



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

## April 2023 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 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 382	Hemgenix® (Etranacogene Dezaparvovec-Drlb)	<b>New policy</b>
CAM 349	Monoclonal Antibody Therapies for Migraine Prevention	<b>Archived</b>
CAM 80113	Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-Stage Breast Cancer	<b>Archived</b>
CAM 078	Discarded Drugs/Biologicals - Pharmaceutical Waste	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, removing medical necessity criteria for PSA with no history of prostate cancer and Omax. Adding medical necessity criteria for aquablation and UroLume. Updating reference and coding (adding 52441 and 52442). Also correcting a typo Omax and removing it from Urolift criteria.
CAM 765	CTA Coronary Arteries (CCTA)	Annual review, no change to policy intent.
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 guidelines for clarity.
CAM 20215	Wearable Cardioverter-Defibrillators	Annual review, updating policy criteria for clarity and specificity. Updating coverage dates for various diagnoses. Also updating regulatory status, rationale and references.
CAM 70105	Cochlear Implant	Annual review, no change to policy intent. Updating regulatory status, rationale and references.
CAM 90306	Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma	Annual review, no change to policy intent. Updating rationale and references.
CAM 141	Meplizumab (Nucala®)	Annual review, no change to policy intent.
CAM 181	Pathogen Panel Testing	Adding code '0369U, 0370U, 0371U, 0373U, 0374U , effective date 04012023.
CAM 218	Pharmacogenetic Testing	Adding code '0380U', effective date 04/01/2023.
CAM 233	Hospice Care	Annual review, no change to policy intent.
CAM 251	Minimal Residual Disease	Adding code '0364U', effective date 04012023.

CAM 263	Bexlotoxumab (Zinplava)	Annual review, no change to policy intent. Added examples of treatment to be attempted prior to this medication (metronidazole, vancomycin or fidaxomicin).
CAM 268	Urinary Tumor Markers for Bladder Cancer	Adding code '0365U, 0366U, 0367U', effective date 04012023.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Adding code '0379U', effective date 04012023.
CAM 350	Nusineren for Spinal Muscular Atrophy	Annual review, no change to policy intent.
CAM 10106	Home Cardiorespiratory Monitoring	Annual review, no charge to policy intent. Updating coding, rationale and references.
CAM 60123	Diagnosis and Treatment of Nonsurgical Sacroiliac Joint Pain	Adding CPT 0809T effective 04012023.
CAM 701116	Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)	Annual review, no change to policy intent. Updating rationale and references.
CAM 90318	Optical Coherence Tomography of the Anterior Eye Segment	Annual review, no change to policy intent. Updating rationale, references, and regulatory status.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating rationale and references.
CAM 222	Home Health Services Policy	Adding coding 'T130, T1031, S9131, S9129, G0151, G0152, G0153, S9128, S9124' to Home Health Services Policy.
CAM 80166	Chimeric Antigen Receptor Therapy for Multiple Myeloma	Interim review adding description, policy criteria and coding for Carvykti.
CAM 90323	Intravitreal Corticosteroid Implants	Annual review, no change to policy intent. Updating rationale and references.
CAM 201100	Dry Needling of Trigger Point Injections for Myofascial Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Interim review to specify Latera and Vivaer as not medically necessary. Also adding CPT 30469.