



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

## March 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](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 188	Cardiovascular Disease Risk Assessment	(Updated coding section. No other changes.)
CAM 345	Genetic Testing for Fanconi Anemia	(Annual review, no change to policy intent. Updating policy for clarity and consistency, rationale, and references.)
CAM 343	Genetic Testing for CHARGE Syndrome	(Annual review, no change to policy intent. Updating policy for clarity and consistency, rationale, and references.)
CAM 259	Testing for Developmental Delay	(Annual review, CC2 and CC3 split so that uncovered genetic tests are addressed in CC2 and non-genetic tests are addressed in CC3. Also updating policy for clarity and consistency, rationale, and references.)
CAM 258	Genetic Testing of Mitochondrial Disorders	(Annual review, no change to policy intent. Updating policy for clarity and consistency, rationale, and references.)
CAM 256	Genetic Testing for Germline Mutations of the RET Proto-Oncogene	(Annual review, removing indication for primary c cell hyperplasia. Also updating policy for clarity and consistency, rationale, references, and revising coding descriptions.)
CAM 162	Testing of Homocysteine Metabolism-Related Conditions	(Annual review, indication for pyridoxine challenge test and CPT code 84207. Also updating policy for clarity and consistency, rationale, and references.)
CAM 701127	Bronchial Thermoplasty	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	(Interim review, adding indications for gastric peroral endoscopic myotomy (G-POEM) as treatment for gastroparesis. No other changes.)
CAM 20128	Neurofeedback	(Annual review, no change to policy intent.)
CAM 80314	Iontophoresis and Phonophoresis	(Annual review, no change to policy intent.)
CAM 90325	Gas-Permeable Scleral Contact Lens	(Annual review, no change to policy intent.)
CAM 100107	Patient-Controlled Analgesia	(Annual review, no change to policy intent.)
CAM 20133	Home Spirometry	(Annual review, no change to policy intent.)
CAM 235	Laboratory Guideline Policy	(Annual review, updating repeat multi-gene panel section)

CAM 236	Therapeutic Drug Monitoring for 5-Fluorouracil	(Annual review, no change to policy intent. Updating policy for clarity and consistency, table of terminology, rationale, and references.)
CAM 254	Prenatal Testing for Fetal Aneuploidy	(Annual review, no change to policy intent. Updating policy for clarity and consistency, rationale, and references.)
CAM 276	Genetic Testing for Inherited Cardiomyopathies and Channelopathies	(Annual review, no change to policy intent. Updating policy for clarity and consistency, table of terminology, rationale, and reference.)
CAM 472	Laboratory/Pathology Services	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 052	Clinical Trials	(Annual review, no change to policy intent.)
CAM 388	Pharyngometry and Rhinometry	(Annual review, no change to policy intent.)
CAM 20210	Biventricular Pacemakers	(Cardiac Resynchronization Therapy) for the Treatment of Heart Failure (Annual review, no change in policy intent. Updating summary of evidence, policy guidelines, rationale, and references.)
CAM 60101	Bone Mineral Density Studies	(Annual review, no change to policy intent. Updating summary of evidence, policy guidelines, rationale, and references.)
CAM 60140	Whole Body Dual X-ray Absorptiometry (DEXA) To Determine Body Composition	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 60146	Dynamic Spinal Visualization and Vertebral Motion Analysis	(Annual review, no change to policy intent. Updating rationale.)
CAM 701127	Bronchial Thermoplasty	(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 summary of evidence.)
CAM 380	Coronavirus Testing in the Outpatient Setting	(Moving Annual review date to 04/01/2026.)
CAM 366	Maternity/Obstetrical Care Benefits	(Annual review, no change to policy intent.)
CAM 10130	Automated Insulin Delivery Systems	(Annual review, adding indications for hybrid closed loop insulin delivery system. Also updating, summary of evidence, background, regulatory status, rationale, and references. Updating title to Automated Insulin Delivery Systems.)
CAM 126	Vitamin D Testing	(Annual review, updating testing frequency for vitamin D to once per six months for symptomatic individuals that test negative at their previous test or for those who tested positive and begin supplementation. Also updating policy for clarity and consistency, rationale, and references.)
CAM 131	Testosterone	(Annual review, no change to policy intent. Updating policy for clarity and consistency, rationale, and references.)
CAM 136	Epidural Spinal Injections	(Annual review, no change to policy intent.)
CAM 137	Paravertebral Facet Joint Injections/Blocks	(Annual review, no change to policy intent.)
CAM 202	Incapacitated Dependent Coverage	(Annual review, no change to policy intent.)

CAM 10305	Patient-Controlled End of Range Motion Stretching Devices	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 20171	Non-Pharmacologic Treatment of Rosacea	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20196	Autonomic Nervous System Testing	(Annual review, no change to policy intent. Updating rationale.)
CAM 60106	Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography	(Annual review, no change to policy intent. Updating summary of evidence, policy guidelines, rationale, and references.)
CAM 60144	Vertebral Fracture Assessment with Densitometry or Biomechanical Computed Tomography	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 70196	Computer-Assisted Navigation for Orthopedic Procedure	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 159	Lyme Disease Testing	(Updating coding section. Updated verbiage on Code 0580U and added Code 0615U. No other changes made. )
CAM 287	Genetic Testing for Alzheimer's Disease	(Updating coding section. Adding CPT code 0616U. No other changes made.)
CAM 329	Transplant Rejection Testing	(Updated CPT code 0319U verbiage. No other changes made.)
CAM 167	General Genetic Testing, Somatic Disorders	(Updating Coding Section. Added CPT codes 0620U and 0621U (effective 04/01/2026) No other changes made.)
CAM 278	Molecular Diagnostics for Breast Cancer Prognosis	(Updating Coding Section. Added CPT code 0630U (effective 04/01/2026) No other changes made.)
CAM 291	Genome and Exome Sequencing	(Updated coding section. Added code 0628U. This code will be effective 04/01/2026. No other changes.)
CAM 357	Genetic Markers for Assessing Risk of Cardiovascular Disease	(Updating Coding Section. Added CPT code 0617U (effective 04/01/2026). No other changes made.)
CAM 80160	Extracorporeal Membrane Oxygenation for Adult Conditions	(Annual review, no change to policy intent. Updating policy for clarity, rationale, and references.)
CAM 90320	Intraocular Radiation Therapy for Age-Related Macular Degeneration	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 90306	Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma	(Annual review, no change to policy intent. Updating regulatory status and rationale.)
CAM 70105	Cochlear Implant	(Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale, and references.)
CAM 20104	Hyperbaric Oxygen Therapy	(Annual review, adding indications for treatment of necrotizing soft tissue infections, idiopathic sudden sensorineural hearing loss, and central retinal artery occlusion to medically necessary statement. Updating summary of evidence, regulatory status, rationale, and references.)
CAM 767	Paravertebral Facet Joint Denervation	(Radiofrequency Neurolysis) (Annual review, no change to policy intent.)

CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia (BPH)	(Annual review, no change to policy intent.)
CAM 075	Cell Transplantation	(Mesencephalic, Adrenal-Brain and Fetal Xenograft) (Annual review, no change to policy intent.)
CAM 015	Influenza Vaccine	(Updated Table 1 and Table 2. No other changes made.)
CAM 10109	Transcutaneous Electrical Nerve Stimulation and Transcutaneous Afferent Patterned Stimulation	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 701149	Amniotic Membrane and Amniotic Fluid	(Annual review, adding NuShield to medically necessary policy statement for the treatment of non-healing diabetic lower extremity ulcers. Also moving content from CAM 047 into this policy. Also updating rationale and references.)
CAM 047	Amniotic Membrane and Limbal Stem Cell Transplantation for the Treatment of Ocular Conditions	****ARCHIVED** (This policy is being ARCHIVED. Information is Included in CAM 701149 Amniotic Membrane and Amniotic Fluid.)
CAM 511	Radiation Oncology Services	(Updating coding section. HCPCS codes G6015 and G6016 will be deleted on 04/01/2026. No other changes made.)
CAM 10126	Cooling Devices Used in the Outpatient Setting	(Updating coding section. Added code HCPCS codes C9810 and C9817 (effective on 04/01/2026). No other changes made.)
CAM 10404	Myoelectric Prosthesis Components for the Upper Limb	(Updating coding section. Adding HCPCS code A8005 and A8006 to be effect4/01/2026.)
CAM 30302	Digital Health Technologies: Therapeutic Applications	(Updated coding section. Added HCPCS code A9294 (effective 04/01/2026). No other changes made.)
CAM 70120	Vagus Nerve Stimulation	(Updating coding section. Added code HCPCS code C1607 (effective on 04/01/2026). No other changes made.)
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	(Updating Coding Section. HCPCS code C9751 will be deleted as of 04/01/2026. No other changes made.)
CAM 701133	Microwave Tumor Ablation	(Mesencephalic, Adrenal-Brain and Fetal Xenograft) (Updating Coding Section. HCPCS code C9751 will be deleted as of04/01/2026. No other changes made.)
CAM 70147	Bariatric Surgery	(Updating coding section. HCPCS code C9784 will be deleted on 04/01/2026. No other changes made.)
CAM 80146	Intensity-Modulated Radiotherapy of the Lung	(Updating coding section. HCPCS codes G6015 and G6016 will be deleted on 04/01/2026. No other changes made.)
CAM 80148	Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid	(Updating coding section. HCPCS codes G6015 and G6016 will be deleted on 04/01/2026. There are no other changes.)
CAM 80149	Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest	(Updating coding section. the following HCPCS codes G6015 and G6016 will be deleted on 04/01/2026.)
CAM 10405	Microprocessor-Controlled Prosthetic for the Lower Limb	(Updated Coding Section. Added code L2221 (effective 04/01/2026). No other changes.)
CAM 078	Discarded Drugs/Biologicals — Pharmaceutical Waste	(Annual review, no change to policy intent.)

<b>CAM 701149</b>	<b>Amniotic Membrane and Amniotic Fluid</b>	<b>(Added code range Q4398-Q4417, Q4420 effective 04/01/2026)</b>
<b>CAM 242</b>	<b>Esophageal Pathology Testing</b>	<b>(Removed CPT codes 88305, 88160, 88112 and 88312)</b>