## BlueCross BlueShield of South Carolina and BlueChoice<sup>®</sup> HealthPlan of South Carolina

## July 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 <u>www.SouthCarolinaBlues.com</u> and <u>www.BlueChoiceSC.com</u> regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 272	Fibromyalgia Testing	New policy
CAM 089	Preventive Services for Non- Grandfathered (PPACA) Plans: USPSTF Recommended Services	Updating high blood pressure screening recommendation to direct reader to the newest hypertension screening recommendation.
CAM 150	TECENTRIQ <sup>™</sup> (atezolizumab)	Annual review, no change to policy intent.
CAM 197	Hematopoietic Colony- Stimulating Factors (CSFs)	Annual review, no change to policy intent.
CAM 50109	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Annual review, no change to policy intent.
CAM 70105	Cochlear Implant	Updating policy, for clarity removing the policy statement related to unilateral implant and tinnitus. No other changes made.
CAM 20197	Alcohol Injections for Treatment of Peripheral Neuromas	Annual review, no change to policy intent.
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent. Updating rationale and references.
CAM 195	Cimzia <sup>®</sup> (certolizumab pegol)	Annual review, no change to policy intent.
CAM 052	Clinical Trials	Correcting a typo in the Description section. No other changes made.) (Interim review, major revision of policy for clarity and specificity without change of intent.
CAM 138	Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/Experimenta I)	Annual review, no change to policy intent.
CAM 20120	Esophageal pH Monitoring	Annual review, no change to policy intent. Updating rationale and references.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, no change to policy intent. Updating rationale.
CAM 106	Nivolumab (Opdivo)	Annual review, no change to policy intent.
CAM 50115	Infliximab	Annual review, no change to policy intent.

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CAM 80152	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	Removing CPT codes that where place in policy by error. No change to policy intent.
CAM 041	Orthognathic Surgery	Annual review, no change to policy intent.
CAM 221	Zolgensma <sup>®</sup> (Onasemnogene Abeparvovec-Xioi)	Annual review, no change to policy intent.
CAM 188	Conjunctival Incision with Posterior Juxtascleral Placement of Anecortave Acetate Depot Suspension	Interim review updating coding. No other changes.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Removing CPT codes that where place in policy by error. No change to policy intent.
CAM 60118	Scintimammography and Gamma Imaging of the Breast and Axilla	Annual review, no change to policy intent. Updating rationale and references.
CAM 80310	Cognitive Rehabilitation	Annual review, no change to policy intent. Updating rationale and references.
CAM 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating rationale and references.
CAM 80136	Extracorporeal Photopheresis	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 109	Preventive Services for Non- Grandfathered (PPACA) Plans: Immunizations	Interim review to add CPT 90697 for age range 6 weeks to before fifth birthday.
CAM 70309	Heart Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70183	Auditory Brainstem Implant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70304	Isolated Small Bowel Transplant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneuryms	Annual review, no change to policy intent. Updating rationale and references.
CAM 468	Drug Coverage	Annual review, no change to policy intent.
CAM 10102	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure	Annual review, no change to policy intent. Updating rationale and references.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen- Specific Therapy	Annual review, no change to policy intent. Updating regulatory status, rationale and references.

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CAM 60155	Beta Amyloid Imaging with Positron Emission Tomography (PET) for Alzheimer's Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 701140	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery	Annual review, no change to policy intent. Updating rationale and references.
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Annual review, no change to policy intent. Updating rationale, references, guidelines and coding.
CAM 80102	Chelation Therapy for Off- Label Uses	Annual review, no change to policy intent. Updating rationale and references.
CAM 80120	Hematopoietic Stem-Cell Transplantation for Non- Hodgkin Lymphomas	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 80125	Hematopoietic Stem Cell Transplantation for Autoimmune Diseases	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 80126	Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80129	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	Annual review, no change to policy intent. Updating rationale, references, background and regulatory status.
CAM 80154	Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 90311	Photocoagulation of Macular Drusen	Annual review, no change to policy intent.
CAM 80156	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis	Annual review, no change to policy intent.
CAM 20105	Local or Whole Body Hyperthermia	Annual review, no change to policy intent.
CAM 80141	Interlukin 2 as a Treatment for HIV Infection	Annual review, no change to policy intent.
CAM 80131	Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas	Annual review, no change to policy intent.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.

CAM 70182	Thermal Capsulorrhaphy as a Treatment of Joint Instability	Annual review, no change to policy intent.
CAM 701111	Wireless Pressure Sensors in Endovascular Aneurysm Repair	Annual review, no change to policy intent.
CAM 20227	Acoustic Cardiography	Annual review, no change to policy intent.
CAM 20213	T-Wave Alternans	Annual review, no change to policy intent.
CAM 20211	Intravascular Brachytherapy for Preventing and Managing Restenosis after Percutaneous Transluminal Angioplasty (PTA)	Annual review, no change to policy intent.
CAM 20160	Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence	Annual review, no change to policy intent.
CAM 20159	Ultrasonographic Evaluation of Skin Lesions	Annual review, no change to policy intent.
CAM 10403	Sympathetic Therapy for the Treatment of Pain	Annual review, no change to policy intent.
CAM 10113	H-Wave Electrical Stimulation	Annual review, no change to policy intent.
CAM 10112	Oxygen Therapy	Annual review, no change to policy intent.