



February 2020 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 20154	Endovascular Procedures for Intracranial Arterial Disease	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	Annual review. Updating policy to include medical necessity for dorsal root ganglion stimulation for the treatment of severe and chronic pain of the trunk or limbs. Also updating background, description, guidelines, rationale and references.
CAM 70175	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale.
CAM 701124	Treatments of Varicose Veins/Venous Insufficiency	Interim review to correct typographical/technical errors. No change to policy intent.
CAM 20171	Non-Pharmacologic Treatment of Rosacea	Annual review, no change to policy intent. Updating rationale and references.
CAM 10304	Powered Exoskeleton for Ambulation in Patients Without Lower-Limb Disabilities	Annual review, no change to policy intent. Updating background and rationale.
CAM 20127	Biofeedback as a Treatment of Urinary Incontinence in Adults	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 20128	Neurofeedback	Annual review, no change to policy intent. Updating rationale, references and description.
CAM 20196	Autonomic Nervous System Testing	Annual review, no change to policy intent. Updating rationale and references.
CAM 052	Clinical Trials for Cancer and Life-Threatening Conditions	Annual review, no change to policy intent.
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)	Annual review, no change to policy intent.
CAM 158	SPECT/CT Fusion Imaging	Annual review, no change to policy intent.
CAM 179	Olaratumab (Lartruvo)	Annual review, no change to policy intent.
CAM 366	Maternity/Obstetrical Care Benefits	Annual review, no change to policy intent.
CAM 20181	Ingestible pH and Pressure Capsule	Annual review, no change to policy intent.
CAM 60101	Bone Mineral Density Studies	Annual review, no change to policy intent.

CAM 70196	Computer-Assisted Navigation for Orthopedic Procedure	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Annual review, no change to policy intent. Updating coding.
CAM 20222	Ultrafiltration in Decompensated Heart Failure	Annual review, no change to policy intent. Updating rationale and references.
CAM 60121	Magnetoencephalography/Magnetic Source Imaging	Annual review, no change to policy intent. Updating rationale and references.
CAM 60123	Diagnosis and Treatment of Non-Surgical Sacroiliac Joint Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 60146	Dynamic Spinal Visualization	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 701127	Bronchial Thermoplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 80130	Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 20158	Transanal Radiofrequency Treatment of Fecal Incontinence	Annual review, no change to policy intent. Updating rationale.
CAM 046	Breast Pumps	Interim review to update note regarding brands of pump available to include the Medela In-style pump beginning February 2020. No other changes made.
CAM 10120	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Annual review, no change to policy intent.
CAM 10130	Artificial Pancreas Device Systems	Annual review, no change to policy intent. updating background, regulatory status, rationale and references.
CAM 60103	Computed Tomography to Detect Coronary Artery Calcification	Interim review, updating review month. Also updated verbiage in policy section to say considered investigational and/or unproven and therefore considered NOT MEDICALLY NECESSARY .
CAM 60144	Vertebral Fracture Assessment with Densitometry	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 60152	Positron Emission Mammography (PEM)	Annual review, no change to policy intent. Updating background, description, rationale and references.
CAM 60147	Functional Magnetic Resonance Imaging of the Brain	Annual review, no change to policy intent. Updating rationale and references.
CAM 064	Chemotherapy Drugs and the Administration by Physicians for the Treatment of Cancer	Annual review, no change to policy intent.
CAM 10109	Transcutaneous Electrical Nerve Stimulation (TENS)	Annual review, no change to policy intent. Updating rationale and references.
CAM 60112	Thermography	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 60140	Whole Body Dual X-ray Absorptiometry (DEXA) to Determine Body Composition	Annual review, no change to policy intent. Updating description, background, rationale and references.

CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	Annual review, no change to policy intent. Updating guidelines, coding, rationale and references.
CAM 20131	Intra-Articular Hyaluronan Injections for Osteoarthritis	Annual review, no change to policy intent. Updating coding.
CAM 10303	Thoracic-Lumbo-Sacral Orthosis with Pneumatics	Annual review, no change to policy intent.
CAM 101107	Patient-Controlled Analgesia	Annual review, no change to policy intent.
CAM 60122	Scintigraphy of Acute Deep Venous Thrombus	Annual review, no change to policy intent.
CAM 60126	Oncologic Applications of PET Scanning	Annual review, no change to policy intent. Updating rationale and references.
CAM 70156	Laser-Assisted Tonsillectomy	Annual review, no change to policy intent.
CAM 80160	Extracorporeal Membrane Oxygenation for Adult Conditions	Annual review, no change to policy intent. Updating guidelines for clarity, regulatory status, background, rationale and references.
CAM 80314	Iontophoresis and Phonophoresis	Annual review, no change to policy intent.
CAM 90324	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Annual review, no change to policy intent.
CAM 90325	Gas Permeable Scleral Contact Lens	Annual review, no change to policy intent.
CAM 90327	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions	Annual review, no change to policy intent.