



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

## March 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](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 240	Crizanlizumab-tmca (Adakveo)	<b>New Policy</b>
CAM 176	Telehealth	Interim review to add temporary services related to COVID-19.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review to update CPT 96127.96127 is now addressed in relation to depression screening and psychosocial behavioral assessment. No other changes made.
CAM 078	Discarded Drugs/Biologicals - Pharmaceutical Waste	Annual review, no change to policy intent.
CAM 136	Spinal Epidural Injections	Annual review, adding "diagnostic transforaminal injection to identify the pain generator for surgical planning" to criteria and updating statements regarding frequency requirements. No other changes.
CAM 142	Cervical Spine Procedures	Annual review, no change to policy intent. Restating what conservative treatment is required prior to surgery for clarity. No other changes made.
CAM 161	Lumbar Spine Procedures	Annual review, no change to policy intent.
CAM 189	PARSABIV™ (etelcalcetide)	Annual review, no change to policy intent.
CAM 10105	Ultrasound Accelerated Fracture Healing Device	Annual review, no change to policy intent. Updating rationale and references.
CAM 10106	Home Cardiorespiratory Monitoring	Annual review, no change to policy intent. Updating rationale and references.
CAM 10305	Patient-Controlled End of Range Motion Stretching Devices	Annual review, no change to policy intent. Updating rationale.
CAM 20210	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	Annual review, no change to policy intent. Updating background, rationale and references.

CAM 80105	Immune Globulin Therapy	Annual review, updating policy criteria for specificity of requirements. Also updating description, rationale and references.
CAM 20104	Hyperbaric Oxygen Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20215	Wearable Cardioverter-Defibrillators	Annual review, no change to policy intent. Updating rationale and references.
CAM 701116	Paravertebral Facet Joint Devernation (Radiofrequency Neurolysis)	Annual review, no change to policy intent.
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 90306	Ophthalmologic Techniques the Evaluate the Posterior Segment for Glaucoma	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 90318	Optical Coherence Tomography of the Anterior Eye Segment	Annual review, no change to policy intent. Updating regulatory status.
CAM 10107	Home Phototherapy for Neonatal Jaundice	Annual review, no change to policy intent.
CAM 20114	Electroencephalograms (EFG)	Annual review, no change to policy intent.
CAM 20115	Intravenous or Subcutaneous Histamine Therapy	Annual review, no change to policy intent.
CAM 20133	Home Spirometry	Annual review, no change to policy intent.
CAM 20170	Temporary Prostatic Stent	Annual review, no change to policy intent.
CAM 20204	Signal-Averaged Electrocardiography	Annual review, no change to policy intent.
CAM 20205	Intracardiac Electrophysiologic Studies	Annual review, no change to policy intent.
CAM 20229	Optical Coherence Tomography for Imaging of Coronary Arteries	Annual review, no change to policy intent.
CAM 40106	Transfusion Therapy for Hemolytic Disease of the Fetus and the Newborn	Annual review, no change to policy intent.
CAM 40110	Fetal Surgery for Prenatally Diagnosed Malformations	Annual review, no change to policy intent.
CAM 50111	Treatment of Hepatitis C with Interferon and/or Ribavirin	Annual review, no change to policy intent.

CAM 60114	Ultrasound for the Evaluation of Paranasal Sinuses	Annual review, no change to policy intent.
CAM 70126	Infrared Coagulation for Hemorrhoids	Annual review, no change to policy intent.
CAM 70128	Selective Posterior Rhizotomy for the Spasticity of Cerebral Palsy	Annual review, no change to policy intent.
CAM 70131	Continent Ileostomy and Urostomy	Annual review, no change to policy intent.
CAM 70134	Electrocorticography	Annual review, no change to policy intent.
CAM 70137	Electrophrenic Pacemaker	Annual review, no change to policy intent.
CAM 70139	Stereotactic Electroencephalography	Annual review, no change to policy intent.
CAM 70140	Laser Treatment of Port Wine Stain	Annual review, no change to policy intent.
CAM 70145	Intracardiac Electrophysiologic Studies	Annual review, no change to policy intent.
Cam 70146	Endoscopic Injection Sclerotherapy for Esophageal Varices	Annual review, no change to policy intent.
CAM 90310	Transpupillary Thermotherapy for Treatment of Choroidal Neovascular Conditions	Annual review, no change to policy intent.
CAM 075	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	Annual review, no change to policy intent. Updated references.
CAM 137	Paravertebral Facet Joint Injections/Blocks	Annual review, no change to policy intent.
CAM 233	Hospice Care	Annual review, no change to policy intent.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Annual review, no change to policy intent. Updating regulatory status, rationale and references.