



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

October 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 071	Concurrent Care	Annual review, no change to policy intent.
CAM 176	Telehealth	Annual review, no change to policy intent.
CAM 237	Speech Generating Devices	Annual review, no change to policy intent.
CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	Annual review, no change to policy intent. Updating rationale and references.
CAM 50143	Therapeutic Radiopharmaceuticals for Prostate Cancer	Annual review, no change to policy intent.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Annual review, no change to policy intent.
CAM 701102	Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)	Annual review, no change to policy intent.
CAM 70114	Open and Thoracoscopic Approaches To Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	Annual review, no change to policy intent. Updating background, regulatory, rationale and references.
CAM 70180	Hip Resurfacing	Annual review, no change to policy intent. Updating rationale, references and adding PT Codes 27130 and 27299.
CAM 80137	Inhaled Nitric Oxide	Annual review, no change to policy intent. Updating regulatory status, rationale and reference.
CAM 80147	Intensity-Modulated Radiotherapy of the Prostate	Annual review, no change to policy intent. Updating rationale and references.
CAM 90313	Retinal Telescreening for Diabetic Retinopathy	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90322	Endothelial Keratoplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 701136	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension	Annual review, no change to policy intent, but, verbiage updated for clarity. Also updating Rationale and References.
CAM 90330	Ocriplasmin for Symptomatic Vitreomacular Adhesion	Annual review, no change to policy intent. Updating rationale and references.
CAM 90321	Aqueous Shunts and Devices for Glaucoma	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 80143	Radioembolization for Primary and Metastatic Tumors of the Liver	Annual review, no change to policy intent. Updating regulatory status, rationale and references.

CAM 70173	Gastric Electrical Stimulation	Annual review, no change to policy intent. Updating rationale, references moving coding from guidelines to coding section.
CAM 218	Pharmacogenetic Testing	Moving annual review date to April. Next review due 04/01/2024.
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	Moving annual review date 01/01/2024. No other changes.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Adding codes to coding section. Added 96380 and 96381. No other change.
CAM 20179	Non-Contact Ultrasound Treatment of Wounds	Annual review, no change to policy intent. Updating rationale.
CAM 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 175	Fractional Flow Reserve CT	Annual review, updating entire policy and expanding coverage criteria. Entire policy is being updated for format, clarity and consistency.
CAM 090	Robotic Assisted Surgery — Reimbursement Policy	Annual review, no change to policy intent.
CAM 009	Allergy Immunotherapy	Annual review, no change to policy intent.
CAM 386	Phototherapy: PUVA, UV-B and Targeted Phototherapy	Correction to date on note below it should be 9/20/2023 instead of 08/29/2023. Disregard note dated 08/29/2023.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Interim review to add CPT code 76981 to policy.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Interim review to replace verbiage for Impella and TanDemHeart products that was removed previously. No other changes.
CAM 70109	Risk-Reducing Mastectomy	Interim review to replace non functioning risk calculator link with functioning link. No other changes.
CAM 70113	Surgical Treatment of Bilateral Gynecomastia	Interim review to delete direction to a chart that had been previously removed. No change to intent.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Annual review, no change to policy intent. Updating guidelines, rationale, references and coding.
CAM 701112	Transanal Endoscopic Microsurgery (TEMS)	Annual review, no change to policy intent. Updating rationale.
CAM 80157	Baroreflex Stimulation Devices	Annual review, no change to policy intent. Updating rationale and references. Adding HCPCS C1825.
CAM 80144	Intradialytic Parenteral Nutrition	Annual review, no change to policy intent. Updating rationale and references.
CAM 80102	Chelation Therapy for Off-Label Uses	Annual review, no change to policy intent. Updating rationale and references.

CAM 50110	Immune Prophylaxis for Respiratory Syncytial Virus	Annual review, no change to policy intent. Updating rationale and references. Adding DX Z29.11.
CAM 30301	Digital Health Technologies: Diagnostic Applications	Annual review, no change to policy intent. Updating table 7 and its footnotes.
CAM 157	Medical Policy Development and Review	Interim review to update verbiage for clarity and specificity.
CAM 100105	Ambulance and Medical Transport Services	Annual review, No change to policy intent.
CAM 90312	Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool to Detect Amblyogenic Factors	Annual review, no change to policy intent.
CAM 10114	Home Prothrombin Time Monitoring	Annual review, no change to policy intent.
CAM 20219	Catheter Ablation as Treatment for Atrial Fibrillation	Annual review, no change to policy intent. Updating rationale and references.
CAM 70192	Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone	Annual review, no change to policy intent. Updating coding.
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Annual review, no change to policy intent, but policy updated for clarity. Also updating rationale, references, and background.
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating coding to mirror procedure coding in guidelines.
CAM 80158	Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation	Annual review, no change to policy intent. Updating background, rationale and references. Adding CPT 0783T.