



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

February 2026 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 511	Radiation Oncology Services	(Annual review, no change to policy intent.)
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	(Annual review, no change to policy intent.)
CAM 152	Hypothermia To Prevent/Reduce Hair Loss During Chemotherapy	(Annual review, also correcting cpt codes 0062T and 0063T to 0662T and 0663T. No change to policy intent.)
CAM 701171	Remote Electrical Neuromodulation for Migraines	(Interim review, policy statement changed from investigational to medical necessary with criteria . Also updating summary of evidence, background, policy guidelines, rationale, and references.)
CAM 701131	Transcatheter Pulmonary Valve Implantation	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 90301	Keratoprosthesis	(Annual review, no change to policy intent. Updating summary of evidence and references.)
CAM 80117	Hematopoietic Stem-Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 70308	Heart/Lung Transplant	(Annual review, no change to policy intent. Updating background, rationale, and references.)

CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra- Abdominal and Pelvic Malignancies	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20303	Donor Lymphocyte Infusion for Malignancies Treated With an Allogeneic Hematopoietic Cell Transplant	(Annual review, no change to policy intent.)
CAM 760	Cerebral Perfusion Analysis CT	(Deleting CPT code 0042T and adding CPT code 70473.)
CAM 754	Lower Extremity MRA/MRV	(Annual review, updating policy for clarity and consistency. Adding statement to general information. Updating peripheral vascular disease and genetic conditions/rare diseases. Standardizing preoperative and postoperative assessment. Also updating background, rationale, and references.)
CAM 750	CT Chest (Thorax)	(Annual review, updating policy for clarity and consistency. Removing lung cancer screening indication and CPT code 71271. Updating preoperative/postoperative, combination studies and genetic conditions. Adding statement to general information, airway indication, and high/low risk factors for Fleischner table. Also updating background, rationale, and references.)

CAM 749	CT Angiography, Chest (Noncoronary)	(Annual review, updating entire policy for clarity and consistency. Updating pulmonary embolism, thoracic aortic disease, known genetic condition, and vascular disease and combination studies. Broke out suspected thoracic aortic disease into screening and abnormal imaging. Standardized preoperative and postoperative assessment. Also updated background, rationale, and references.)
CAM 729	Fetal MRI	(Annual review, no change to policy intent. Updating policy language for clarity and consistency. Adding statement to general information.)
CAM 715	CT Lower Extremity (Ankle, Foot, Hip or Knee)	(Annual review, updating policy for clarity and consistency. Adding statement to general information, tables of orthopedic signs, metastatic disease, and Lisfranc injury indications. Updating metallois, inflammatory arthritis, pediatric, and flatfoot indications. Also updating background, rationale, and references.)
CAM 713	CT Lumbar Spine	(Annual review, updating policy for clarity and consistency. Adding statement to general information. Updating evaluation of compression fractures, indeterminate findings, and combination studies. Standardizing preoperative and postoperative assessments. Also updating background, rationale, and references.)

CAM 705	CT Cervical Spine	(Annual review, updating entire policy for clarity and consistency. Adding statement to general information. Clarified trauma imaging criteria and Horner's syndrome. Adding indications for evaluation of compression fractures. Also updating background, rationale, and references.)
CAM 700	Neck CTA	(Annual review, updating policy for clarity and consistency. Adding statement to general information. Updating indications for vasculitis, pre and post operative evaluation, genetic conditions, and combination studies. Also updating background and rationale.)
CAM 391	Low-Dose CT for Lung Cancer Screening	(Annual review, no change to policy intent. Updating policy language for clarity and consistency, background, and rationale. Adding statement to general information.)
CAM 402	Computed Tomography (CT) (Virtual) Colonoscopy - Screening	(NEW POLICY.)
CAM 723	CT (Virtual) Colonoscopy — Diagnostic	(Annual review, updating diagnostic evaluation and follow up studies to include 1-2 polyps that are 6-9mm in diameter. Adding statement to general information. Also updating rationale and references.)
CAM 094	Women's Preventive Services	(Interim review, removing 0500T (effective 1/1/25) and adding CPT 87626 (effective 1/1/25) to cervical cancer screening.)

CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	(Interim review, removing 0500T (effective 1/1/25) and adding CPT 87626 (effective 1/1/25) to cervical cancer screening.)
CAM 070	Treatment of Chest Wall Deformities (Congenital or Acquired)	(Annual review, no change to policy intent.)
CAM 147	Knee Braces, Orthopaedic Casts, Splints	(Annual review, no change to policy intent.)
CAM 157	Medical Policy Development and Review	(Annual review, no change to policy intent.)
CAM 209	Diagnostic Testing of Common Sexually Transmitted Infections	(Added new CPT code 87494 effective 01/01/2026)
CAM 377	Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders	(Annual review, no change to policy intent.)
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 20144	Dermatologic Applications of Photodynamic Therapy	(Annual review, no change to policy intent.)
CAM 20185	Neural Therapy	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 40118	Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	(Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, and references.)
CAM 70147	Bariatric Surgery	(Annual review, no change to policy intent.)
CAM 70158	Intraoperative Neurophysiologic Monitoring	(Annual review, no change to policy intent. Updating rationale and references.)

CAM 70175	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 80305	Outpatient Pulmonary Rehabilitation	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 90314	Implantation of Intrastromal Corneal Ring Segments	(Annual review, no change to policy intent.)
CAM 701124	Treatment of Varicose Veins/Venous Insufficiency	(Annual review no change to policy intent. Updating rationale and references.)
CAM 701168	Cryoablation, Radiofrequency Ablation and Laser Ablation for Treatment of Chronic Rhinitis	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 175	Fractional Flow Reserve CT	(Annual review, no change to policy intent.)
CAM 392	Sacroiliac Joint Fusion	(Annual review, no change to policy intent.)
CAM 701	MR Angiography Upper Extremity	(Annual review, no change to policy intent.)
CAM 703	CT Angiography, Pelvis	(Annual review, no change to policy intent.)
CAM 706	CT Angiography, Abdomen	(Annual review, no change to policy intent.)
CAM 707	CT Thoracic Spine	(Annual review, no change to policy intent.)
CAM 708	CT Angiography, Abdomen and Pelvis	(Annual review, no change to policy intent.)
CAM 722	Radiopharmaceutical Tumor Localization (SPECT), Single Area	(Annual review, no change to policy intent.)
CAM 725	CT Upper Extremity	(Annual review, no change to policy intent.)
CAM 726	CT Angiography, Upper Extremity	(Annual review, no change to policy intent.)
CAM 727	CT Angiography, Head/Brain	(Annual review, no change to policy intent.)

CAM 728	Abdominal Aorta CT Angiography with Lower Extremity Runoff	(Annual review, no change to policy intent.)
CAM 733	MUGA Scan	(Annual review, no change to policy intent.)
CAM 735	MRI Bone Marrow and Whole Body MRI	(Annual review, no change to policy intent.)
CAM 738	Orbit, Face, Neck, Sinus MRI	(Annual review, no change to policy intent..)
CAM 740	MRI Temporomandiublar Joint (TMJ)	(Annual review, no change to policy intent.)
CAM 742	CT Head/Brain	(Annual review, no change to policy intent.)
CAM 751	Brain PET Scan	(Annual review, no change to policy intent.)
CAM 752	Pelvis MRA/MRV (Angiography/Venography)	(Annual review, no change to policy intent .)
CAM 753	Abdomen MRA (Angiography)	(Annual review, no change to policy intent.)
CAM 755	Brain (Head) MRA/MRV	(Annual review, no change to policy intent.)
CAM 759	PET Scan	(Annual review, no change to policy intent.)
CAM 719	MRI Heart	(Updated coding section. Added CPT codes C9762 and C9763. No other changes made.)
CAM 742	CT Head/Brain	(Annual review, no change to policy intent.)
CAM 032	Telemedicine	(Annual review, no change to policy intent.)
CAM 724	Neck Magnetic Resonance Angiography (MRA)	(Annual review, updating policy for clarity and consistency. Adding statement to general information. Updating indications for vasculitis, pre and post operative evaluation, genetic conditions, and combination studies. Also updating background and rationale.)

CAM 167	General Genetic Testing, Somatic Disorders	(Annual review, no change to policy intent. Updating policy for clarity and consistency, regulatory status, rationale, and references. Adding CPT code 81524 and PLA code 0172U.)
CAM 403	Neck Computed Tomography (CT)	***NEW POLICY***
CAM 373	Gender Affirmation Surgery and Hormone Therapy	(Annual review, no change to policy intent.)
CAM 20233	Phrenic Nerve Stimulation for Central Sleep Apnea	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 130	Vitamin B12 and Methylmalonic Acid Testing	(Annual review, no change to policy intent. Updating policy for clarity and consistency, rationale, and references.)
CAM 267	Diagnosis of Idiopathic Environmental Intolerance	(Annual review, updating CC7 to clarify breath hydrogen/methane testing is not allowed under any circumstances and removing reimburse section from this policy. Also updating policy for clarity and consistency, table of terminology, rationale, and references. Revised CPT code 83015 and 83018 effective 01/01/2026)
CAM 273	Liquid Biopsy	(Annual review, updating criteria with update NCCN recommendations, adding indications for Cxbladder Triage, updating language on urinary testing. Also updating notes, table of terminology, rationale, and references. Adding PLA codes 0012M, 0013M, 0363U, 0420U, 0452U, 0549U, 0613U.)

CAM 739	CT Soft Tissue Neck	(Annual review, updating entire policy for clarity and consistency. Updating indications for suspected neoplasms, lymphadenopathy, pre and post procedural evaluations, and combination studies. Also updating background, and rationale. Adding indications for vocal cord lesions, thyroid gland, parathyroid glands, infection, throat pain, ear pain, salivary glands, granulomatosis with polyangiitis, neck trauma, airway, esophagus, foreign body, cranial nerve abnormalities.)
CAM 768	CT (Virtual) Colonoscopy Screening	*****NEW POLICY*****
CAM 769	Stress Echocardiogram	*****NEW POLICY*****
CAM 378	Coronary Artery Calcium Scoring by Electron-Beam Tomography (EBCT) OR Non-Contrast Coronary Computed Tomography (Non-Contrast CCT)	(Annual review, no change to policy intent.)
CAM 389	Lumbar Artificial Disc Replacement)	(Annual review, no change to policy intent.)
CAM 393	Heart (Cardiac) PET	(Annual review, no change to policy intent.)
CAM 710	MRI Thoracic Spine	(Annual review, no change to policy intent.)
CAM 711	CT Pelvis	(Annual review, no change to policy intent.)
CAM 712	CT Heart	(Annual review, no change to policy intent.)
CAM 714	MRI Pelvis	(Annual review, no change to policy intent.)
CAM 716	CT Abdomen and Pelvis	(Annual review, no change to policy intent.)
CAM 717	CT Abdomen	(Annual review, no change to policy intent.)
CAM 718	Upper Extremity MRI (Hand, Wrist, Arm, Elbow, Long Bone or Shoulder MRI)	(Annual review, no change to policy intent.)

CAM 720	MRI MRCP MRE MRU Abdomen	(Annual review, no change to policy intent.)
CAM 744	MRI Brain (Includes Internal Auditory Canal)	(Annual review, no change to policy intent.)
CAM 745	Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal CT	(Annual review, no change to policy intent.)
CAM 746	Sinus Maxillofacial CT	(Annual review, no change to policy intent.)
CAM 747	Myocardial Perfusion Imaging (Nuc Card)	(Annual review, no change to policy intent.)
CAM 748	CT Bone Density Study	(Annual review, no change to policy intent.)
CAM 756	Hyperthermia With Radiation	(Annual review, no change to policy intent.)
CAM 757	Neutron Beam Therapy (NBT)	(Annual review, no change to policy intent.)
CAM 758	Radiation Therapy for Non- Cancerous Conditions	(Annual review, no change to policy intent.)
CAM 763	Heart (Cardiac) PET With CT for Attenuation	(Annual review, no change to policy intent.)
CAM 764	MRI Breast	(Annual review, no change to policy intent.)
CAM 766	Brain (Head) MRS	(Annual review, no change to policy intent.)
CAM 20181	Ingestible pH and Pressure Capsule	*****ARCHIVED*****
CAM 20222	Ultrafiltration in Decompensated Heart Failure	*****ARCHIVED*****
CAM 60112	Thermography	*****ARCHIVED*****
CAM 60123	Diagnosis and Treatment of Sacroiliac Joint Pain	*****ARCHIVED***** (Replacing with new policy Sacroiliac Joint Injections CAM 770)
CAM 770	Sacroiliac Joint Injections	***NEW POLICY***