



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

## April 2024 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 30102	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	<b>ARCHIVED</b>
CAM 20304	Melanoma Vaccines	<b>ARCHIVED</b>
CAM 075	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	Annual review, no change to policy intent.
CAM 10106	Home Cardiorespiratory Monitoring	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 233	Hospice Care	Annual review, no change to policy intent.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications	Annual review, no change to policy intent. Updating HCPCS coding and table 18.
CAM 70311	Total Artificial Hearts and Implantable Ventricular Assist Devices	Annual review, no change to policy intent. Updating guidelines, rationale, references, coding.
CAM 90318	Optical Coherence Tomography of the Anterior Eye Segment	Annual review, no change to policy intent. Updating regulatory status, guidelines, 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 30102	Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification	Annual review, no change to policy intent.
CAM 20304	Melanoma Vaccines	Annual review, no change to policy intent.

CAM 10123	Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	Annual review, no change to policy intent.
CAM 10122	Skin Contact Monochromatic Infrared Energy as a Technique To Treat Cutaneous Ulcers, Diabetic Neuropathy and Miscellaneous Musculoskeletal Conditions	Annual review, no change to policy intent.
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	Adding HCPCS code J0177 effective 04/01/2024. No other changes made.
CAM 10304	Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	Added HCPCS code E0739 to coding section. No other changes made.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications	Adding HCPCS codes Q4305, Q4306, Q43307, Q4308, Q4309, Q4310 effective 04/01/2024. No other changes made.
CAM 009	Allergy Immunotherapy	Interim review, removing the following direction relating to CPT 95165: Immunotherapy is considered MEDICALLY NECESSARY in patients with demonstrated hypersensitivity that cannot be managed by medications or avoidance. To ensure the potency and efficacy of the antigens, the provision of multiple-dose vials (CPT 95165) is restricted to sufficient antigen for not more than 120 doses in a 12-MONTH period, with 30 doses per 90 days allowed for a total of 120 doses per 12-month period, when ordered by a board-certified allergist or board-certified allergist or board-certified ENT physician. (NOTE: The number of doses is not the same as the number of antigens in each dose; this policy does not address the number of antigens being administered). Prior to the provision of additional antigens, there may be an evaluation and management service (99212-99215) documenting the review of the therapy record. Adding the following replacement statement: When ordered by a board-certified allergist or board-certified ENT the following may be considered medically necessary: Supervision (including preparation) and provision of 150 allergen/antigen preparations or less per 12 months of subcutaneous allergy immunotherapy is considered medically necessary after the first year, including the build-up phase. (CPT 95165) Supervision (including preparation) and provision of 120 allergen/antigen preparations or less per 12 months of subcutaneous allergy immunotherapy is considered medically necessary after the first year as maintenance therapy. (CPT 95165).

CAM 60125	Ultrafiltration in Decompensated Heart Failure	Annual review, updating policy to address medical necessity for percutaneous vertebroplasty for symptomatic osteoporotic vertebral fractures less than 6 weeks in duration that have led to hospitalization or prevented ambulation. Also updating HCPCS coding, rationale, and references.
CAM 116	External Insulin Infusion Pump	Annual review, no change to policy intent.
CAM 20130	Biofeedback as a Treatment of Chronic Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 20173	Actigraphy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20231	Myocardial Strain Imaging	Annual review, no change to policy intent. Updating rationale and reference.
CAM 70109	Risk-Reducing Mastectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 80146	Intensity-Modulated Radiotherapy of the Lung	Annual review, no change to policy intent.
CAM 90328	Corneal Collagen Cross-Linking	Annual review, no change to policy intent. Updating rationale and references.
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 80301	Functional Neuromuscular Electrical Stimulation, Robotic-Assisted Rehabilitation and Robotic-Assisted Orthotics	Annual review, no change to policy intent. Updating regulatory status, rationale, and references.
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	Annual review, no change to policy intent.
CAM 10117	Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating rationale, references, and coding.
CAM 201100	Dry Needling for Myofascial Pain	Annual review, no change to policy intent.
CAM 20156	Low-Level Laser Therapy	Annual review, no change to policy intent. Updating background, rationale and references.

CAM 20182	Bioimpedance Devices for Detection and Management of Lymphedema	Annual review, no change to policy intent. Updating rationale and references.
CAM 274	Cluneal Nerve Block For Treatment Of Low Back Pain	Annual review, no change to policy intent.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating rationale and references.
CAM 80116	Chemical Peels	Annual review, no change to policy intent. Updating rationale and references.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 80152	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used With Autologous Bone Marrow)	Annual review, no change to policy intent. Updating guidelines to specify that this policy is not intended to address unprocessed allograft bone or products that do not require mixing with stem cells. Also updating regulatory status, rationale and references.
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 90323	Intravitreal Corticosteroid Implants	Annual review, no change to policy intent. Updating rationale and references.