



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

June 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 70154	Transmyocardial Revascularization	Archived on 06/11/2025
CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Archived on 06/11/2025
CAM 70179	Whole Gland Cryoablation of Prostate Cancer	ARCHIVED MAY 2025
CAM 60148	Positional Magnetic Resonance Imaging (MRI)	ARCHIVED
CAM 60150	Use of Magnetic Resonance Imaging to Monitor Integrity of Silicone Gel-Filled Breast Implants	ARCHIVED
CAM 80311	Endobronchial Brachytherapy	ARCHIVED
CAM 094	Women's Preventive Services	Interim review, updating notes for FDA approved mobile application for contraception (e.g. Natural Cycles) and adding code A9293.
CAM 190	Enteral Feeding In-Line Cartridge (EFIC™)/Immobilized Lipase Cartridge/Relizorb™	Interim review, updating age range and diagnosis to allow for new FDA indications. Changed age range from 5 to 1. And removed dx of cystic fibrosis — now allows for a diagnosis of a condition leading to exocrine pancreatic insufficiency. No other changes.
CAM 701125	Occipital Nerve Stimulation	Annual review, changing title to Peripheral Nerve Stimulation for Treatment of Chronic Headaches. Removing Reactiv8 statement and associated rationale and references from this policy and moving to CAM 10131. No other changes.

CAM 10131	Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions	Interim review, adding statement StimRouter and ReActiv8 are considered investigational. Also updating rationale.
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema	Annual review, no change to policy intent. Updating description, summary of evidence, background, rat, ref, and table 5.
CAM 455	Registered Nurses Practicing in Extended Roles	Annual review, no change to policy intent.
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Annual review, updating criteria #1 and #3 for clarity. Adding new criteria #6. Also updating description, rationale, guidelines and recommendations, and references.
CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	Annual review, no change to policy intent.
CAM 266	Genetic Testing for Epilepsy	Annual review, adding criteria #1 requiring genetic counseling, updating criteria #2 to remove age restriction and allows for WES or multi-gene panel testing. Adding new WES criteria. Updating note 1. Also updating description, table of terminology, rationale, guidelines and recommendations and references. Adding codes 81415, 81416, 81425, 81426.
CAM 281	Genetic Testing for Connective Tissue Disorders	Annual review, updating entire policy for clarity and consistency. Adding criteria #2 for Marfan syndrome. Adding criteria #4 for heritable thoracic aortic disease. Adding criteria #5 for genetic testing for epidermolysis bullosa. Updating notes and adding new note 2,5,7,8. Also updating description, table of terminology, guidelines and recommendations, regulatory status, and references. Adding CPT codes CPT 81403 and 81479.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating summary of evidence, rationale, table 4, and references.
CAM 235	Laboratory Guideline Policy	Added/Revised CPT codes 0220U, 0522U, 0573U effective 07/01/2025.
CAM 251	Minimal Residual Disease	Added CPT codes 0560U, 0561U, 0569U effective 07/01/2025.
CAM 258	Genetic Testing for Mitochondrial Disorders	Added CPT code 0567U effective 07/01/2025.

CAM 268	Urinary Tumor Markers for Bladder Cancer	Added revised CPT code 0420U effective 07/01/2025.
CAM 269	Diagnosis of Vaginitis	Adding CPT code 0557U effective 07/01/2025.
CAM 273	Liquid Biopsy	Added CPT codes 0562U, 0565U, 0566U effective 07/01/2025.
CAM 317	In Vitro Chemoresistance and Chemosensitivity Assays	Updated revised CPT code 0285U effective 07/01/2025.
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	Revised and added CPT codes 0393U, 0568U, effective 07/01/2025
CAM 336	Testing for Diagnosis of Active or Latent Tuberculosis	Added CPT code 0574U effective 07/01/2025.
CAM 342	Microsatellite Instability Tumor Mutational Burden Testing	Added CPT code 0571U effective 07/01/2025.
CAM 012	Anesthesia Services	Interim review to update qualifying circumstance statement to now read: Qualifying circumstances codes (99100, 99116, 99135, 99140) and the risk factor modifiers P3, P4, P5 are only reimbursable when billed with AA or QZ modifiers. No other changes.
CAM 065	Chiropractic Services	Annual review, no change to policy intent.
CAM 108	Abdominoplasty, Panniculectomy and Lipectomy	Annual review, no change to policy intent.
CAM 222	Home Health Services Policy	Annual review, no change to policy intent.
CAM 452	Pain Management Services (Chronic Pain and Rehabilitation Therapies)	Annual review, no change to policy intent.
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Annual review, no change to policy intent. Updating summary of evidence, rationale, table of key trials.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Annual review, no change to policy intent.
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent.
CAM 40204	Reproductive Techniques	Interim review to add coverage criteria for pre-implantation genetic testing for

		monogenic/single gene diseases. Also adding CPT codes 89290 and 89291. No other changes.
CAM 70181	Nerve Graft With Radical Prostatectomy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent.
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	Interim review to add ovarian origin to criteria for Tandem autologous HCT or transplant statement. Now reads: Tandem autologous HCT or transplant with sequential high dose chemotherapy may be considered MEDICALLY NECESSARY for the treatment of germ cell tumors (testicular or ovarian origin) either as salvage therapy or with platinum-refractory disease.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 100105	Ambulance and Medical Transport Services	Updating entire policy to separate ground and air/water transport. Adding indications for scene triage for air and interfacility transport.
CAM 701110	Vertical Expandable Prosthetic Titanium Rib	Annual review, no change to policy intent. Updating background, rationale, and references.
CAM 701120	Facet Arthroplasty	Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale and references.