



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

March 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 379	Antisense oligonucleotides	New policy
CAM 701175	Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia	New policy
CAM 40106	Transfusion Therapy for Hemolytic Disease of the Fetus and the Newborn	Archived
CAM 40110	Fetal Surgery for Prenatally Diagnosed Malformations	Archived
CAM 60114	Ultrasound for the Evaluation of Paranasal Sinuses	Archived
CAM 70137	Electrophrenic Pacemaker	Archived
CAM 179	Olaratumab (Lartuvo)	Archived
CAM 064	Chemotherapy Drugs and the Administration by Physicians for the Treatment of Cancer	Annual review, no change to policy intent.
CAM 067	Bevacizumab (Avastin) for Oncologic	Annual review, no change to policy intent.
CAM 189	PARSABIV™ (etelcalcetide)	Annual review, no change to policy intent.
CAM 240	Crizanzumab-tmca (Adakveo)	Annual review, no change to policy intent.
CAM 262	Teprotumumab-trbw (TEPEZZA™)	Annual review, no change to policy intent.
CAM 334	Intravenous Iron	Interim review to remove the phrase “or acute or chronic inflammatory disease” from the policy verbiage related to iron deficiency anemia without CKD.
CAM 347	Genetic Testing for Rett Syndrome	Annual review, no change to policy intent. Policy verbiage clarified, description, rationale, references and coding explained.
CAM 10304	Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	Annual review, no change to policy intent. Updating rationale.
CAM 10305	Patient-Controlled End of Range Motion Stretching Devices	Annual review, no change to policy intent.
CAM 10109	Transcutaneous Electrical Nerve Stimulation (TENS)	Annual review, no change to policy intent. Updating rationale and references.
CAM 20181	Ingestible pH and Pressure Capsule	Annual review, no change to policy intent. Updating references.
CAM 20128	Neurofeedback	Annual review, no change to policy intent. Updating rationale and references.

CAM 20210	Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 50117	Repository Corticotropin Injection	Annual review, no change to policy intent.
CAM 60112	Thermography	Annual review, no change to policy intent. Updating rationale and references.
CAM 60154	Dopamine Transporter Imaging With Single Photon Emission Computed Tomography	Interim review, updating coding, rationale and references.
CAM 70196	Computer-Assisted Navigation for Orthopedic Procedure	Annual review, no change to policy intent. Updating rationale and references.
CAM 80105	Immune Globulin Therapy	Annual review, no change to policy intent.
CAM 80160	Extracorporeal Membrane Oxygenation for Adult Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 10107	Home Phototherapy for Neonatal Jaundice	Annual review, no change to policy intent.
CAM 20113	Home Spirometry	Annual review, no change to policy intent.
CAM 075	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	Annual review, no change to policy intent.
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia (BPH)	Annual review, removing medical necessity criteria for PSA with no history of prostate cancer and Omax. Adding medical necessity criteria for aquablation and UroLume. Updating reference and coding (adding 52441 and 52442). Also correcting a typo Omax and removing it from Urolift criteria.
CAM 084	Pegloticase (Krystexxa)	Annual review, no change to policy intent.
CAM 229	Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedi™/Amvuttra™)	Interim review. Updating policy, title, rationale, background, references and coding added to existing table.
CAM 90320	Intraocular Radiation Therapy for Age-Related Macular Degeneration	Annual review, no change to policy intent. Updating references.
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	Annual review, no change to policy intent. Updating guideline for clarity, also updating rationale and references.
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	Corrected date in the history section from 02/06/206 to 02/06/2023. No other changes made.
CAM 20196	Autonomic Nervous System Testing	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 075	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	Annual review, no change to policy intent.
CAM 60123	Diagnosis and Treatment of Nonsurgical Sacroiliac Joint Pain	Adding CPT 0809T effective 04012023
CAM 701127	Bronchial Thermoplasty	Annual review, no charge to policy intent. Updating rationale and references.

CAM 20222	Ultrafiltration in Decompensated Heart Failure	Annual review, no change to policy intent.
CAM 20171	Non-Pharmacologic Treatment of Rosacea	Annual review, no change to policy intent. Updating rationale and references.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Annual review, no change to policy intent.
CAM 10130	Artificial Pancreas Device Systems	Annual review, no change to policy intent. updating regulatory status, rationale and references.
CAM 10120	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Adding code A4239 to coding section. No other changes.
CAM 094	Women's Preventive Services	Adding 00851 code to coding section. No other changes.
CAM 093	Pembrolizumab (Keytruda)	Interim review to add coverage for NSCLC for a single agent, for adjuvant treatment following resection and platinum-based chemotherapy for adult patients. See bullet point #4.
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	Interim review, removing codes from guideline, putting CPT codes into the Coding Section and adding CPT codes 64450, 64405 and 64400.
CAM 80130	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	Annual review, no change to policy intent. Update rationale and references.
CAM 20127	Biofeedback as a Treatment of Urinary Incontinence in Adults	Annual review, no change to policy intent. Updating rationale and references.
CAM 366	Maternity/Obstetrical Care Benefits	Annual review, no change to policy intent.
CAM 163	Light Therapy for Dermatologic Conditions	Interim review to add Excimer Laser as an example of targeted phototherapy.