



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

October 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 80167	Medical Management of Obstructive Sleep Apnea Syndrome	New policy; Added replacement supplies are covered based on medical necessity with the maximum allowed frequency.
CAM 701104	Subtalar Arthrodesis and Subtalar Joint Implant	Annual review, no change to policy intent.
CAM 090	Robotic Assisted Surgery - Reimbursement Policy	Annual review, no change to policy intent.
CAM 028	Colorectal Cancer Screening	Annual review, no change to policy intent.
CAM 009	Allergy Immunotherapy	Annual review, no change to policy intent.
CAM 237	Speech Generating Devices	Annual review, no change to policy intent.
CAM 269	Diagnosis of Vaginitis Including Multi-target PCR Testing	Interim review to add 0352U effective 10/01/2022. No other changes made.
CAM 50110	Immune Prophylaxis for Respiratory Syncytial Virus	Annual review, no change to policy intent.
CAM 231	Cemiplimab-rwlc (Libtayo®)	Annual review, no change to policy intent. Clarification of policy verbiage.
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 701114	Reverse Shoulder Arthroplasty	Annual review, no change to policy intent.
CAM 176	Telehealth	Interim and annual review, adding 99204 and 99205 for specialties for 26, 90 and 91 effective 01/01/2022.
CAM 20219	Catheter Ablation as Treatment for Atrial Fibrillation	Annual review, no change to policy intent. Updating rationale and references.
CAM 40119	Laparoscopic Percutaneous and Transcervical Techniques for Uterine Fibroids Myolysis	Updating entire policy including an update to allow laparoscopic or transcervical RFA to treat uterine fibroids if medical necessity guidelines are met.
CAM 70192	Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone	Annual review, updating description, rationale and references.
CAM 059	Natalizumab (Tysabri®)	Annual review, no change to policy intent.
CAM 091	Ipilimumab (Yervoy)	Annual review, no change to policy intent, but, reorganizing policy statement for clarity. Duplicate information also being removed.
CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	Annual review, no change to policy intent. Updating rationale and references.

CAM 701112	Transanal Endoscopic Microsurgery (TEMS)	Annual review, no change to policy intent. Updating rationale and references.
CAM 015	Influenza Vaccine	Annual review, no change to policy intent. Updating description and references. Adding background.
CAM 80144	Intradialytic Parenteral Nutrition	Annual review, no change to policy intent. Updating rationale and references.
CAM 564	Surgical Guidelines (Secondary, Multiple Procedures, Co-Surgeons, Assistant Surgeons, Standby Physicians, Microsurgery/Microdissection)	Annual review, no change to policy intent.
CAM 70113	Surgical Treatment of Bilateral Gynecomastia	Interim review, changing policy statement regarding liposuction from not medically necessary to be reflected as part of the primary procedure.
CAM 80157	Baroreflex Stimulation Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 80159	Intensity-Modulated Radiotherapy: Central Nervous System Tumors	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 014	Neuromuscular Electrical Stimulation (NMES)	Annual review, adding H wave stimulation to list of not medically necessary items. Also updating description, rationale and references.
CAM 90330	Ocriplasmin for Symptomatic Vitreomacular Adhesion	Annual review, no change to policy intent.
CAM 20118	Diagnosis of Obstructive Sleep Apnea Syndrome	Interim review, This policy is being separated into 2 policies. This one is for the diagnosis of OSA and a new policy, CAM 80167 will be created for the medical management of OSA.
CAM 046	Breast Pumps	Interim review to add coverage for A4283-A4286 and K1005 effective 01/01/2023.
CAM 229	Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedi™)	Updating coding section. Adding code J0222. No other changes made.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent.
CAM 50122	Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies	Annual review, no change to policy intent.
CAM 80106	Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus	Annual review, no change to policy intent. Updating rationale and references.
CAM 024	Antineoplaston Therapy and Sodium Phenylbutyrate	Annual review, no change to policy intent.
CAM 071	Concurrent Care	Annual review, no change to policy intent.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Annual review, no change to policy intent. Additional edit to update CPT 90671 for both adult and pediatric populations.
CAM 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 20179	Non-contact Ultrasound Treatment of Wounds	Annual review, no change to policy intent. Updating rationale and references.

CAM 60133	Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders	Annual review, adding statement regarding magnetic capsule endoscopy. Updating title, description, background, regulatory status, rationale, references, and coding.
CAM 60157	Radioactive Seed Localization of Nonpalpable Breast Lesions	Annual review, no change to policy intent. Updating rationale and references.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent. Updating rationale and references.
CAM 70173	Gastric Electrical Stimulation	Annual review, no change to policy intent. Updating regulatory status rationale and references.
CAM 701102	Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux (VUR)	Annual review, no change to policy intent. Updating rationale and references.
CAM 701123	Plugs for Fistula Repair	Annual review, no change to policy intent. Updating rationale and references.
CAM 701158	Balloon Dilation on the Eustachian Tube	Annual review, no change to policy intent. Update rationale and references.
CAM 80143	Radioembolization for Primary and Metastatic Tumors of the Liver	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 regulatory status, guidelines, rationale and references.
CAM 10112	Oxygen Therapy	Updated coding section. No change to policy intent.
CAM 80166	Chimeric Antigen Receptor Therapy for Multiple Myeloma	Updated coding Section. Added HCPCS Q2056 to be effective 10/01/2022.
CAM 80310	Cognitive Rehabilitation	Updated coding section. Added HCPCS A9291 to be effective 10/01/2022.
CAM 20305	Use of Monoclonal Antibodies	Updating coding section. Adding code J9203. No other changes made.
CAM 221	Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Updating coding section. Adding code J3399. No other changes.
CAM 195	Cimzia® (certolizumab pegol)	Updating coding section. Adding code J0717. No other changes made.
CAM 180	Avelumab (Bavencio®)	Updating coding section. Adding code J9023. No other changes made.
CAM 179	Olaratumab (Lartruvo)	Updating coding section. Adding code J9285. No other changes made.
CAM 177	RADICAVA (edaravone injection)	Updating coding section. Adding code J1301. No other changes made.
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 100105	Ambulance and Medical Transport Services	Annual review, no change to policy intent.
CAM 10114	Home Prothrombin Time Monitoring	Annual review, no change to policy intent.