



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

February 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 |
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| CAM 472 | Laboratory/Pathology Services | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 347 | Genetic Testing for Rett Syndrome | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 346 | Genetic Testing of CADASIL Syndrome | Annual review, updating policy wording for clarity. Also Updating rationale, references, and coding. |
| CAM 267 | Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology) | Interim review, no change to policy intent. Updating description, table of terminology, rationale, and references. |
| CAM 20185 | Neural Therapy | Annual review, no change to policy intent. Updating rationale. |
| CAM 40118 | Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 70147 | Bariatric Surgery | Annual review adding statement "the routine use of esophagogastroduodenoscopy with bariatric surgery is considered investigational and therefore no medical necessary". Also updating rationale and references. |
| CAM 70308 | Heart/Lung Transplant | Annual review, no change to policy intent. Updating Benefit Application, Rationale and References. |
| CAM 80305 | Outpatient Pulmonary Rehabilitation | Annual review, no change to policy intent. Update description, rationale and references. |
| CAM 701124 | Treatment of Varicose Veins/Venous Insufficiency | Annual review, no change to policy intent. Updating description, rationale and references. |

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| CAM 260 | Genetic Testing for Hereditary Hemochromatosis | Annual review, updating policy wording for clarity, note #1, and note #3. Also updating description, table of terminology rationale and references. |
| CAM 181 | Pathogen Panel Testing | Interim review to update coding. Adding code 0202U, 0223U and 0225U. No other changes made. |
| CAM 167 | General Genetic Testing, Somatic Disorders | Annual review, no change to policy intent. Updating policy wording for clarity. Also updating description, note, table of terminology, rationale, references, and coding. |
| CAM 162 | Testing of Homocysteine Metabolism-Related Conditions | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 099 | Diagnostic Testing of Iron Homeostasis and Metabolism | Annual review, no change to policy intent. Updating policy wording for clarity, background, rationale and references. |
| CAM 052 | Clinical Trials | Annual review, no change to policy intent. |
| CAM 10130 | Artificial Pancreas Device Systems | Annual review, no change to policy intent. Updating rationale |
| CAM 10305 | Patient-Controlled End of Range Motion Stretching Devices | Annual review, no change to policy intent. Updating rationale |
| CAM 20171 | Non-Pharmacologic Treatment of Rosacea | Annual review, no change to policy intent. Updating summary of evidence, rationale, removing table #9, references. |
| CAM 20196 | Autonomic Nervous System Testing | Annual review, no change to policy intent. Updating summary of evidence, rationale, and references. |
| CAM 20210 | Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure | Annual review, no change to policy intent. Updating background, rationale, table #13, references. |
| CAM 342 | Microsatellite Instability and Tumor Mutational Burden Testing | Interim review, updating table of solid tumors, rationale, references, and coding. |
| CAM 366 | Maternity/Obstetrical Care Benefits | Annual review, no change to policy intent. |
| CAM 60101 | Bone Mineral Density Studies | Annual review, no change to policy intent. Updating summary of evidence, rationale, and references. |
| CAM 60112 | Thermography | Annual review, no change to policy intent. |
| CAM 60140 | Whole Body Dual X-ray Absorptiometry (DEXA) To Determine Body Composition | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 60146 | Dynamic Spinal Visualization and Vertebral Motion Analysis | Annual review, no change to policy intent. Updating table 1, rationale, and references. |

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| CAM 80160 | Extracorporeal Membrane Oxygenation for Adult Conditions | Annual review, no change to policy intent. Updating summary of evidence, rationale, table #29, and references. |
| CAM 701127 | Bronchial Thermoplasty | Annual review, no change to policy intent. Updating summary of evidence, background, table 5, rationale, and references. |
| CAM 100107 | Patient-Controlled Analgesia | Annual review, no change to policy intent. |
| CAM 90325 | Gas-Permeable Scleral Contact Lens | Annual review, no change to policy intent. |
| CAM 80314 | Iontophoresis and Phonophoresis | Annual review, no change to policy intent. |
| CAM 70196 | Computer-Assisted Navigation for Orthopedic Procedure | Annual review, no change to policy intent. Updating summary of evidence, rationale, references, and table 15. |
| CAM 701124 | Treatment of Varicose Veins/Venous Insufficiency | Corrected typos in coding section. |
| CAM 100107 | Patient-Controlled Analgesia | Annual review, no change to policy intent. |
| CAM 20222 | Ultrafiltration in Decompensated Heart Failure | Annual review, no change to policy intent. |
| CAM 20181 | Ingestible pH and Pressure Capsule | Annual review, no change to policy intent. |
| CAM 20128 | Neurofeedback | Annual review, no change to policy intent. |
| CAM 20127 | Biofeedback as a Treatment of Urinary Incontinence in Adults | Annual review, no change to policy intent. Updating rationale and references. Adding HCPCS code S9002. |
| CAM 10304 | Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities | Annual review, no change to policy intent. Updating rationale. |
| CAM 10109 | Transcutaneous Electrical Nerve Stimulation and Transcutaneous Afferent Patterned Stimulation | Annual review, adding new policy statements to differentiate TAPS as investigational for both essential tremor and action tremor associated with Parkinson. Disease. Updated title to incorporate TAPS. Also updating summary of evidence, rationale, reference, table summary of key trials, and coding. |
| CAM 388 | Pharyngometry and Rhinometry | Annual review, no change to policy intent. |
| CAM 015 | Extracranial Carotid Angioplasty/Stenting | Interim review. Updated table 1 and table 2. No other changes made. |
| CAM 100107 | Patient-Controlled Analgesia | Annual review, no change to policy intent. |

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| CAM 90325 | Gas-Permeable Scleral Contact Lens | Annual review, no change to policy intent. |
| CAM 80314 | Iontophoresis and Phonophoresis | Annual review, no change to policy intent. |
| CAM 60144 | Vertebral Fracture Assessment with Densitometry or Biomechanical Computed Tomography | Annual review, adding biomechanical computed tomography to policy statement and title. Also updating background rationale, references, and coding. |
| CAM 60123 | Diagnosis and Non-Surgical Treatment of Sacroiliac Joint Pain | Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references. |
| CAM 60106 | Miscellaneous (Noncardiac, Nononcologic) Applications of Fluorine 18 Fluorodeoxyglucose Positron Emission Tomography | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 329 | Transplant Rejection Testing | Updated coding section. Added codes 0540U and 0544U. These codes will be effective 04/01/2025. No other changes. |
| CAM 273 | Liquid Biopsy | Updated coding section. Added code 0539U. This code will be effective 04/01/2025. No other changes. |
| CAM 181 | Pathogen Panel Testing | Interim review to update coding. Adding code 0202U, 0223U and 0225U. No other changes made. |
| CAM 235 | Laboratory Guideline Policy | Updating CPT coding. Added codes 0310U, 0535U, 0537U, 0542U, 0545U and 0546U. These codes will be effective on 04/01/2025. No other changes made. |
| CAM 218 | Pharmacogenetic Testing | Updated coding section. Added code 0533U. This code will be effective 04/01/2025. No other changes. |
| CAM 276 | Genetic Testing for Inherited Cardiomyopathies and Channelopathies | Annual review. Updating entire policy for clarity. |
| CAM 259 | Testing for Developmental Delay | Annual review, changing title to Testing for Developmental Delay. Updating majority of coverage criteria. Removing current criteria #2, #3 and #4. Adding new criteria #6. For the diagnosis of autism spectrum disorder (ASD) or non-syndromic developmental delay, all other testing outside of chromosomal microarray, whole exome sequencing, or whole genome sequencing or genetic testing for fragile X syndrome or Rett syndrome DOES NOT MEET COVERAGE CRITERIA. Updating note, description rationale and references. |
| CAM 158 | SPECT/CT Fusion Imaging | Annual review, no change to policy intent. |
| CAM 20303 | Donor Lymphocyte Infusion for Malignancies Treated With an Allogeneic Hematopoietic Cell Transplant | Annual review, no change to policy intent. |

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| CAM 80117 | Hematopoietic Stem-Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome | Annual review, no change to policy intent. Updating additional information, rationale and references. |
| CAM 130 | Vitamin B12 and Methylmalonic Acid Testing | Annual review, updating entire policy for clarity and consistency. Adding new criteria #1 "Total vitamin B12 (serum cobalamin) testing MEET COVERAGE CRITERIA once every three months for any of the following situations": with current statements 1-3 becoming sub criteria, re-numbering coverage statement and adding new criteria #7. Also updating table of terminology, rationale and references. |
| CAM 133 | Diabetes Mellitus Testing | Annual review, adding new statement criteria #2e and #5i, removing note #1. Also updating description, table of term, rat, and ref. |
| CAM 214 | Genetic Testing for Muscular Dystrophies | Annual review, changing title to Genetic Testing for Muscular Dystrophies. Updating majority of coverage criteria. Also updating table of terminology, rationale and references. |
| CAM 251 | Minimal Residual Disease | Interim review, adding new criteria #3 and updating new criteria #4. Also updating table of term, rationale, and references. Add CPT 0356U. |
| CAM 255 | Molecular Testing for Cutaneous Melanoma | Annual review, updating entire policy for clarity and consistency. Updating coverage criteria #1, #2 and #3. Adding new criteria #6. Adding new notes #1, #2, and #3. Also updating description rationale, references and coding. |
| CAM 258 | Genetic Testing of Mitochondrial Disorders | Annual review, adding new criteria #3 and updating Current criteria #5 to remove exome testing. Also updating description, table of terminology, rationale , references, and coding revision. |
| CAM 291 | Whole Genome and Whole Exome Sequencing | Interim review, removing coverage criteria #8, updating wording in #4. Also updating coding. |
| CAM 343 | Genetic Testing for CHARGE Syndrome | Annual review, updating entire policy for clarity and consistency. Adding new criteria #4. Also updating rationale, references, and coding. |
| CAM 345 | Genetic Testing for Fanconi Anemia | Annual review, updating coverage criteria #1. Removing coverage criteria #2 and #3. Adding note. Also updating description, rationale, references, and coding. |
| CAM 380 | Coronavirus Testing in the Outpatient Setting | Annual review, updating coverage criteria #4, #5, #6 and removing criteria #7 and #9. Updating notes #1, #2, and #3 with new CDC guidelines. Also updating description, rationale, references and coding. |

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| CAM 70168 | Extracranial Carotid Angioplasty/Stenting | Annual review, adding the following statement. Transcarotid artery revascularization is considered investigation for all indications. Also updating summary of evidence, rationale, and references. |
| CAM 166 | General Genetic Testing, Germline Disorders | Annual review, updating policy wording for clarity, note #1 and #2, no change to policy intent. Also updating description, table of terminology, rationale, references, coding. |
| CAM 239 | Proteogenomic Testing of Individuals with Cancer | Annual review, no change to policy intent. Updating, rationale, references and coding. |
| CAM 254 | Prenatal Testing for Fetal Aneuploidy | Annual review, no change to policy intent. Updating rationale and references. |
| CAM 348 | Genetic Testing for FMR1 Mutations | Annual review, no change to policy intent. Updating description, rationale, references. |