



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

January 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 701124	Treatment of Varicose Veins/Venous Insufficiency	Updated CPT code 36466 with missing verbiage.
CAM 20144	Dermatologic Applications of Photodynamic Therapy	Annual review, no change to policy intent. Updating rationale.
CAM 10124	Interferential Current Stimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 511	Radiation Oncology Services	Annual review, no change to policy intent.
CAM 373	Gender Affirmation Surgery and Hormone Therapy	Annual review, no change to policy intent.
CAM 157	Medical Policy Development and Review	Annual review, no change to policy intent.
CAM 147	Knee Braces, Orthopaedic Casts, Splints	Annual review, no change to policy intent.
CAM 136	Epidural Spinal Injections	Annual review, no change to policy intent.
CAM 070	Treatment of Chest Wall Deformities (Congenital or Acquired)	Annual review, no change to policy intent.
CAM 032	Telemedicine	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Annual review, no change to policy intent.
CAM 137	Paravertebral Facet Joint Injections/Blocks	Annual review, no change to policy intent.
CAM 152	Hypothermia To Prevent/Reduce Hair Loss During Chemotherapy	Annual review, no change to policy intent.

CAM 202	Incapacitated Dependent Coverage	Annual review, no change to policy intent.
CAM 377	Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders	Annual review, no change to policy intent.
CAM 10110	Continuous Passive Motion (CPM) in the Home Setting	Annual review, no change to policy intent. Updating rationale and references.
CAM 20233	Phrenic Nerve Stimulation for Central Sleep Apnea	Annual review, no change to policy intent. Updating rationale and references.
CAM 20307	Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies	Annual review, no change to policy intent. Updating description, rationale and references.
CAM 701106	Percutaneous Tibial Nerve Stimulation	Annual review, no change to policy intent. Updating table 1, rationale and references.
CAM 701131	Transcatheter Pulmonary Valve Implantation	Annual review, no change to policy intent. Updating rationale and references.
CAM 70125	Spinal Cord and Dorsal Root Ganglion Stimulation	Annual review, no change to policy intent. Updating description, table 1, table 13, rationale and references.
CAM 70158	Intraoperative Neurophysiologic Monitoring	Annual review, no change to policy intent. Updating description, rationale, and references.
CAM 80110	Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	Annual review, no change to policy intent. Updating rationale and references.
CAM 90301	Keratoprosthesis	Annual review, no change to policy intent. Updating rationale and references.
CAM 126	Vitamin D Testing	Annual review, no change to policy intent. Updating description, policy state #3 for clarity, note #1 and #2, rationale and references.
CAM 131	Testosterone	Annual review, no change to policy intent. Updating table of terminology, rationale, references, and coding.
CAM 169	Lynch Syndrome Testing	Added CPT code 81436 effective 01/01/2025.

CAM 20154	Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)	Annual review, no change to policy intent. Updating rationale and references.
CAM 211	β-Hemolytic Streptococcus Testing	Added CPT code 86581 effective 01/01/2025.
CAM 236	Therapeutic Drug Monitoring for 5-Fluorouracil	Annual review, no change to policy intent. Updating description, rationale, references.
CAM 293	Pancreatic Cancer Risk Testing Using Pancreatic Cyst Fluid	Annual review, no change to policy intent. Updating description, rationale, references and coding.
CAM 261	Genetic Testing for Breast, Ovarian, Pancreatic and Prostate Cancers	Deleted CPT code 81433 effective 01/01/2025.
CAM 269	Diagnosis of Vaginitis	Added CPT code 81515 effective 01/01/2025.
CAM 271	Testing for Diagnosis of Helicobacter Pylori	Added CPT code 87513 effective 01/01/2025.
CAM 314	Cervical Cancer Screening Technologies With Pap and HPV	Added CPT code 81558 effective 01/01/2025.
CAM 322	Immune Cell Function Assay	Annual review, no change to policy intent. Updating table of terminology, rationale, and references.
CAM 325	Use of Common Genetic Variants (Single Nucleotide Polymorphisms) To Predict Risk of Non-Familial Breast Cancer	Added CPT code 83884 effective 01/01/2025.
CAM 329	Transplant Rejection Testing	Added CPT code 81558 effective 01/01/2025.
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	Added CPT code 83884, 84393, 84394 effective 01/01/2025.
CAM 336	Testing for Diagnosis of Active or Latent Tuberculosis	Added CPT code 87564 effective 01/01/2025.
CAM 344	Genetic Testing for Lipoprotein(a) Variant(s) as a Decision Aid for Aspirin Treatment and/or CVD Risk Assessment	Annual review, no change to policy intent. Updating description, rationale, references.
CAM 390	Genomic Testing for Hematopoietic Neoplasms	Added CPT code 81195 effective 01/01/2025.
CAM 70141	Implantable Infusion Pump for Pain and Spasticity	Annual review, no change to policy intent.

CAM 70175	Cryosurgical Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
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