



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

December 2020 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 093	Pembrolizumab (Keytruda)	Annual review, expanding coverage to include esophageal, small cell lung, and cutaneous squamous cell carcinomas. Also adding tumor mutational burden-high cancer verbiage. Expanded for clarity head and neck squamous cell and urothelial cell carcinoma verbiage. No other changes made.
CAM 50127	Eteplirsen for Duchenne Muscular Dystrophy	Annual review, adding medical necessity criteria. No other changes.
CAM 80163	Chimeric Antigen Receptor Therapy for Hematologic Malignancies	Annual review with significant revisions. Adding Tecartus to policy verbiage. Adding numerous statements for clarity to policy. Also updating regulatory status.
CAM 20148	Inpatient Intestinal Rehabilitation Therapy	Annual review, no change to policy intent.
CAM 20169	Laser Treatment of Active Acne	Annual review, no change to policy intent.
CAM 80203	Extracorporeal Immunoabsorption Using Protein A Columns	Annual review, no change to policy intent.
CAM 80306	Work Hardening Programs	Annual review, no change to policy intent.
CAM 90102	Evaluation of Hearing Impairment	Annual review, no change to policy intent.
CAM 90307	Phototherapeutic Keratectomy	Annual review, no change to policy intent.
CAM 20144	Dermatologic Applications of Photodynamic Therapy	Interim review, removing the word nonhyperkeratotic from policy bullets 1 and 2. No other changes made.
CAM 118	Bulking Agents for the Treatment of Vocal Cord Paralysis	Annual review, no change to policy intent.
CAM 180	Avelumab (Bavencio®)	Annual review, adding coverage verbiage for renal cell carcinoma.
CAM 60126	Oncologic Applications of PET Scanning	Annual review with major format revision to a table format. Also multiple policy revisions related to NCCN recommendation changes. Updating description and references.
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	Annual review, no change to policy intent.

CAM 249	Mitomycin for Pyelocalyceal Solution (Jelmyto)	Interim review. Adding code J9281 to coding section. No other changes made.
CAM 701122	Electromagnetic Navigation Bronchoscopy	Annual review, no change to policy intent. Updating policy verbiage/format for clarity. Also 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 70302	Allogeneic Pancreas Transplant	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 70120	Vagus Nerve Stimulation	Annual review, no change to policy intent. Updating description, background, regulatory status, guidelines, coding, rationale and references.
CAM 60137	Radioimmunosintigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer	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, background, description and references.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Updating CPT codes. No other changes.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Updating policy with 2021 coding. No other changes made to policy.
CAM 80161	Focal Treatments for Prostate Cancer	Updating coding for 2021. No other changes.
CAM 701158	Balloon Dilation of the Eustachian Tube	Updating coding for 2021. No other changes.
CAM 511	Radiation Oncology Services	Updating coding for 2021. No other changes.
CAM 094	Women's Preventive Services	Annual review, no change to policy intent.
CAM 176	Telehealth	Effective 01012021 the expansion of telehealth services will continue to be allowed until further notice. Ongoing coverage will be continually assessed during the COVID pandemic. Telehealth delivered via non-HIPAA compliant technologies will remain non covered.
CAM 212	Intracardiac Ischemia Monitoring	Annual review, no change to policy intent.
CAM 222	Home Health Services	Effective 01012021 the expansion of telehealth services will continue to be allowed until further notice. Ongoing coverage will be continually assessed during the COVID pandemic. Telehealth delivered via non-HIPAA compliant technologies will remain non covered.
CAM 244	COVID-19 Testing	Updating coding to include: 86408, 86409, 87428, J12.82, M35.81, M35.89, Z11.52, Z20.822, and Z86.16

CAM 701100	Bone Morphogenetic Protein	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 701133	Microwave Tumor Ablation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 70147	Bariatric Surgery	Annual review, no change to policy intent. Updating rationale and references.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 70301	Kidney Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80108	Intraoperative Radiotherapy	Annual review, no change to policy intent. Updating rationale and references.