



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

## July 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](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 201105	Dry Hydrotherapy for Chronic Pain Conditions	<b>New policy</b>
CAM 701171	Remote Electrical Neuromodulation for Migraines	<b>New policy</b>
CAM 10113	H-wave Electrical Stimulation	<b>Archived</b>
CAM 10403	Sympathetic Therapy for the Treatment of Pain	<b>Archived</b>
CAM 20159	Ultrasonographic Evaluation of Skin Lesions	<b>Archived</b>
CAM 20227	Acoustic Cardiography	<b>Archived</b>
CAM 60107	Transcranial Doppler Ultrasound	<b>Archived</b>
CAM 701165	Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinson's Disease	<b>Archived</b>
CAM 70153	Transjugular Intrahepatic Portosystemic (TIPS)	<b>Archived</b>
CAM 60119	Intracoronary Doppler Ultrasound	<b>Archived</b>
CAM 70142	Endoscopic Laser for Gastrointestinal Bleeding	<b>Archived</b>
CAM 90316	Conjunctival Incision with Posterior Juxtasclear Placement of Anecortave Acetate Depot Suspension	<b>Archived</b>
CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Annual review, no change to policy intent. Updating regulatory status, coding, rationale and references.
CAM 20180	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus	Annual review, no change to policy intent. Updating rationale and references.
CAM 221	Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Annual review, no change to policy intent.
CAM 195	Cimzia® (certolizumab pegol)	Annual review, no change to policy intent.
CAM 150	TECENTRIQ™ (atezolizumab)	Annual review, updating criteria for use with metastatic non-small cell lung cancer, adding criteria for unresectable or metastatic hepatocellular carcinoma and BRAF V600 mutation positive unresectable or metastatic melanoma. No other changes.
CAM 701120	Facet Arthroplasty	Annual review, no change to policy intent.

CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 20232	Leadless Cardiac Pacemakers	Interim review. Updating description, background, regulatory status, rationale and references.
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 20198	Orthopedic Applications of Platelet-Rich Plasma	Annual review, no change to policy intent. Updating rationale and references.
CAM 20187	Confocal Laser Endomicroscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701144	Patient-Specific Instrumentation (e.g., Cutting Guides) for Joint Arthroplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 106	Nivolumab (Opdivo)	Annual review, reformatting policy verbiage to detail coverage criteria by diagnosis. No other changes.
CAM 10115	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Annual review, no change to policy intent.
CAM 108	Abdominoplasty, Panniculectomy and Lipectomy	Annual review, no change to policy intent.
CAM 701109	Magnetic Resonance - Guided Focused Ultrasound	Annual review, adding investigational statement regarding this technology and Parkinson's Disease. Also updating description, background, rationale and references.
CAM 80139	Treatment of Tinnitus	Annual review, no change to policy intent. Updating rationale and references.
CAM 701161	Three-Dimensional Printed Orthopedic Implants	Annual review, no change to policy intent.
CAM 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent. Updating rationale and references.
CAM 70193	Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty™)	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 170	Ocrelizumab (Ocrevus™)	Annual review, adding statement regarding continuation of treatment. Also updating to remove requirement to have tried and failed two or more medications.
CAM 60148	Positional Magnetic Resonance Imaging (MRI)	Annual review, no change to policy intent.
CAM 50108	Intravenous Antibiotic Therapy for Lyme Disease	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 80311	Endobronchial Brachytherapy	Annual review, no change to policy intent. Updating rationale and references.

CAM 60150	Use of Magnetic Resonance Imaging to Monitor Integrity of Silicone Gel-Filled Breast Implants	Annual review, no change to policy intent.
CAM 036	Unicompartmental and Bicompartmental Knee Arthroplasties	Annual review, no change to policy intent.
CAM 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Annual review, no change to policy intent.
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent.
CAM 20183	Interventions for Progressive Scoliosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 20186	Targeted Phototherapy and Psoralen with Ultraviolet a for Vitiligo	Annual review, no change to policy intent. Updating title, rationale and references.
CAM 20189	Laser Treatment of Onychomycosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	Annual review, no change to policy intent.
CAM 222	Home Health Services Policy	Annual review, no change to policy intent.
CAM 248	Mental Health Services	Annual review, no change to policy intent.
CAM 291	Whole Genome and Whole Exome Sequencing	Added code 0329U.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 60160	Therapeutic Radiopharmaceuticals in Oncology	Annual review, no change to policy intent.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent. Updating rationale and references.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, no change to policy intent. Updating rationale and references.
CAM 70163	Deep Brain Stimulation	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 80304	Speech Therapy	Annual review, no change to policy intent.
CAM 80119	Treatment of Hyperhidrosis	Entire policy updated.
CAM 80132	Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80153	Cellular Immunotherapy for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80162	Electronic Brachytherapy for Nonmelanoma Skin Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80204	Lipid Apheresis	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.

CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	Annual review, no change to policy intent.
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Annual review, no change to policy intent. Updating rationale and references.
CAM 70154	Transmyocardial Revascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 284	Eptinezumab-jjmr (Vyapti™)	Annual review, no change to policy intent.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Adding USPSTF expanded coverage for colonoscopy effective 05312022.
CAM 70181	Nerve Graft with Radical Prostatectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701107	Interspinous and Interlaminar Stabilization/Distracton Devices Spacers	Annual review, no change to policy intent. Updating description and references.
CAM 701142	Surgery for Groin Pain in Athletes	Annual review, no change to policy intent. Updating description and references.
CAM 80122	Chelation Therapy for Off-Label Uses	Annual review, no change to policy intent.
CAM 70183	Auditory Brainstem Implant	Annual review, not change to policy intent. Updating rationale and references.
CAM 142	Cervical Spine Procedures	Annual review, no change to policy intent.
CAM 028	Melanoma Vaccines	Interim review to add statement regarding USPSTF updated requirement to allow follow up colonoscopy after a positive noninvasive stool based screening test or directed visualization without cost share. No other changes made.
CAM 017	Contraceptive Management	Annual review, no change to policy intent.
CAM 50136	Desensitization Treatment for Peanut Allergies	Annual review, no change to policy intent.
CAM 10127	Electrical Stimulation for the Treatment of Arthritis	Annual review, not change to policy intent. Updating rationale and references.
CAM 20120	Esophageal pH Monitoring	Annual review, not change to policy intent. Updating coding, rationale and references.
CAM 20192	Fecal Microbiota Transplantation	Annual review, not change to policy intent. Updating guidelines, rationale and references.
CAM 701140	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery	Annual review, not change to policy intent. Updating rationale and references.

CAM 80126	Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia	Annual review, not change to policy intent. Updating rationale and references.
CAM 80129	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	Annual review, not change to policy intent. Updating rationale and references.
CAM 80124	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	Annual review, not change to policy intent. Updating rationale and references.
CAM 80154	Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia	Annual review, no change to policy intent.
CAM 70304	Isolated Small Bowel Transplant	Annual review, not change to policy intent. Updating background, rationale and references.
CAM 70171	Lung Volume Reduction Surgery for Severe Emphysema	Annual review, not change to policy intent. Updating guideline, rationale and references.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, adding policy statement for advanced prosthetic components with both sensor and myoelectric control (e.g. LUKE Arm) as investigational and/or unproven and therefore not medically necessary. Also updating background, regulatory status, rationale and references.
CAM 50115	Infliximab	Annual review, no change to policy intent, but, expansion of coverage statement regarding trial and failure of preferred therapy. No other changes.
CAM 452	Pain Management Services (Chronic Pain and Rehabilitation Therapies)	Annual review, no change to policy intent.
CAM 137	Paravertebral Facet Joint Injections/Blocks	Annual review, no change to policy intent.
CAM 20139	Quantitative Sensory Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 045	Suit Therapy	Annual review, no change to policy intent.
CAM 10129	Tumor Treating Fields Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701110	Vertical Expandable Prosthetic Titanium Rib	Annual review, no change to policy intent. Updating rationale and references.