



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

## June 2021 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 284	Eptinezumab-jjmr (Vyepti™)	New policy
CAM 80166	Chimeric Antigen Receptor Therapy for Multiple Myeloma	New policy
CAM 285	Viltepso® (Viltolarsen)	New policy
CAM 701166	Allograft Injection for Degenerative Disc Disease	New policy
CAM 50137	Lumasiran for Primary Hyperoxaluria Type 1	New policy
CAM 199	Tumor Treatment Fields Therapy for Glioblastoma	Archived; included in CAM 10129
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating guidelines, coding, rationale, and references.
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Annual review, no change to policy intent. Updating guidelines.
CAM 60123	Diagnosis and Treatment of Non-Surgical Sacroiliac Joint Pain	Adding archival date to related policy number.
CAM 060	Rituximab	Interim review adding Coverage of these drugs is provided when the criteria are met and there has been a trial and failure of preferred therapy and expanding drug list. Also updating verbiage for Wegener's Granulmatosis to include "unless intolerant or contraindicated".
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.
CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	Annual review, adding medical necessity criteria for VEEG " to document provocation of seizures after medication withdrawal for the purpose of making medication adjustments or otherwise determining an appropriate treatment plan. Also updating rationale and references.

CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating background, guidelines, coding, rationale, and references.
CAM 50112	Trastuzumab	Interim review to add Coverage of these drugs is provided when the criteria is met and there has been a trial and failure of preferred therapy and update the list of drugs.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Faciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating guidelines, coding, rationale, and references.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent.
CAM 20183	Intervention for Progressive Scoliosis	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM 701109	Magnetic Resonance-Guided Focused Ultrasound	Annual review, no change to policy intent. Updating rationale and references.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent. Updating regulatory status, guidelines, coding, 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. Updating guidelines, coding, rationale, and references.
CAM 20106	Hypnosis	Annual review, no change to policy intent.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.
CAM 036	Unicompartmental and Biocompartmental Knee Arthroplasties	Annual review, no change to policy intent.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Annual review, no change to policy intent.
CAM 701107	Interspinous and Interlaminar Stabilization/Distracton Devices (Spacers)	Annual review, no change to policy intent. Updating description, background, rationale, and references.
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent. Updating guidelines, coding, rationale, and references.
CAM 50108	Intravenous Antibiotic Therapy for Lyme Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 80311	Targeted Phototherapy and Psoralen with Ultraviolet A for Vitiligo	Annual review, no change to policy intent. Updating guidelines, coding, rationale, and references.
CAM 80162	Electronic Brachytherapy for Nonmelanoma Skin Cancer	Annual review, no change to policy intent. Updating guidelines and coding.

CAM 80153	Cellular Immunotherapy for Prostate Cancer	Annual review, no change to policy intent. Updating guidelines, coding, rationale, and references.
CAM 80132	Hematopoietic Cell Transplantation for Acute Lymphoblastic	Annual review, no change to policy intent. Updating description, 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 guidelines, coding, rationale, and references.
CAM 70169	Sacral Nerve Neuromodulation/Stimulation	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 701161	Three-Dimensional Printed Orthopedic Implants	Annual review, no change to policy intent. Updating regulatory status, 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 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, no change to policy intent. Updating guidelines, coding, rationale, and references.
CAM 90316	Conjunctival Incision with Posterior Juxtasclear Placement of Anecortave Acetate Depot Suspension	Annual review, no change to policy intent.
CAM 70162	Minimally Invasive Coronary Artery Bypass Graft Surgery	Annual review, no change to policy intent.
CAM 70142	Endoscopic Laser for Gastrointestinal Bleeding	Annual review, no change to policy intent.
CAM 60141	Whole Body Computed Tomography Scan as a Screening Test	Annual review, no change to policy intent.
CAM 60119	Intracoronary Doppler Ultrasound	Annual review, no change to policy intent.
CAM 20172	Insulin Potentiation Therapy	Annual review, no change to policy intent.
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
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 108	Abdominoplasty, Panniculectomy and Lipectomy	Annual review, no change to policy intent.
CAM 222	Home Health Services	Annual review, no change to policy intent.
CAM 452	Pain Management Services (Chronic Pain and Rehabilitation Therapies)	Annual review, no change to policy intent.
CAM 60148	Positional Magnetic Resonance Imaging (MRI)	Annual review, no change to policy intent.
CAM 701110	Vertical Expandable Prosthetic Titanium Rib	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.

CAM 701120	Facet Arthroplasty	Annual review, no change to policy intent. Updating guidelines and coding.
CAM 701142	Surgery for Groin Pain in Athletes	Annual review, no change to policy intent. Updating description, background, guidelines, coding, rationale and references.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 70163	Deep Brain Stimulation	Annual review, no change to policy intent. Updating regulatory status, guidelines, coding, rationale and references.
CAM 70181	Nerve Graft with Radical Prostatectomy	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 80139	Treatment of Tinnitus	Annual review, no change to policy intent. Updating guidelines, coding, regulatory status, rationale and references.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 80304	Speech Therapy	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Interim review to add recommendation related to hypertension screening in adults. No other changes.
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Annual review, policy updated to include: Separate indications for use of single-use devices in diabetic, venous, and surgical or traumatic wounds were created from the previous general section on single-use devices for any wound type. Policy statement regarding nonpowered NPWT devices for acute or chronic wounds was updated for clarity but maintained as investigational. Updated statement applies to single-use NPWT devices (powered or nonpowered) for acute or chronic wounds, including but not limited to diabetic, venous, surgical, or traumatic wounds. Also updating description, background, guidelines, rationale, references and coding. Also updating medical necessity criteria to mirror powered and nonpowered NPWT devices.
CAM 10129	Tumor Treating Fields Therapy	New Policy. Adding additional statement regarding use after six months.
CAM 20189	Laser Treatment of Onychomycosis	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 guidelines, coding, rationale and references.
CAM 248	Mental Health Services	Annual review, updating list of excluded services to include art therapy. Also updating references.

CAM 60151	Interim Positron Emission Tomography Scanning in Oncology to Detect Early Response During Treatment	Annual review, no change to policy intent. Updating rationale and references.
CAM 60160	Therapeutic Radiopharmaceuticals in Oncology	Annual review, no change to policy intent. Updating rationale and references.
CAM 20183	Interventions for Progressive Scoliosis	Adding codes 0656T and 0657T to policy section to be effective on 07/01/2021. No other changes made.
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	Adding code 0650T to policy section to be effective on 07/01/2021. No other changes made.
CAM 90323	Intravitreal Corticosteroid Implants	Adding codes 0660T and 0661T to policy section to be effective on 07/01/2021. No other changes made.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	Annual review, no change to policy intent. Updating guidelines, background, rationale, and references.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20139	Quantitative Sensory Testing	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20180	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus	Annual review, no change to policy intent. Updating description, guidelines, coding, rationale and references.
CAM 20184	Chromoendoscopy as an Adjunct to Colonoscopy	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20187	Confocal Laser Endomicroscopy	Annual review, no change to policy intent. Updating regulatory status, coding, guidelines, rationale and references.
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.