



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

January 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 145	Gender Reassignment	Archived (included in CAM 373)
CAM 20141	Noncontact Radiant Heat Bandage for the Treatment of Wounds	Archived
CAM 20146	Vacuum Therapy as a Treatment for Female Sexual Dysfunction	Archived
CAM 20165	Aerosolized Antibiotics as a Treatment of Chronic Sinusitis	Archived
CAM 201101	Multispectral Digital Skin Lesion Analysis	Archived
CAM 355	Prolia (Denosumab)	New policy
CAM 356	Xgeva (Denosumab)	New policy
CAM 715	CT Lower Extremity (Ankle, Foot, Hip or Knee)	New policy
CAM 359	Nexviazyme™ (avalglucosidase alfa-ngpt) Injection	New policy
CAM 360	Bimatoprost Implant (Durysta™)	New policy
CAM 361	Nulojix® (belatacept)	New policy
CAM 362	Vabysmo™ (faricimab-svoa)	New policy
CAM 364	Nivolumab; Relatlimab-rmbw (Opdualag) injection	New policy
CAM 372	inclisiran (Leqvio®)	New policy
CAM 373	Gender Affirmation Surgery and Hormone Therapy	New policy
CAM 374	Annular Closure Devices (e.g., BARRICAID®, XCLOSE®, INCLOSE™)	New policy
CAM 376	Elivaldogene autotemcel (Skysona) Suspension for Intravenous Infusion	New policy
CAM 377	Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders	New policy
CAM 701173	Axillary Reverse Mapping for Breast Cancer-Related Lymphedema	New policy
CAM 701155	Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis	New policy
CAM 70120	Vagus Nerve Stimulation	Annual review, no change to policy intent. Updating description, rationale and references.

CAM 701122	Electromagnetic Navigation Bronchoscopy	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 351	Antiemetics	Updating typo in critris for "all of the following " to read NK1 instead of 5HTRA.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Annual review, no change to policy. Maintaining as written.
CAM 748	CT Bone Density Study	Annual review, adding coverage criteria for pediatric and adolescent members.
CAM 701135	Surgical and Ablative Treatments of Chronic Headaches	Annual review, no change to policy intent. Updating rationale and references.
CAM 70172	Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty and Biacuplasty	Annual review, no change to policy intent.
CAM 80164	Home Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	Annual review, no change to policy intent. Guidelines updated for clarity and specificity.
CAM 80202	Plasma Exchange (Plasmapheresis)	Annual review, no change to policy intent.
CAM 252	Bowel Management Devices	Annual review, no change to policy intent.
CAM 050	Daily Hemodialysis and Hemodialysis in the Home Setting	Annual review, no change to policy intent.
CAM 701170	Laser Interstitial Thermal Therapy for Neurological Conditions	Annual review, no change to policy intent.
CAM 70177	Total Ankle Replacement	Annual review, no change to policy intent.
CAM 70302	Allogeneic Pancreas Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 40116	Progesterone Therapy as a Technique To Reduce Preterm Delivery in High-Risk Pregnancies	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 701132	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 253	Surgical Treatments for Lymphedema and Lipedema	Annual review, no change to policy intent.
CAM 201104	Vestibular Function Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 070	Treatment of Chest Wall Deformities (Congenital or Acquired)	Interim review to add coverage language for orthotic compressive bracing to treat patients with pectus carinatum. Also updating ration and references.
CAM 180	Avelumab (Bavencio®)	Annual review adding coverage for recurrent urothelial carcinoma and gestational trophoblastic neoplasia that is chemotherapy resistant.
CAM 60137	Radioimmunosintigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer	Annual review, no change to policy intent.
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	Interim review to expand coverage criteria not to be specific to achalasia type. No other changes.

CAM 222	Home Health Services	Interim review to add coverage criteria regarding OT, PT, ST and Wound Care. OT, PT AND ST criteria appear to be in separate CAM policies and are unchanged in verbiage. Wound care is a new addition.
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	Annual review, updating policy for clarity and specificity Add code 0742T to coding section.
CAM 330	Metabolite Markers of Thiopurines Testing	Annual review, updating coverage criteria #3 to no longer specify TPMT or NUDT15. Adding table of terminology Updating rationale and references.
CAM 375	Betibeglogene autotemcel (Zynteglo®) (Intravenous)	Updating Policy criteria. No other changes made.
CAM 094	Women's Preventive Services	Annual review, no change to policy intent.
CAM 60153	Digital Breast Tomosynthesis	Annual review, no change to policy. Updating regulatory status, rationale and references.
CAM 70103	Implantable Bone Conduction and Bone Anchored Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 711	CT Pelvis	Annual review, updating policy for clarity and specificity.
CAM 718	UPPER EXTREMITY MRI (Hand, Wrist, Arm, Elbow, Long Bone or Shoulder MRI)	Annual review, no change to policy intent. Updating policy for clarity and specificity.
CAM 719	MRI Heart	Annual review, numerous updates to coverage criteria.
CAM 720	MRI MRCP Abdomen	Annual review, multiple updates to coverage criteria.
CAM 744	MRI Brain (includes Internal Auditory Canal)	Annual review, multiple updates to coverage criteria.
CAM 745	TEMPORAL BONE, MASTOID, ORBITS CT	Annual review, policy updated for clarity and specificity.
CAM 746	Sinus Maxillofacial CT	Annual review, no change o policy intent. Policy updated for clarity and specificity.
CAM 750	CT Chest (Thorax)	Annual review, addition of single ventricle heart disease coverage criteria, No other changes.
CAM 511	Radiation Oncology Services	Annual review, no change to policy intent.
CAM 157	Medical Policy Development and Review	Annual review, no change to policy intent.
CAM 152	Hypothermia to Prevent/Reduce Hair Loss During Chemotherapy	Annual review, no change to policy intent.
CAM 032	Telemedicine	Annual review, no change to policy intent.
CAM 20218	Progenitor Cell Therapy for the Treatment of Damaged Myocardium due to Ischemia	Annual review, no change to policy intent. Updating rationale, references and coding.
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	Annual review, no change to policy intent. Updating rationale and references.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Annual review, no change to policy intent.
CAM 90314	Implantation of Intrastromal Corneal Ring Segments	Annual review, no change to policy intent.