



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

June 2022 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 40206	Uterus Transplantation for Absolute Uterine Factor Infertility	New policy
CAM 70307	Lung and Lobar Lung Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20118	Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent. Updating description, regulatory status, rationale and references.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, adding investigational statement regarding use of this technology on the head and neck. Also updating rationale and references.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Annual USPSTF expanded coverage for colonoscopy effective 05312022.
CAM 028	Colorectal Cancer Screening	Interim review to add statement regarding USPSTF updated requirement to allow follow up colonoscopy after a positive noninvasive stool-based screening test or directed visualization without cost share. No other changes made.
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80113	Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Staged Breast Cancer	Interim review to add medical necessity criteria for accelerated partial breast irradiation based on NCCN guidelines. No other changes.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.

CAM 80149	Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis	Annual review, adding esophageal cancer as a medically necessary use of this technology. Also updating rationale and references.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Adding code 0328U.
CAM 181	Pathogen Panel Testing	Adding codes 0323U and 0330U.
CAM 235	Laboratory Guideline Policy	Adding code 0331U.
CAM 254	Prenatal Screening for Fetal Aneuploidy	Adding code 0327U.
CAM 317	In Vitro Chemoresistance and Chemosensitivity Assays	Adding codes 0324U and 0325U.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Adding code 0326U.