

March 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.BlueChoiceSC.com regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 10304	Powered Exoskeleton for Ambulation in Patients with Lower- Limb Disabilities	Annual review, no change to policy intent. Updating description, regulatory status, rationale, references and coding.
CAM 701158	Balloon Dilation of the Eustachian Tube	Interim review, updating rationale and removing appendix.
CAM 10106	Home Cardiorespiratory Monitoring	Annual review, no change to policy intent. Updating rationale and references.
CAM 90320	Intraocular Radiation Therapy for Age-Related Macular Degeneration	Annual review, no change to policy intent. Updating rationale and references.
CAM 10107	Home Phototherapy for Neonatal Jaundice	Annual review. No change to policy intent.
CAM 20133	Home Spirometry	Annual review. No change to policy intent.
CAM 233	Hospice Care	Annual review. No change to policy intent.
CAM 40106	Transfusion Therapy for Hemolytic Disease of the Fetus and the Newborn	Annual review. No change to policy intent.
CAM 40110	Fetal Surgery for Prenatally Diagnosed Malformations	Annual review. No change to policy intent.
CAM 60114	Ultrasound for the Evaluation of Paranasal Sinuses	Annual review. No change to policy intent.
CAM 70137	Electrophrenic Pacemaker	Annual review. No change to policy intent.
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 20215	Wearable Cardioverter- Defibrillators	Annual review, no change to policy intent. Updating rationale and references.
CAM 075	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	Annual review, no change to policy intent. Updating rationale and references.
CAM 701168	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis	Interim review updating policy to include radiofrequency ablation and laser ablation. The previous version of the policy only addressed cryoablation. Also updating title, description, background, rationale and references.

CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non Ophthalmic Applications	Annual review, adding policy statement regarding Mohs procedure. Also updating description, guidelines, rationale and references.
CAM 263	Bezlotoxumab (Zinplava)	Annual review, no change to policy intent.
CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/Immobilized Lipase Cartridge/Relizorb™	Annual review, no change to policy intent.
CAM 078	Discarded Drugs/Biologicals - Pharmaceutical Waste	Annual review, no change to policy intent.
CAM 084	Pegloticase (Krystexxa)	Annual review, no change to policy intent.
CAM 096	Alemtuzumab (Lemtrada)	Annual review, no change to policy intent.
CAM 141	Mepolizumab (Nucala®)	Annual review, adding medical necessity statement regarding CRSwNP and hypereosinophilic syndrome.
CAM 10105	Low Intensity Pulsed Ultrasound Fracture Healing Device	Annual review, no change to policy intent. Updating rationale and references.
CAM 20104	Hyperbaric Oxygen Therapy	Annual review. No change to policy intent, updating rationale and references.
CAM 20121	Temporomandibular Joint Dysfunction	Interim review to add policy statement regarding dextrose prolotherapy. Also updating description, background, regulatory status, rationale and references.
CAM 70105	Cochlear Implant	Annual review, no change to policy intent. Updating rationale and references.
CAM 701116	Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)	Annual review, no change to policy intent. Updating rationale and references.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Annual review, no change to policy intent. Updating coding, background, rationale and references.
CAM 90318	Optical Coherence Tomography of the Anterior Eye Segment	Annual review, no change to policy intent. Updating rationale and references.