



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

## June 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](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 30302	Digital Health Technologies: Therapeutic Applications	<b>New policy</b>
CAM 90331	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy	<b>New policy</b>
CAM 133	Diabetes Mellitus Testing	Annual review, updating the entire policy for clarity and consistency.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	Annual review, no change to policy intent. Updating rationale and references. Removing appendix.
CAM 80149	Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest	Annual review, no change to policy intent. Updating title, background, guidelines, rationale, references and coding.
CAM 381	Breast Cancer Radiation Oncology	Interim review, no change to policy intent. Moving Whole Breast Irradiation criteria to the area of the policy that does not necessitate MD review. Also relocating verbiage for IORT with no change to policy intent.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 70154	Transmyocardial Revascularization	Annual review, no change to policy intent. Updating rationale and references.
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 70307	Lung and Lobar Lung Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80155	Stem-cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 90326	Viscocalostomy and Canaloplasty	Annual review, no change to policy intent. Updating rationale and references.

CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Annual review, no change to policy intent. Updating rationale and references.
CAM 80204	Lipid Apheresis	Annual review, no change to policy intent. Review date changed.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating rationale and references.
CAM 70179	Whole Gland Cryoablation of Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	Annual review, no change to policy intent. Updating table one in the regulatory status and updating coding.
CAM 40204	Reproductive Techniques	Interim review adding clarifying language related to Intracytoplasmic sperm injection (assisted oocyte fertilization). No other changes made.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 166	General Genetic Testing, Germline Disorders	Annual review, no change to policy intent, but policy is being rewritten for clarity and continuity. Also updating description, notes, rationale and references.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow with or Without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 701166	Allograft Injection for Degenerative Disc Disease	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 701125	Implantable Peripheral Nerve Stimulators for the Treatment of Chronic Pain	Annual review with policy revision to include verbiage regarding infraorbital/supraorbital and trigeminal nerve stimulation. Updating policy, title, description, rationale and references.

CAM 147	Knee Braces, Orthopedic Casts, Splints	Interim review to remove neoprene sleeve requirement for Unloader Brace. No other changes made.
CAM 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 218	Pharmacogenetic Testing	Added code 0392U effective 07/01/2023.
CAM 222	Home Health Services Policy	Annual review, no change to policy intent.
CAM 235	Laboratory Guideline Policy	Added coding '0389U, 0390U, 0393U, 0394U' effective 07/01/2023.
CAM 242	Esophageal Pathology Testing	Added code 0398U effective 07/01/2023.
CAM 358	Prenatal Screening (Genetic)	Added code 0400U effective 07/01/2023.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent.
CAM 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, no change to policy intent.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 70163	Deep Brain Stimulation	Annual review, no change to policy intent.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent.
CAM 20183	Interventions for Progressive Scoliosis	Annual review, no change to policy intent.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 70181	Nerve Graft with Radical Prostatectomy	Annual review, no change to policy intent.
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent.
CAM 20172	Insulin Potentiation Therapy	Annual review, no change to policy intent.
CAM 20106	Hypnosis	Annual review, no change to policy intent.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 357	Genetic Markers for Assessing Risk of Cardiovascular Disease	Added Code 0401U to coding section. No other changes made to policy.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Added Code 0391U to coding section. No other changes made.
CAM 273	Liquid Biopsy	Adding codes 0388U, 0395U and 0397U to coding section of policy. No other changes made.
CAM 257	Genetic Testing for Familial Cutaneous Malignant Melanoma	Adding code 0387U to coding section effective on 07/01/23. No other changes.
CAM 200	Folate Testing	Adding Code 0399U to coding section. No other changes made to policy.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 120	Flow Cytometry	Adding Code 0399U to coding section. No other changes made to policy.

CAM 110	Pre-implantation Genetic Testing	Adding code 0396U (effective 07/01/2023). No other changes made to policy.
CAM 108	Abdominoplasty, Panniculectomy and Lipectomy	Annual review, no change to policy intent.
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Updating COVID-19 codes terminated on 04/18/2023. No other changes made.