



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

May 2025 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 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 051	Allergen Testing	Annual review removing coverage criteria 1 and note 1. Also updating description, rationale, and references.
CAM 10117	Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence	Annual review, no change to policy intent. Updating rationale, supplemental information, table #1, and references.
CAM 119	Prenatal Screening (Nongenetic)	Interim review, no change to policy intent. Updating rationale, references, and removing CPT 87592. Updating description of 0462U.
CAM 120	Flow Cytometry	Annual review, no change to policy intent. Updating description, coverage criteria 1.h removing "and PIDs involving T, NK", rationale and references.
CAM 155	Evaluation of Dry Eyes	Annual review, no change to policy intent. Updating description, regulatory status, rationale, and references.
CAM 159	Lyme Disease Testing	Annual review, no change to policy intent but updating policy for clarity. Also updating description, table of terminology, rationale, and references.
CAM 218	Pharmacogenetic Testing	Annual review, no change to policy intent. Updating description, rationale and references. Removing CPT 0380U. Updating description 0533U) Pharmacogenetic Testing (Annual review, no change to policy intent. Updating description, rationale and references. Removing CPT 0380U. Updating description 0533U.
CAM 242	Esophageal Pathology Testing	Annual review, no change to policy intent. Updating description, updating note, table of terminology, rationale, guidelines/recommendations, and

		references. Adding CPT code 81210. Updated 0095U description
CAM 243	Onychomycosis Testing	Annual review, no change to policy intent. Updating description, note 1, rationale, guidelines/recommendations, and references.
CAM 268	Urinary Tumor Markers for Bladder Cancer	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM 272	Fibromyalgia Testing	Annual review, no change to policy intent. Updating description, rationale, guidelines/recommendations, and references.
CAM 274	Cluneal Nerve Block for Treatment of Low Back Pain	Annual review, no change to policy intent.
CAM 278	Molecular Diagnostics for Breast Cancer Prognosis	Annual review, no change to policy intent. Updating description, rationale, guidelines/recommendations, and references.
CAM 279	Molecular Markers in Fine Needle Aspirates of the Thyroid	Annual review, no change to policy intent. Updating description, note, rationale, guidelines/recommendations, and references.
CAM 282	Human Immunodeficiency Virus (HIV)	Annual review, updating frequency of testing in criteria #2 and #6. Adding new criteria #3 Nucleic acid testing (qualitative or quantitative) for HIV-1 and HIV-2 (no more than one test every month) MEETS COVERAGE CRITERIA in any of the following situations: a) For individuals for whom initial screening was positive for HIV infection. b) For individuals for whom initial screening was indeterminate for HIV infection. c) For individuals for whom recent exposure is suspected or reported.” Removing criteria #5 as it is now addressed in criteria #3. Also updating description, table of terminology, guidelines/recommendations, regulatory status, and references. Updated rationale.
CAM 40204	Reproductive Techniques	Annual review, no change to policy intent. Updating summary of evidence, rationale, table #3, and references.
CAM 527	Salivary Hormone Testing	Annual review, no change to policy intent. Updating description, rationale, and references. Also removing CPT 82626, 82627, 82670, 82671, 82672, 82677, 82679, 82681, 84144, 84402, 84403, 84410.

CAM 80116	Chemical Peels	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.
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	Annual review, no change to policy intent. Updating summary of evidence, background, and rationale.
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 rationale, table #7, and references.
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	Annual review, no change to policy intent. Updating rationale.
CAM 270	Intracellular Micronutrient Analysis	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	Annual review, no change to policy intent.
CAM 329	Transplant Rejection Testing	Annual review, updating frequency of testing in criteria #3 one test per month at one/two/three/four months post-transplant and one test every three months beginning at six months post-transplant. Also updating description, rationale, guidelines/recommendations, regulatory status , and references.
CAM 283	Venous and Arterial Thrombosis Risk Testing	Annual review, updating coverage criteria. Also updating rationale and references.
CAM 280	Mutation Analysis in Myeloproliferative Neoplasms	Annual review, updating criteria #1. Also updating description, table of terminology, rationale, and references.
CAM 273	Liquid Biopsy	Annual review, adding "e.g. GRAIL" to criteria #5. Also updating description, rationale, guidelines/recommendations, and references. Removing code 0356U.
CAM 217	Parathyroid Hormone, Phosphorus, Calcium and Magnesium Testing	Annual review, updating coverage criteria 1 to combine criteria 1 and 2. Also updating description, table of terminology, rationale, guidelines/recommendations, and references.
CAM 110	Preimplantation Genetic Testing	Updating coding section. Adding codes 0552U, 0553U, 0554U and 0555U. These codes will be effective 07/01/2025. No other changes made.

CAM 90328	Corneal Collagen Cross-Linking	Annual review, no change to policy intent. Updating Summary of evidence, table #5, rationale and references.
CAM 201100	Dry Needling for Myofascial Pain	Annual review, no change to policy intent. Updating summary of evidence, rationale, table #4, and references.
CAM 60123	Diagnosis and Non-Surgical Treatment of Sacroiliac Joint Pain	Acknowledgment that 12/15/2023 history entry for CPT code was incorrect. The CPT code added on 12/15/2023 was 27278. No other changes made.
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	Fixed misspelled word. No other changes made.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Updating coding section. Adding code 0572U to be effective 07/01/2025. No other changes made.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Updating coding. Adding code 0570U effective 07/01/2025. No other changes.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects With Autologous Bone Marrow With or Without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 70101	Acupuncture and Dry Needling	Annual review, no change to policy intent.
CAM 110	Preimplantation Genetic Testing	Updating coding section. Adding codes 0552U, 0553U, 0554U and 0555U. These codes will be effective 07/01/2025. No other changes made.
CAM 181	Pathogen Panel Testing	Interim review to update coding. Deleting codes 0240U, 0241U, 0369U, 0370U, 0373U, and 0374U are being deleted effective 07/01/2025. Codes 0556U, 0563U and 0564U are being Added to codes effective 07/01/2025. No other changes made.
CAM 255	Molecular Testing for Cutaneous Melanoma	Updated coding. Code 0089U verbiage will be revised on 07/01/2025. No other changes.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Service	Added CPT codes 92650 and 92651 to HEARING LOSS, SCREENING IN NEWBORNS
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating summary of evidence, rationale, table 27, and references.

CAM 80155	Stem-Cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, table 7, and references.
CAM 20126	Prolotherapy	Annual review, no change to policy intent. Updating regulatory status, rationale, table 3, and references.
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent. Updating rationale.
CAM 30302	Digital Health Technologies: Therapeutic Applications	Annual review, no change to policy intent. Updating rationale.
CAM 701166	Allograft Injection for Degenerative Disc Disease	Annual review, no change to policy intent. Updating rationale, table 6, and references.
CAM 70307	Annual review, no change to policy intent. Updating rationale, table 6, and references.	Annual review, no change to policy intent. Updating background, rationale, and references.
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent. Updating description, summary of evidence, table 1, rationale, and references.
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	Annual review, no change to policy intent. Updating summary of evidence, regulatory status, table 1, rationale, table 15, references and adding CPT code 93701.
CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	Annual review, no change to policy intent.
CAM 256	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	Annual review, no change to policy intent.
CAM 383	Percutaneous Arteriovenous Fistula	Annual review, no change to policy intent.
CAM 40206	Uterus Transplantation for Absolute Uterine Factor Infertility	Annual review, no change to policy intent. Updating summary of evidence, table 3, references, and removing appendix.
CAM 512	Radiopharmaceutical Agents and Other In Vivo Diagnostic Aids	Annual review, no change to policy intent.

CAM 701154	Ablation of Peripheral Nerves To Treat Pain	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	Annual review, no change to policy intent. Updating rationale.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating supplemental information, background, rationale, table 4, and references.
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	Annual review, no change to policy intent. Updating summary of evidence, rationale, table 10, and references.
CAM 80149	Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, table 1, and references.
CAM 90326	Viscocalanostomy and Canalooplasty	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, table 1, and references.
CAM 90331	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy	Annual review, no change to policy intent. Updating rationale.