



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

## August 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](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
<b>CAM 80154</b>	<b>Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia</b>	<b>ARCHIVED</b>
<b>CAM 80122</b>	<b>Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias</b>	<b>ARCHIVED</b>
CAM 017	Contraceptive Management	Annual review, no change to policy intent.
CAM 045	Suit Therapy	Annual review, no change to policy intent.
CAM 226	BioZorb®	Annual review, no change to policy intent.
CAM 10102	Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure	Annual review, no change to policy intent. Updating background, rationale, and references.
CAM 10127	Electrical and Electromagnetic Stimulation for the Treatment of Arthritis	Annual review, no change to policy intent. Updating summary of evidence and rationale.
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 201105	Dry Hydrotherapy for Chronic Pain Condition	Annual review, no change to policy intent. Updating regulatory status, rationale, and references.
CAM 20120	Esophageal pH Monitoring	Annual review, no change to policy intent. Updating regulatory status, rationale, and references.
CAM 20192	Fecal Microbiota Transplantation	Annual review, no change to policy intent. Updating summary of evidence, policy guidelines, rationale, and references.

CAM 701140	Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery	Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.
CAM 701147	Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	Annual review, no change to policy intent.
CAM 70171	Lung Volume Reduction Surgery for Severe Emphysema	Annual review, no change to policy intent. Updating background, rationale, and references.
CAM 70183	Auditory Brainstem Implant	Annual review, no change to policy intent. Updating rationale and references.
CAM 70304	Isolated Small Bowel Transplant	Annual review, no change to policy intent. Updating background, rationale, and references.
CAM 80115	Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	Annual review, no change to policy intent. Updating rationale, and references.
CAM 80121	Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 80123	Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer	Annual review, no change to policy intent. Updating description, background, rationale, and references.
CAM 80128	Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma	Annual review, no change to policy intent. Updating rationale and references.
CAM 80136	Extracorporeal Photopheresis	Annual review, no change to policy intent. Updating rationale and references.
CAM 127	Hepatitis Testing	Annual review, updating coverage criteria 2 and 9 to include individuals receiving immunosuppressant therapy. Updating frequency in coverage criteria 8 to allow once every three months. Also updating description, table of terminology, rationale and references. Adding HCPCS G0567.
CAM 277	Serum Tumor Markers for Malignancies	Annual review, updating entire coverage criteria 1 table to broaden definitions. Also updating description, table of terminology, rationale, and references. Removing CPT 83615.

CAM 297	Genetic Testing for Alpha- and Beta-Thalassemia	Annual review no change to policy intent. Updating description, rationale, and references. Removing CPT 96040 and S0265.
CAM 298	Molecular Profiling for Cancers of Unknown Primary Origin	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM 304	Genetic Testing for Li-Fraumeni Syndrome	Annual review, no change to policy intent. Updating description, rationale and references. Adding CPT 81479.
CAM 309	Genetic Testing for Hereditary Pancreatitis	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 394	Intraosseous Radiofrequency Ablation (Intrasept) Procedure	Annual review, no change to policy intent.
CAM 10111	Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 10131	Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions	Annual review, no change to policy intent.
CAM 181	Pathogen Panel Testing	Annual review, adding coverage criteria and note #1 for respiratory pathogens that were previously removed from CAM 380. Also updating description, table of terminology, rationale, and references.
CAM 188	Cardiovascular Disease Risk Assessment	Annual review, updating coverage criteria 3 to clarify Lp(a) is once per lifetime and should happen after 18 years of age, coverage criteria 4 to clarify his-CPR frequency, coverage criteria 5 to include conventional CPR testing. Also updating table of terminology, note #2, rationale, and references.
CAM 192	Serum Testing for Evidence of Mild Traumatic Brain Injury	Annual review, updating description, criteria for clarity and consistency, table of terminology, rationale, and references.
CAM 200	Folate Testing	Annual review, updating criteria to allow serum folic acid testing for all types of anemia and for those who will or who have already undergone bariatric procedures. Also updating description, rationale, and references.
CAM 247	Red Blood Cell Molecular Testing	Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.

CAM 287	Genetic Testing for Familial Alzheimer Disease	Annual review, updating description, rationale, and references.
CAM 291	Genome and Exome Sequencing	Annual review, updating title and throughout the policy to remove “whole” now called exome and genome sequencing. Also updating table of terminology, rationale, and references. Removing CPT 0209U.
CAM 294	Genetic Testing for Hereditary Hearing Loss	Annual review, updating coverage criteria 3 to allow for repeat testing. Also updating description, note, rationale, references. Removing CPT 81252, 81254, S3844; adding CPT 81403 and 81479.
CAM 299	Genetic Testing for Diagnosis of Inherited Peripheral Neuropathies	(Annual review, no change to policy intent. Updating criteria for clarity. Also updating description, table of terminology, rationale, and references.
CAM 300	Genetic Testing for Lactase Insufficiency	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM301	Genetic Testing for Ophthalmologic Conditions	Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references. Adding CPT 81415, 81416, 81417, 81425, 81426; removing CPT 81599
CAM 311	Genetic Testing for PTEN Hamartoma Tumor Syndrome	Annual review, updating major and minor testing criteria in note 1. Also updating description, rationale, and references.
CAM 320	Genetic Testing for Familial Hypercholesterolemia	Annual review, complete rewrite of coverage criteria 1 to define clinical suspicions that warrant genetic testing for familial hypercholesterolemia. New CC2 for individuals with suspected FH who have already tested negative for specific variants. New note 1, 2, 3, 4, 5, and 6. Also updating description, table of terminology, rationale, and references.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Annual review, updating table of solid tumors updated to match NCCN guideline updates. Neuroendocrine/adrenal cancers, prostate cancers, and uterine cancers all had updated indications for testing. Bladder cancer, central nervous system cancer, and vaginal cancer were added to the table in Note 2. Also updating description, rationale, and references.

CAM044	Genetic Testing for Cystic Fibrosis	Annual review, updating coverage criteria for clarity and consistency. New CC 6 for family members of individuals with CFTR-related metabolic disorder/cystic fibrosis screen positive, inconclusive diagnosis (CRMS/CFSID), comprehensive analysis of CFTR gene analysis. Also updating description, table of terminology, rationale, and references.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.
CAM 40111	Occlusion of Uterine Arteries Using Transcatheter Embolization	Annual review, no change to policy intent.
CAM 60127	FDG Using Camera-Based Imaging (FDG-SPECT)	Annual Review. No change in policy intent.
CAM 292	Genetic Testing for Neurofibromatosis and Related Disorders	Annual review, removing 25 years and younger age restriction in coverage criteria 8. Also updating description, rationale, and references.
CAM 288	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Annual review, updating coverage criteria 1 to reflect single gene or broad molecular profiling of the tumor tissue is allowed. Also updating description, note 1, table of term, rat and ref. Adding CPT 81445, 81449, 81455, 81456. Removing CPT 88342.
CAM 307	Testing for Colorectal Cancer Management	Annual review, updating description, rationale, and references.
CAM 303	Identification of Microorganisms Using Nucleic Acid Probes	Annual review, removing direct probe testing for Chlamydia pneumoniae, Cytomegalovirus, Legionella pneumophila, and Mycoplasma pneumoniae from coverage criteria. Also updating description, table of terminology, rationale, and references. Removing CPT 87480, 87481, and 87482.
CAM 313	Chromosomal Microarray and Low-Pass Genome Sequencing	Annual review, removing "whole" throughout the policy, Also updating description, rationale, and references. Adding CPT 0209U.
CAM 358	Prenatal Screening (Genetic)	Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references. Adding CPT 81252, 81253, and S3844.

CAM 198	Pancreatic Enzyme Testing for Acute Pancreatitis	Annual review, removing amylase from criteria as it is no longer allowed for diagnosis of acute pancreatitis. Also updating description, table of terminology, rationale, and references.
CAM 193	Biomarkers for Myocardial Infarction and Chronic Heart Failure	Annual review, updating description, changing the order of criteria, table of terminology, rationale, and references. Also adding CPT 86141.
CAM 205	General Inflammation Testing	Annual review, updating clarity in coverage criteria 1. Also updating description, note 1, rationale, and references.
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	Annual review, updating coverage criteria to expand use of prostate health index. New note 3,4,7. Also updating description, rationale, and references. Adding CPT 84153, 84154, 83156. Removing 0053U.
CAM 277	Serum Tumor Markers for Malignancies	Updated coding section. Added code 0599U. This code will be effective 10/01/2025. No other changes.
CAM 291	Genome and Exome Sequencing	Updated coding section. Added codes 0582U and 0583U. These codes will be effective 10/01/2025. No other changes.
CAM 329	Transplant Rejection Testing	Updated coding section. Added code 0576U. This code will be effective 10/01/2025. No other changes.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Updated CPT coding. Revised code 0334U and added code 0585U (effective 10/01/2025). No change in policy intent.
CAM 248	Mental Health Services	Annual review, no change to policy intent.
CAM 701147	Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas	Annual review, no change to policy intent.
CAM 191	Medical Records Documentation Standards	Annual review, no change to policy intent.
CAM 20490	Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes	Annual review, no change to policy intent.