



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

March 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 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 263	Bezlotoxumab (Zinplava)	New Policy
CAM 064	Chemotherapy Drugs and the Administration by Physicians for the Treatment of Cancer	Annual review, no change to policy intent.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 70146	Endoscopic Injection Sclerotherapy for Esophageal Varices	Annual review, no change to policy intent.
CAM 70140	Laser Treatment of Port Wine Stain	Annual review, no change to policy intent.
CAM 70139	Stereotactic Electroencephalography	Annual review, no change to policy intent.
CAM 70137	Electrophrenic Pacemaker	Annual review, no change to policy intent.
CAM 60114	Ultrasound for the Evaluation of Paranasal Sinuses	Annual review, no change to policy intent.
CAM 40110	Fetal Surgery for Prenatally Diagnosed Malformations	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 20229	Optical Coherence Tomography for Imaging of Coronary Arteries	Annual review, no change to policy intent.
CAM 20204	Signal-Averaged Electrocardiography	Annual review, no change to policy intent.
CAM 20133	Home Spirometry	Annual review, no change to policy intent.
CAM 10107	Home Phototherapy for Neonatal Jaundice	Annual review, no change to policy intent.
CAM 701116	Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)	Annual review, updating description, coding and references. Reformatting policy for clarity.
CAM 161	Lumbar Spinal Procedures	Annual review, adding policy verbiage for two level lumbar artificial disc replacement. Also updating rationale and references.
CAM 078	Discarded Drugs/Biologicals - Pharmaceutical Waste	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 10105	Low Intensity Pulsed Ultrasound Fracture Healing Device	Annual review, no change to policy intent. Updating title, rationale and references.
CAM 90318	Optical Coherence Tomography of the Anterior Eye Segment	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20104	Hyperbaric Oxygen Therapy	Interim review amending verbiage related to hearing loss, updating coding.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 139	Surgical and Minimally Invasive Treatment for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)	Annual review, no change to policy intent. Adding Aquablation to the list of not medically necessary treatments. Updating rationale, references, and coding.
CAM 221	Zolgensma® (Onasemnogene Apeparvovec-Xioi)	Interim review adding type 2 SMA as an approved coverage criteria and removing age requirement for diagnosis.
CAM 176	Telehealth	Interim review to update coding section to include 90846, 90845-90847 and to add temporary telehealth coverage for 99386, 9387, 99396 and 99397 with a retroactive date of 04/16/2020. Interim review to add termination date for expanded services during the COVID-19 pandemic. Updating the following codes as being added to allow via telehealth: 99202-99203, 99214-99215, 92507, 92522-92524, 97129-97130, 97161, 97164, 97165 and 97168. Interim review, adding 90853 as eligible for telehealth services and adding physical and occupational therapists as clinicians who can provide the approved telehealth services. Updating to add speech therapists to the list of provider specialty types who can perform some telehealth services. No other changes.
CAM 235	Laboratory Guideline Policy	Interim review to correct typographical error.
CAM 233	Hospice Care	Annual review, no change to policy intent.
CAM 10106	Home Cardiorespiratory Monitoring	Annual review, no change to policy intent. Updating description, background, guidelines, coding, rationale and references.
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90306	Ophthalmologic Techniques that Evaluate the Posterior Segment for Glaucoma	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 90320	Intraocular Radiation Therapy for Age-Related Macular Degeneration	Annual review, no change to policy intent. Updating rationale and references.
CAM 244	COVID-19 Testing	Interim review to update : “attending healthcare provider” to “licensed, authorized healthcare provider” and remove verbiage related to asymptomatic PCR testing. No other changes.

CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Interim review updating lung cancer screening criteria age and smoking history: The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
CAM 80105	Immune Globulin Therapy	Adding code J1554 to coding section. No other changes made.
CAM 50127	Eteplirsen for Duchenne Muscular Dystrophy	Adding code J1427 to coding section. No other changes made.
CAM 701134	Steroid-Eluting Sinus Stents	Adding code J7402 to coding section. No other changes made.
CAM 197	Hematopoietic Colony-Stimulating Factors (CSFs)	Interim review to update statement regarding acute radiation syndrome to state: Hematopoietic Acute Radiation Syndrome (H-ARS), (all filgrastim products, all pegfilgrastim products, sargramostim, and tbo-filgrastim): To increase survival in patients acutely exposed to myelosuppressive doses of radiation once weekly for 2 doses.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Interim review to remove policy criteria related to albumin levels for TPN. No other changes.
CAM 20215	Wearable Cardioverter-Defibrillators	Annual review, no change to policy intent. Updating description, background, rationale and references.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non Ophthalmic Applications	Annual review, no change to policy intent. Updating description, regulatory status, guidelines, rationale, references and coding.
CAM 216	Imfinzi (durvalumab)	Annual review, no change to policy intent.
CAM 098	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	Annual review, no change to policy intent.
CAM 084	Pegloticase (Kyrstexxa)	Annual review, no change to policy intent.
CAM 222	Home Health Services	Interim review adding termination date for expanded services during COVID pandemic. No other changes made.