



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

October 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 401	Spine Surgery, Other	****NEW POLICY****
CAM 400	Thoracic Spine Surgery	****NEW POLICY****
CAM 399	Deformity Surgery	****NEW POLICY****
CAM 014	Neuromuscular Electrical Stimulation (NMES)	(Annual review, no change to policy intent.)
CAM 046	Breast Pumps	(Annual review, no change to policy intent.)
CAM 10118	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	(Adding code E0659 effective 10/01/2025)
CAM 181	Pathogen Panel Testing	(Adding codes 0590U and 0593U effective 10/01/2025)
CAM 20116	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20143	Chronic Intermittent Intravenous Insulin Therapy (CIIT)	(Annual review, no change to policy intent. Updating background, rationale and references.)
CAM 239	Proteogenomic Testing of Individuals with Cancer	(Adding code 0597U effective 10/01/2025)
CAM 241	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer	(Adding code 0591U effective 10/01/2025)
CAM 255	Molecular Testing for Cutaneous Melanoma	(Adding code 0578U effective 10/01/2025)
CAM 273	Liquid Biopsy	(Revised laboratory name on code 0333U and adding 0577U code.)

CAM 30301	Digital Health Technologies: Diagnostic Applications	(Annual review, no change to policy intent. Updating summary of evidence and rationale.)
CAM 318	Lab Testing for The Diagnosis of Inflammatory Bowel Disease	(Adding code 0598U effective 10/01/2025)
CAM 390	Genomic Testing for Hematopoietic Neoplasms	(Adding code 0592U effective 10/01/2025)
CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 70109	Risk-Reducing Mastectomy	(Annual review, no change to policy intent. Updating formatting of policy statements, rationale, and references.)
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	(Annual review, no change to policy intent. Updating additional information, background, rationale, and references.)
CAM 20179	Non-Contact Ultrasound Treatment of Wounds	(Annual review, no change to policy intent. Updating summary of evidence and rationale.)
CAM 20135	Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain	(Annual review, no change to policy intent. Updating background and rationale.)
CAM 324	Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases	(Annual review, no change to policy intent. Updating title to remove serum as policy addresses CSF and serum biomarkers. Also updating description, rationale, and references. Adding CPT code 83884.)
CAM 323	Immunopharmacologic Monitoring of Therapeutic Serum Antibodies	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 246	Gamma-glutamyl Transferase Testing in Adults	(Annual review, adding primary or secondary malignant neoplasms of the digestive system to CC2. Also updating description, table of terminology, rationale, and references.)
CAM 237	Speech Generating Devices	(Annual review, no change to policy intent.)
CAM 206	Urine Culture Testing for Bacteria	(Annual review, no change to policy intent. Updating description, note 1, rationale, and references.)
CAM 090	Robotic Assisted Surgery — Reimbursement Policy	(Annual review, no change to policy intent.)

CAM 133	Diabetes Mellitus Testing	(Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.)
CAM 009	Allergy Immunotherapy	(Annual review, no change to policy intent.)
CAM 077	Oral Screening and Testing	(Annual review, adding metastatic squamous cell carcinoma of unknown primary origin in a cervical lymph node to CC1. Adding detection of HPV from an oropharyngeal swab to non covered criteria. Also updating background, rationale, and references. Adding CPT code 87626.)
CAM 119	Prenatal Screening (Nongenetics)	(Annual review, no change to policy intent. Updating table of terminology, rationale, and references.)
CAM 133	Diabetes Mellitus Testing	(Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.)
CAM 701102	Periureteral Bulking Agents for the Treatment of Vesicoureteral Reflux	(Annual review, no change in policy intent. Updating background, rationale, and references.)
CAM 90321	Aqueous Shunts and Devices for Glaucoma	(Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, and references.)
CAM 80143	Radioembolization for Primary and Metastatic Tumors of the Liver	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 70173	Gastric Electrical Stimulation	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 50143	Therapeutic Radiopharmaceuticals for Prostate Cancer	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 071	Concurrent Care	(Annual review , no change to policy intent.)
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	(Updated CPT 90679, 90683, 60678: Updated benefit limits to 75 years and older. Also added CPT 90382 indication for neonates. No other changes.)
CAM 176	Telehealth	(Annual review , no change to policy intent.)
CAM 181	Pathogen Panel Testing	(Interim review, expanding PCR based panel testing to up to 25 respiratory pathogens in immunocompromised members. No other changes.)
CAM 20164	Biofeedback as a Treatment of Fecal Incontinence or Constipation	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)

CAM 20191	Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 211	β-Hemolytic Streptococcus Testing	(Annual review, no change to policy intent. Updating coverage criteria for clarity and consistency. Also updating description, table of terminology, rationale, and references. Removing CPT code 87040.)
CAM 314	Cervical Cancer Screening	(Annual review, no change to policy intent. Updating coverage criteria for clarity and consistency. Also updating: description, rationale, references and removing CPT code 0500T.)
CAM 315	Celiac Disease Testing	(Annual review, removing coverage criteria which referred to genetic testing. Also updating background, regulatory status, table of terminology, rationale, and references. Removed CPT 81376, 81377, 81382, 81383.)
CAM 316	Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 317	In Vitro Chemoresistance and Chemosensitivities Assays	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 318	Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease	(Annual review, updating coverage criteria to add fecal calprotectin testing to CAM 318. Also updating description, table of terminology, rationale, and references. Adding CPT codes 83630 and 83993)
CAM 328	Bone Turnover Markers Testing	(Annual review, no change to policy intent. Updating criteria 1 for clarity and consistency. Also updating: description, note 1, rationale, and references.)
CAM 330	Metabolite Markers of Thiopurines Testing	(Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.)
CAM 331	Prostate Biopsy Specimen Analysis	(Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.)
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	(Annual review, updating coverage criteria to expound coverage for ELF and Fibro Test. Updating background, table of terminology, rationale, and references. Removing CPT codes 88341 and 88342)

CAM 60133	Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders	(Annual review, no change to policy intent. Updating rationale.)
CAM 701104	Subtalar Arthroereisis and Subtalar Joint Implant	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 701163	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 70114	Open and Thoracoscopic Approaches To Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 70180	Hip Resurfacing	(Annual review, no change to policy intent.)
CAM 90313	Retinal Telescreening for Diabetic Retinopathy	(Annual review, no change to policy intent.)
CAM 90322	Endothelial Keratoplasty	(Annual review, no change to policy intent.)