



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

September 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 20124	Sensory Stimulation for Coma Patients	Archived
CAM 20132	Ketogenic Diet as a Treatment of Refractory Epilepsy	Archived
CAM 20162	Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease	Archived
CAM 20217	End Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema	Archived
CAM 40104	Endometrial Ablation	Archived
CAM 60105	Radioimmunoscinigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma)	Archived
CAM 70111	Ilizarov Bone-Lengthening Procedure	Archived
CAM 248	Mental Health Services	Updating verbiage from provider to clinician in the Behavioral Health Provider and added more excluded services in the policy section. No other changes.
CAM 20113	Human Antihemophilic Factor (AHF)	Annual review, no change to policy intent.
CAM 90312	Ocular Photo screening in the Primary Care Physician's Office as a Screening Tool to Detect Amblyogenic Factors	Annual review, no change to policy intent.
CAM 10114	Home Prothrombin Time Monitoring	Annual review, no change to policy intent.
CAM 100105	Ambulance and Medical Transport Services	Annual review, no change to policy intent.
CAM 50105	Botulinum Toxin	Interim review adding parenthetical direction to CAM 80119 for treatment of hyperhidrosis.
CAM 20116	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	Annual review, no change to policy intent. Updating rationale and references.
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating references.

CAM 80158	Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 80159	Intensity-Modulated Radiotherapy: Central Nervous System Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 014	Neuromuscular Electrical Stimulation (NMES)	Annual review, no change to policy intent.
CAM 015	Influenza Vaccine	Annual review, no change to policy intent.
CAM 079	Breast Surgical Procedures/Prosthesis	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Interim review, adding recommendation related to healthy weight gain during pregnancy, updating verbiage related to gestational diabetes and recommendation for screening for prediabetes and type 2 diabetes. Adding information to PrEP recommendation. Adding additional diagnosis coding to STI, HIV and Hepatitis recommendations.
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent. Updating rationale and references.
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for the Myolysis of Uterine Fibroids	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 70192	Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas, or Bone	Annual review, updating title, background, rationale and references.
CAM 701105	Balloon Ostial Dilation for Treatment of Chronic and Recurrent Acute Rhinosinusitis	Annual review, no change to policy intent. Updating rationale.
CAM 701112	Transanal Endoscopic Microsurgery (TEMs)	Annual review, no change to policy intent. Updating rationale and references.
CAM 80144	Intradialytic Parenteral Nutrition	Annual review, no change to policy intent. Updating rationale and references.
CAM 80157	Baroreflex Stimulation Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 90330	Ocriplasmin for Symptomatic Vitreomacular Adhesion	Annual review, on change to policy intent. Updating background, regulatory status, rationale and references.