



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

## September 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](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 154	DNA Ploidy Cell Cycle Analysis	<b>Archived</b>
CAM 357	Genetic Markers for Assessing Risk of Cardiovascular Disease	<b>New Policy</b>
CAM 358	Prenatal Screening (Genetic)	<b>New Policy</b>
CAM 30301	Digital Health Technologies: Diagnostic Applications	<b>New Policy</b>
CAM 172	Daratumumab (Darzalex®) Injection	Annual review, no change to policy intent. Updating policy section.
CAM 10405	Microprocessor-Controlled Prosthetic for the Lower Limb	Annual review, no change to policy intent. Updating rationale and references.
CAM 50135	Digital Health Therapies for Substance Use Disorders	Annual review, no change to policy intent. Title updated and policy verbiage updated to mirror title change. Updating rationale and references.
CAM 60156	Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure	Annual review, no change to policy statement. Updating background, regulatory status, rationale and references.
CAM 701128	Bronchial Valves	Annual review, no change to policy intent. Updating policy to change the word patient to individual. Updating rationale and references.
CAM 120	Flow Cytometry	Interim review, adding coverage criteria 1i and 2f. Also updating description, rationale and references. This policy has been merged with the now archived CAM 154 DNA Ploidy Cell Cycle Analysis.
CAM 047	Amniotic Membrane and Limbal Stem Cell Transplantation for the Treatment of Ocular Conditions	Annual review, no change to policy intent.
CAM 188	Cardiovascular Disease Risk Assessment	Entire policy is being updated as all genetic testing is being migrated to a new policy. Only non-genetic testing will remain in the policy, but, there is no change to the intent of that testing. Updating description, policy, rationale, references and coding.
CAM 20113	Human Antihemophilic Factor (AHF)	Annual review, no change to policy intent.
CAM 20199	Polysomnography for Non-Respiratory Sleep Disorders	Annual review, no change to policy intent. Updating rationale and references.

CAM 230	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	Annual review, no change to policy intent.
CAM 348	Genetic Testing for FMR1 Mutations (including Fragile X Syndrome)	Interim review. Adding statement regarding testing more than once per lifetime and updating verbiage 2e to state fetuses and offspring instead off offspring alone. Also updating description, rationale and references.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent.
CAM 50133	Brexanolone for Postpartum Depression	Annual review, no change to policy intent.
CAM 70186	Endovascular Stent Grafts for Disorders of the Thoracic Aorta	Annual review, no charge to policy intent. Updating rationale and references.
CAM 70121	Reduction Mammoplasty for Breast-Related Symptoms	Annual review, no charge to policy intent. Updating rationale and references.
CAM 701139	Peripheral Subcutaneous Field Stimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 701159	Sphenopalatine Ganglion Block for Headache	Annual review, no change to policy intent. Updating rationale and references.
CAM 70312	Islet Cell Transplantation	Annual review, no change to policy intent. Updating rationale and references.
CAM 80146	Intensity-Modulated Radiotherapy of the Breast and Lung	Annual review, no change to policy intent.
CAM 80147	Intensity-Modulated Radiotherapy of the Prostate	Annual review, no change to policy intent. Updating rationale and references.
CAM 90329	Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome	Annual review, no change to policy intent. Updating rationale and references.
CAM 119	Prenatal Screening (non-genetics)	Interim review, removing all genetic testing from this policy. This policy will be completely reformatted to reflect that but with no change to policy intent. This policy must process with the new policy for initial publication of both.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services	Interim review, to add the updated verbiage for the statin use for recommendation to read: The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
CAM 20216	Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 20129	Biofeedback as a Treatment of Headache	Annual review, no change to policy intent. Updating rationale and references.
CAM 10128	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Annual review, no change to policy intent. Updating rationale and references.

CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for Uterine Fibroids Myolysis	Updating entire policy including an update to allow laparoscopic or transcervical RFA to treat uterine fibroids if medical necessity guidelines are met.
CAM 20305	Uses of Monoclonal Antibodies	Annual review, no change to policy intent.
CAM 70129	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)	Annual review, no change to policy intent. Updating rationale and references.
CAM 046	Breast Pumps	Annual review, no change to policy intent, but, updating the model of the Medela pump available.
CAM 079	Breast Surgical Procedures/Prosthesis	Annual review, no change to policy intent
CAM 173	Medication Administration Site of Care	Annual review, no change to policy intent, but updating list of impacted medications.
CAM 229	Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis (Onpattro™/Tegsedi™)	Annual review, no change to policy intent.
CAM 249	Mitomycin for Pyelocalyceal Solution (Jelmyto)	Annual review, no change to policy intent.
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 rationale and references.
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Annual review, no change to policy intent. Updating 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 and references.
CAM 701150	Vagus Nerve Blocking Therapy for Treatment of Obesity	Annual review, no change to policy intent.
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating rationale and references.
CAM 80158	Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation	Annual review, no change to policy intent. Updating rationale and references.