codes 0514U and 0515U (effective 10/01/2024). No change in policy intent. |
| CAM 337 | Molecular Analysis for Gliomas | Updated CPT coding. Added code 0481U (effective 10/01/2024). No change in policy intent. |
| CAM 358 | Prenatal Screening (Genetic) | Updated CPT coding. Added codes 0488U, 0489U and 0494U (effective 10/01/2024). No change in policy intent. |
| CAM 342 | Microsatellite Instability and Tumor Mutational Burden Testing | Updated CPT coding. Added codes 0487U, 0512U and 0513U (effective 10/01/2024). No change in policy intent. |
| CAM 288 | Testing for Targeted Therapy of Non-Small-Cell Lung Cancer | Updated CPT coding. Added code 0478U (effective 10/01/2024). No change in policy intent. |
| CAM 307 | Testing for Colorectal Cancer Management | Annual review, adding new coverage statement #4 for clarity and consistency. Updating note to direct reader to CAM 235. Also updating rationale, references, and the last entry in the table of terminology. |
| CAM 147 | Knee Braces, Orthopedic Casts, Splints | Interim review to reformat knee brace portion of this policy including HCPCS coding. Please note expanded criteria related to the immediate post operative period and after osteochondral grafting |

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| | | and expansion of coverage for grade III osteoarthritis. No other changes. |
| CAM 20208 | Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry | Reformatting policy statement and including CPT coding with specific devices: Prolonged (Longer than 48 hours) Ambulatory Events Monitors (CPTs 93241, 93242, 93243, 93244, 93245, 93246, 93247 93248, 93268, 93270, 93271, 93272). The use of patient-activated or autoactivated external ambulatory event monitors OR continuous ambulatory monitors that record and store information for periods longer than 48 hours may be considered MEDICALLY NECESSARY as a diagnostic alternative to Holter monitoring in the following situations: Patient who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e. palpitations, dizziness, presyncope, or syncope). Patients with atrial fibrillation who have been treated with catheter ablation, and in whom discontinuation of systemic anticoagulation is being considered. Patients with cryptogenic stroke have a negative standard work-up for atrial fibrillation including a 24-hour Holter monitor (see Policy Guidelines section). Following a 48-hour Holter Monitor, when the results of the Holter monitoring were non-diagnostic. To assess the therapeutic |

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| | | <p>effect of arrhythmia therapy Implanted Ambulatory Event Monitors (CPTs 93285, 33285, 33296, 93297, 93298, E0616 and C1764) The use of implantable ambulatory events monitors, either patient-activated or autoactivated, may be considered MEDICALLY NECESSRY in the following situations: In the small subset of patients who experience recurrent symptoms so infrequently that a prior trial of other external ambulatory event monitor has been unsuccessful. In patients who require long-term monitoring for atrial fibrillation or possible atrial fibrillation (see Policy Guidelines section). Mobile Cardiac Outpatient Telemetry (93228 and 93229). The use of outpatient cardiac telemetry for up to thirty days may be considered medically necessary in the following instances: For individuals with cryptogenic stroke who have a negative standard work up including a negative 48-hour Holter monitor, or documentation showing at least 48 hours of telemetry without evidence of arrhythmia. For individuals who have undergone catheter ablation, or a procedure known to have risk of subsequent arrhythmia (TAVR), to monitor arrhythmia status when changes in medical management are being considered. Other uses of ambulatory event monitors, including outpatient cardiac telemetry and mobile applications, are investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY, including, but not limited to, monitoring effectiveness of antiarrhythmic medications and detection.</p> |
| CAM 80304 | Speech Therapy | Interim review to update verbiage for recertification to move from every thirty days to every ninety days. No other changes. |

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| CAM 70109 | Risk-Reducing Mastectomy | Interim review to update medical necessity criteria in relation to contralateral risk reducing mastectomy: a. Bilateral risk-reducing mastectomy is considered medically necessary in members at high risk of breast cancer. (For definitions of risk levels, see Policy Guidelines section.) b. Risk-reducing mastectomy is considered medically necessary in members with such extensive mammographic abnormalities (i.e., calcifications) that adequate biopsy or excision is impossible.) c. Contralateral risk-reducing mastectomy with or without reconstruction is considered medically necessary for members who have a person history of breast cancer. d. Risk-reducing mastectomy is considered investigational for all other indications. |
| CAM 60110 | Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy | Interim review to update verbiage regarding hydrogel spacers to be brand neutral. Also adding CPT code 55874 to the coding section. |
| CAM 70192 | Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas or Bone | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 015 | Influenza Vaccine | Annual review, no change to policy intent. |
| CAM 046 | Breast Pumps | Annual review, no change to policy intent. |
| CAM 079 | Breast Surgical Procedures/Prosthesis | Annual review, no change to policy intent. |
| CAM 386 | Phototherapy: PUVA, UV-B and Targeted Phototherapy | Annual review, no change to policy intent. Placing cutaneous T cell lymphoma in parenthesis in relation to mycosis fungoides. No other changes made. |
| CAM 564 | Surgical Guidelines (Secondary, Multiple Procedures, Co-Surgeons, Assistant Surgeons, Standby Physicians, Microsurgery/Microdissection) | Annual review, no change to policy intent. |
| CAM 10114 | Home Prothrombin Time Monitoring | Annual review, no change to policy intent. |
| CAM 20116 | Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions | Annual review, no change to policy intent. Updating rationale and references. |