



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

December 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 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 104	Vedolizumab (Entyvio™)	Interim review to change the number of trials of self-injectable biologic TNF antagonists from two or more to one or more. No other changes made.
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 204144	Gene Therapy for Inherited Retinal Dystrophy/Luxturna™	Interim review updating policy verbiage regarding age, prescriber and previous treatment.
CAM 221	Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Interim review to add coverage criteria 1c, update #3 and 6.
CAM 334	Intravenous Iron	Annual review, adding parameters to define iron deficiency anemia with and without CKD.
CAM 341	Eteplirsen for Duchenne Muscular Dystrophy	Annual review, no change to policy intent.
CAM 351	Antiemetics	Interim review removing Kytril and Zofran from policy and amending coverage statement regarding trial and failure of preferred therapy.
CAM 701	MR Angiography Upper Extremity	Annual review, minimal change to policy related to GFR for patients with renal impairment. Range changed from 30-89 to 30-45. No other changes made.
CAM 703	CT Angiography, Pelvis	Annual review, updating criteria for EVAR for specificity and clarity. No other changes.
CAM 705	CT Cervical Spine	Annual review. Adding language regarding documentation need for combination requests for overlapping body parts that have already had scans within the last three months. Also adding parenthetical statement related to contraindicated cervical spine MRI and extremity muscular weakness.
CAM 707	CT Thoracic Spine	Annual review, policy updated for specificity and clarity. Adding verbiage regarding documentation requirements for combination studies of overlapping body parts.

CAM 722	Radiopharmaceutical Tumor Localization (SPECT), Single Area	Annual review, reformatting entire policy for clarity and specificity.
CAM 725	CT Upper Extremity	Annual review, removing table one and updating coverage criteria for clarity.
CAM 729	Fetal MRI	Annual review, updating description. No change to policy intent.
CAM 733	MUGA Scan	Annual review, no change to policy intent.
CAM 741	MRI Cervical Spine	Annual review, no change to policy intent. Updating policy for clarity and specificity. Adding verbiage regarding documentation requirements for combination requests for overlapping body parts.
CAM 743	MRI Chest (Thorax)	Annual review, no change to policy intent. Updating references.
CAM 751	Brain PET Scan	Annual review, no change to policy intent. Some reformatting of policy for clarity and specificity.
CAM 754	LOWER EXTREMITY MRA/MRV	Annual review, no change to policy intent. Updating the GFR range for patients with renal impairment to GFR30-45 from GFR 30-89. No other changes.
CAM 760	Cerebral Perfusion Analysis CT	Annual review, reorganizing and reformatting policy for clarity and specificity.
CAM 80101	Adoptive Immunotherapy	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 90305	Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 753	ABDOMEN MRA (Angiography)	Annual review, adding verbiage regarding use of this technology for surgical planning for ureteropelvic junction obstruction.
CAM 755	Brain (Head) MRA/MRV	Annual review. Updating policy for clarity and specificity.
CAM 706	CT Angiography, Abdomen	Annual review. Updated policy.
CAM 708	CT Angiography, Abdomen and Pelvis	Annual review, policy updated with criteria updates made.
CAM 742	CT Head/Brain	Annual review, multiple updates to policy including histiocytic neoplasms, pituitary tumors, Arnold Chiari malformation, cerebral palsy. Verbiage regarding combination studies also updated.
CAM 700	CT Angiography, Neck	Annual review, no change to policy intent. Updating policy for clarity.
CAM 739	CT Soft Tissue Neck	Annual review, updating policy for specificity and clarity.
CAM 726	CT Angiography, Upper Extremity	Annual review, changing the GFR range for individual with renal impairment from 30-89 to 30-45. No other changes.
CAM 723	CT Angiography, Upper Extremity	Annual review, no change to policy intent. Updating references.

CAM 255	Genetic Testing and Genetic Expression Profiling in Patients With Cutaneous Melanoma	Interim review to provide a positive coverage position for DermTech. Also updating description, rationale and references.
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20232	Leadless Cardiac Pacemakers	Annual review, no change to policy intent.
CAM 735	MRI Bone Marrow	Annual review, no change to policy intent.
CAM 702	MR Angiography Spinal Canal	Annual review, no change to policy intent.
CAM 724	NECK MRA/MRV	Annual review. Reformatting and updating coverage criteria for clarity.
CAM 740	MRI Temporomandibular Joint (TMJ)	Annual review, no change to policy intent. Updating description and references.
CAM 759	Oncologic Applications of PET Scanning	Annual review, adding note for lung nodule and updating surveillance criteria for clarity and specificity.
CAM 30103	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit/Hyperactivity Disorder	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 177	Radicava (edaravone injection)	Annual review, no change to policy intent.
CAM 90315	Retinal Prosthesis	Annual review, no change to policy intent. Updated rationale and references.
CAM 338	Skilled Nursing Facility	Annual review, no change to policy intent.
CAM 60160	Therapeutic Radiopharmaceuticals for Neuroendocrine Tumors	Interim review after adoption of CAM 50143 Which addresses Lutetium in regards to prostate cancer. Updating title, background, guidelines, rationale, references and coding. No change to policy intent.
CAM 20230	Transcatheter Mitral Valve Repair	Annual review, no change to policy intent. Policy updated for clarity. Also updating rationale and references.
CAM 118	Bulking Agents for the Treatment of Vocal Cord Paralysis	Annual review, no change to policy intent.
CAM 712	CT Heart	Annual review, multiple changes to coverage criteria.
CAM 713	CT Lumbar Spine	Annual review, updating policy for clarity and specificity.
CAM 714	MRI Pelvis	Annual review, updating policy for clarity and specificity.
CAM 716	CT Abdomen and Pelvis	Annual review, multiple updates to coverage criteria.
CAM 717	CT Abdomen	Annual review, multiple updates to coverage criteria.
CAM 721	MRI Lower Extremity (Ankle, Foot, Knee, Hip, Leg) (Joint and other than joint)	Annual review, no change to policy intent. Policy updated for specificity and clarity.
CAM 723	CT (Virtual) Colonoscopy	Annual review, no change to policy intent. Updating references.
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	Annual review, updating policy for clarity and specificity.

CAM 748	CT Bone Density Study	Annual review, adding coverage criteria for pediatric and adolescent members.
CAM 749	CT Angiography, Chest (non-coronary)	Annual review, no change to policy intent. Policy updated for specificity and clarity.
CAM 757	NEUTRON BEAM THERAPY (NBT)	Annual review, no change to policy intent.
CAM 758	Radiation Therapy for Non-cancerous Conditions	Annual review, no change to policy intent.
CAM 761	Functional MRI Brain	Annual review, no change to policy intent. Updating description and references.
CAM 762	MRI Breast	Annual review, policy reordered for clarity and specificity.
CAM 763	Cardiac Applications of PET Scanning	Annual review, multiple updates to coverage criteria.
CAM 764	MRI Lumbar Spine	Annual review, updating policy for specificity and clarity.
CAM 710	MRI Thoracic Spine	Annual review, updating policy for specificity and clarity.
CAM 756	HYPERTHERMIA with Radiation	Annual review, no change to policy intent.
CAM 765	CTA Coronary Arteries (CCTA)	Annual review, no change to policy intent.
CAM 766	Brain (Head) MRS	Annual review, no change to policy intent. Updating description and references.
CAM 80108	Intraoperative Radiation Therapy	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80164	Home Non-invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	Annual review, no change to policy intent. Guidelines updated for clarity and specificity.
CAM 053	Orthodontic Treatment	Annual review, no change to policy intent.
CAM 093	Pembrolizumab (Keytruda)	Annual review, adding coverage for endometrial carcinoma, updating verbiage for gastric cancer, head and neck squamous cell cancer, NSCLC, and renal cell cancer.
CAM 212	Intracardiac Ischemia Monitoring	Annual review, no change to policy intent. Updating coding.
CAM 20102	Dynamic Posturography	Annual review, no change to policy intent. Updating rationale and references.
CAM 70107	Electrical Bone Growth Stimulation of the Appendicular Skeleton	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 701133	Microwave Tumor Ablation	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 70148	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating rationale and references.

CAM 70301	Kidney Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 80163	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	Annual review, adding coverage criteria for Brexuacatagene for relapsed or refractory patients with B cell acute lymphoblastic leukemia.
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	Annual review, no change to policy intent. Updating rationale and references.