



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

March 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 012 | SPECT/CT Fusion Imaging | ARCHIVED |
| CAM 80101 | Adoptive Immunotherapy | ARCHIVED |
| CAM 094 | Women's Preventive Services | Interim review, updating language of osteoporosis recommendation. No other changes. |
| CAM 089 | Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services | Interim review, updating language of osteoporosis recommendation. No other changes. |
| CAM 20189 | Laser Treatment of Onychomycosis | Under Policies Related CAM 70140, Laser Treatment of Port Wine Stains was removed due to it being ARCHIVED. |
| CAM 188 | Cardiovascular Disease Risk Assessment | Updating coding with CPT codes 83700, 83701, 83704, 83718, 83719, 83721, 83722 and 83880. These codes were removed by accident, which should not have been removed. |
| CAM 701149 | Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications | Added codes A2035, Q4346-Q4367 effective 04/01/2025 |
| CAM 078 | Discarded Drugs/Biologicals — Pharmaceutical Waste | Annual review, no change to policy intent. |
| CAM 233 | Hospice Care | Annual review, no change to policy intent. |
| CAM 10105 | Low-Intensity Pulsed Ultrasound Fracture Healing Device | Annual review, no change to policy intent. Updating background, rationale, and references. |
| CAM 20104 | Hyperbaric Oxygen Therapy | Annual review, no change to policy intent. Updating additional information, policy guidelines, rationale, and references. |

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| CAM 70105 | Cochlear Implant | Annual review, no change to policy intent. Updating table #3, rationale, and references. |
| CAM 701175 | Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia | Annual review, no change to policy intent. Updating summary of evidence, table #8, rationale, and references. |
| CAM 90306 | Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma | Annual review, no change to policy intent. Updating table #1 and table #9, rationale, and references. |
| CAM 90320 | Intraocular Radiation Therapy for Age-Related Macular Degeneration | Annual review, no change to policy intent. Updating table #1, rationale, and references. |
| CAM 20215 | Wearable Cardioverter-Defibrillators | Annual review, no change to policy intent. Updating summary of evidence, rationale, and references. |
| CAM 012 | Anesthesia Services | Interim review to remove the following policy statement: There will be no separate reimbursement for risk factors for CRNAs or anesthesiologist supervision of CRNAs, even if reported separately. Note now reads: Qualifying circumstances will only be paid if the physician (modifier AA on the primary anesthesia code) or unsupervised CRNA (modifier QZ on the primary anesthesia code) administers the anesthesia personally. No other changes. |
| CAM 075 | Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft) | Annual review, no change to policy intent. |
| CAM 701149 | Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications | Annual review, no change to policy intent. Updating summary of evidence, table #18, rationale, and references. |
| CAM 767 | Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) | Annual review, no change to policy intent. |
| CAM 10405 | Microprocessor-Controlled Prosthetic for the Lower Limb | Updated Coding Section. Added code L5827 (effective 04/01/2025). No other changes. |
| CAM 139 | Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia | Annual review, no change to policy intent. |
| CAM 90318 | Optical Coherence Tomography of the Anterior Eye Segment | Annual review, no change to policy intent. Updating table #1 and #4, rationale, and references. |
| CAM 70311 | Total Artificial Hearts and Implantable Ventricular Assist Devices | Annual review, no change to policy intent. Updating summary of evidence, background |

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| | | policy guidelines, rationale, table #15, and references. |
| CAM 10106 | Home Cardiorespiratory Monitoring | Annual review, no change to policy intent. Updating summary of evidence, regulatory status, and rationale. |
| CAM 10305 | Patient-Controlled End of Range Motion Stretching Devices | Updated Coding Section. Added code E1832 (effective 04/01/2025). No other changes. |
| CAM 10107 | Home Phototherapy for Neonatal Jaundice | Annual review. No change to policy intent. |
| CAM 181 | Pathogen Panel Testing | Adding code 0531U effective 04/01/2025. |
| CAM 188 | Cardiovascular Disease Risk Assessment | Adding code 0308U, 0309U, 0541U effective 04/01/2025. |
| CAM 241 | Gene Expression Profiling and Protein Biomarkers for Prostate Cancer | Adding code 0534U, 0550U effective 04/01/2025. |
| CAM 258 | Genetic Testing of Mitochondrial Disorders | Adding code 0532U effective 04/01/2025. |
| CAM 268 | Urinary Tumor Markers for Bladder Cancer | Adding code 0549U effective 04/01/2025. |
| CAM 288 | Testing for Targeted Therapy of Non-Small-Cell Lung Cancer | Adding code 0288U effective 04/01/2025. |
| CAM 335 | Biochemical Markers of Alzheimer Disease and Dementia | Adding code 0547U, 0548U, 0551U effective 04/01/2025. |
| CAM 358 | Prenatal Screening (Genetic) | Adding code 0536U effective 04/01/2025. |