

<b>Policy Number</b>	<b>Policy Name</b>
CAM 012	Anesthesia Services
CAM 026	Human Papillomavirus (HPV) Vaccines
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services
CAM 094	Women's Preventive Services
CAM 10118	Compression Pumps for Treatment of Lymphedema and Venous Ulcers
CAM 10126	Cooling Devices Used in the Outpatient Setting
CAM 20126	Prolotherapy
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting
CAM 20231	Myocardial Strain Imaging
CAM 218	Pharmacogenetic Testing
CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation
CAM 30302	Digital Health Technologies: Therapeutic Applications
CAM 383	Percutaneous Arteriovenous Fistula
CAM 40206	Uterus Transplantation for Absolute Uterine Factor Infertility
CAM 404	Transcranial Magnetic Stimulation
CAM 455	Registered Nurses Practicing in Extended Roles
CAM 512	Radiopharmaceutical Agents and Other In Vivo Diagnostic Aids
CAM 701125	Occipital Nerve Stimulation

CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis
CAM 701154	Ablation of Peripheral Nerves To Treat Pain
CAM 701166	Allograft Injection for Degenerative Disc Disease
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids
CAM 70307	Lung and Lobar Lung Transplant
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors
CAM 80140	Manipulation Under Anesthesia
CAM 80149	Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest
CAM 80155	Stem-Cell Therapy for Peripheral Arterial Disease
CAM 80160	80160 Extracorporeal Membrane Oxygenation for Adult Conditions
CAM 80301	Functional Neuromuscular Electrical Stimulation, Robotic-Assisted
CAM 80309	Rehabilitation and Robotic-Assisted Orthotics
CAM 90326	Vertebral Axial Decompression
CAM 90328	Viscocanalostomy and Canaloplasty
CAM 90331	Corneal Collagen Cross-Linking
	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy

## Recent Changes

(Annual review, no change to policy intent.)

(Annual review, no change to policy intent.)

(Interim review, adding CPT codes 77062 and 77063 to breast cancer screening. Also removing CPT codes 99401 and 99402 and adding HCPCS code S9943 to breastfeeding counseling recommendation. No other changes.)

(Interim review, adding CPT codes 77062 and 77063 to breast cancer recommendation. Also removing CPT codes 99401 and 99402 and adding HCPCS code S9943 to breastfeeding counseling recommendation. No other changes.)

(Annual review, adding indications for use of pneumatic compression pumps for lymphedema of chest and trunk. Adding statement for non-pneumatic compression pumps with criteria. Also updating title, summary of evidence, background, regulatory status, policy guidelines, rationale, and references. Adding CPT codes E0658, E0678, E0679, E0680, E0681, E0682, E0683. )

(Annual review, no change to policy intent. Updating regulatory status and rationale.)

(Annual review, no change to policy intent. Updating rationale and references.)

(Annual review, no change to policy intent. Updating rationale and references.)

(Annual review, no change to policy intent. Updating regulatory status, rationale, and references.)

(Annual review, no change to policy intent. Updating background, rationale, and references.)

(Annual review, no change to policy intent. Updating regulatory status, rationale, and references. Adding CPT code 0423U.)

(Annual review, no change to policy intent.)

(Annual review, no change to policy intent.)

(Annual review, no change to policy intent. Updating rationale and references.)

(Annual review, no change to policy intent.)

(Annual review, no change to policy intent. Updating rationale and references.)

\*\*\*\*NEW POLICY\*\*\*\*

(Annual review, no change to policy intent.)

(Annual review, no change to policy intent.)

(Annual review, no change to policy intent. Updating background, rationale, and references.)

(Annual review, no change to policy intent. Updating rationale and references)

(Annual review, no change to policy intent. Updating rationale and references.)

Annual review, no change to policy intent. Updating background, rationale, references, and coding.)

(Annual review, no change to policy intent. Updating rationale and references.)

(Annual review, no change to policy intent. Updating background, rationale, and references.)

(Annual review, no change to policy intent.)

(Annual review, adding indications for HDR temporary prostate brachytherapy as salvage therapy for prostate cancer. Also updating summary of evidence, policy guidelines, rationale, and references.)

(Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.)

(Annual review, no change to policy intent. Updating rationale and references.)

Annual review, no change to policy intent.) (

(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, references, and coding. Deleted code G6015 & G6016.)

(Annual review, no change to policy intent. Updating rationale and references.)

Interim review, reorganizing policy criteria for clarity. Also adding shared decision making between provider statement. No other changes.)

(Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.)

(Annual review, no change to policy intent.)

Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, and references.)

Annual review, adding epithelium-on corneal collagen product (Epioxa HD and Epioxa). Also updating rationale and references.)

(Annual review, no change to policy intent. Updating rationale, references, and coding.)