



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

December 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 80118	Lysis of Epidural Adhesions	***Archived***
CAM 201103	Trigger Point and Tender Point Injections	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20230	Transcatheter Mitral Valve Repair	(Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, and references.)
CAM 338	Skilled Nursing Facility	(Annual review, no change to policy intent.)
CAM 387	Applied Behavioral Analysis Services	(Annual review, no change to policy intent.)
CAM 70144	Implantable Cardioverter Defibrillator (ICD)	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 701173	Axillary Reverse Mapping for Breast Cancer-Related Lymphedema	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 166	General Genetic Testing, Germline Disorders	(Updating coding section. Adding Code 0603U. No other changes made. Effective 01/01/2026)
CAM 140	Prescription Medication and Illicit Drug Testing in the Outpatient Setting	(Updating coding section. Adding Code 0603U. No other changes made. Effective 01/01/2026)
CAM 181	Pathogen Panel Testing	(Updating coding section. Adding Codes 0600U and 0610U. No other changes made. Effective 01/01/2026.)
CAM 251	Minimal Residual Disease	(Updating verbiage for Code 0569U in policy. This change will be effective 01/01/2026. No other changes made.)
CAM 329	Transplant Rejection Testing	(Updated coding section. Deleting codes 0508U, 0509U and 0544U. This deletion will be effective 01/01/2026. No other changes.)
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	(Updated coding section. Deleting codes 0551U and 0596U. This deletion will be effective 01/01/2026. No other changes.)
CAM 60156	Myocardial Sympathetic Innervation Imaging in Patients With Heart Failure	(Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.)
CAM 701155	Functional Endoscopic Sinus Surgery for Chronic Rhinosinusitis	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 90305	Corneal Topography/Computer-Assisted Corneal	(Annual review, no change to policy intent.)

	Topography/Photokeratos copy	
CAM 70119	Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence	(Annual review, no change to policy intent. Updating rationale and references. Also adding CPT code 0963T.)
CAM 20232	Leadless Cardiac Pacemakers	Annual review, adding coverage criteria for Aveir DR dual-chamber leadless pacing system and coverage criteria for Micra and Aveir single chamber transcatheter pacing systems. Also updating summary of evidence, background, rationale and references. Add CPT codes 0795T-0804T.)
CAM 20226	Percutaneous Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Fibrillation (Annual review, no change to policy intent. Updating rationale and references.)
CAM 30103	Quantitative Electroencephalography as a Diagnostic Aid for Attention-Deficit Hyperactivity Disorder	(Annual review, no change to policy intent.)
CAM 20230	Transcatheter Mitral Valve Repair	(Annual review, no change to policy intent.)
CAM 374	Annular Closure Devices (e.g., Barricaid®, Xclose®, Inclose™)	(Annual review, no change to policy intent.)
CAM 176	Telehealth	(Interim review. Removing CPT codes 92523, 97161, 97164, 97165 and 97168. The removal of the codes is for clarity can consistency.)
CAM 218	Pharmacogenetic Testing	(Updated 0033U with note for deletion effective 01/01/2026.)
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	(Updated 0550U with note for deletion effective 01/01/2026 and added new code 0609U effective 01/01/2026)
CAM 268	Urinary Tumor Markers for Bladder Cancer	(Revision to 0365U Long Code Description and added new code 0613U effective 01/01/2026)
CAM 273	Liquid Biopsy	(Revision to 0565U Long Code Description, added new codes 0611U and 0612U effective 01/01/2026)
CAM 384	Colorectal Cancer Screening	(Revision to 0537U Long Code Description effective 01/01/2026)
CAM 377	Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders	(Added CPT code 64567 effective 01/01/2026 and updated code 0720T with note for deletion effective 01/01/2026)
CAM 701126	Image Guided Minimally Invasive Lumbar Decompression	(Updated CPT code 0275T with note for deletion effective 01/01/2026)
CAM 80157	Baroflex Stimulation Devices	(Added CPT codes 64654, 64655, 64656, 64657, 64658, 64659, 93145, 93146 effective 01/01/2026. Updated with note for deletion effective 01/01/2026 the following codes: 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T effective 01/01/2026)

CAM 80161	Focal Treatments for Prostate Cancer	(Added CPT code 55877 effective 01/01/2026)
CAM 053	Orthodontic Treatment	(Annual review, no change to policy intent.)
CAM 212	Intracardiac Ischemia Monitoring	(Annual review, no change to policy intent.)
CAM 253	Surgical Treatments for Lymphedema and Lipedema	(Annual review, no change to policy intent.)
CAM 70107	Electrical Bone Growth Stimulation of the Appendicular Skeleton	(Annual review, no change to policy intent. Updating regulatory status, rationale, and references.)
CAM 70148	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 70172	Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 70305	Small Bowel/Liver and Multivisceral Transplant	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 80108	Intraoperative Radiotherapy	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 80164	Home Non-Invasive Positive Airway Pressure Devices for the Treatment of Respiratory Insufficiency and Failure	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 201104	Vestibular Function Testing	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 701122	Electromagnetic Navigation Bronchoscopy	(Annual review, no change to policy intent. Updating rationale and references.)