



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

January 2026 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 701170	Laser Interstitial Thermal Therapy Neurological Conditions	(Annual review, no change to policy intent.)
CAM 701158	Balloon Dilation of the Eustachian Tube	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 701143	Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 701133	Microwave Tumor Ablation	(Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.)
CAM 701130	Axial Lumbosacral Interbody Fusion	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 701100	Bone Morphogenetic Protein	(Annual review, adding indications including both spinal fusion (when the use of autograft is feasible) and craniomaxillofacial surgery to investigational statement. Also updating summary of evidence, rationale, and references.)
CAM 701117	Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee	(Annual review, no change to policy intent.)
CAM 90308	Photodynamic Therapy for Choroidal Neovascularization	(Annual review, Updating criteria for clarity, summary of evidence, background, rationale, and references.)
CAM 70306	Liver Transplant and Combined Liver-Kidney Transplant	(Annual review, updating policy statements to include the indications unresectable colorectal liver metastases, hepatic epitheloid hemangioendothelioma, hepatic adenomas, and intrahepatic cholangiocarcinoma as not medically necessary for liver transplant. Also updating background, rationale, and references.)
CAM 70302	Allogeneic Pancreas Transplant	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 70198	Minimally Invasive Hip and Knee Arthroplasty	(Annual review, no change to policy intent.)
CAM 70177	Total Ankle Replacement	(Annual review, no change to policy intent.)

CAM 70103	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 40204	Reproductive Techniques	(Interim review, updating entire coverage criteria section. No other changes.)
CAM 20102	Dynamic Posturography	(Annual review, no change to policy intent. Updating rationale.)
CAM 10101	Air Fluidized Beds	(Annual review, no change to policy intent.)
CAM 050	Daily Hemodialysis and Hemodialysis in the Home Setting	(Annual review, no change to policy intent.)
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	(Updated CPT code 0275T with note for deletion effective 01/01/2026. Also Updated coding section. Added codes 62330 and 62331 to be effective on 01/01/2026. No other changes made.)
CAM 80162	Electronic Brachytherapy for Nonmelanoma Skin Cancer	(Updating coding section. Added codes 77436, 77437, 77438 and 77439 to be effective on 01/01/2026. Effective 01/01/2026 code 0394T will be deleted). No other changes made.)
CAM 70186	Endovascular Stent Grafts for Disorders of the Thoracic Aorta	(Updating Coding section, adding codes 33882 and 35602. The following Codes will be deleted on 01/01/2026, 33884, 33889, 75956, 75957, 75958 and 75959. No other changes made.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	(Updating Coding Section. Added codes 0994T and 0995T to be effective 01/01/2026. No other changes made.)
CAM 252	Bowel Management Devices	(Annual review, no change to policy intent.)
CAM 139	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction Due to Benign Prostatic Hyperplasia (BPH)	(Updating the coding section. Added the following codes 52443 and 52597 to be effective 01/01/2026. The following codes 0421T and 0619T effective 01/01/2026. No other changes made.)
CAM 60158	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 701132	Transcatheter Aortic-Valve Implantation for Aortic Stenosis	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 701135	Surgical and Ablative Treatments for Chronic Headaches	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 70120	Vagus Nerve Stimulation	(Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale, and references.)
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	(Updated coding section. Added codes 62330 and 62331 to be effective on 01/01/2026. No other changes made.)
CAM 152	Hypothermia To Prevent/Reduce Hair Loss During Chemotherapy	(Annual review, also correcting cpt codes 0062T and 0063T to 0662T and 0663T. No change to policy intent.)
CAM 336	Testing for Diagnosis of Active or Latent Tuberculosis	(Added new CPT code 87182 effective 01/01/2026. No other changes made.)
CAM 119	Prenatal Screening (Nongenetics)	(Updated CPT code 87494. No other changes. No change to policy intent.)

CAM 338	Skilled Nursing Facility	(Annual review, no change to policy intent..)
CAM 181	Pathogen Panel Testing	(Updated CPT coding. Added code 87812 (effective 01/01/2026). No change in policy intent.)
CAM 248	Mental Health Services	(Interim review, updating change excluded services and updating the references.)
CAM 701106	Tibial Nerve Stimulation	(Annual review, adding investigational statement for transcutaneous tibial nerve stimulation for urge urinary incontinence and urinary urgency. Also updating title to Tibial Nerve Stimulation, summary of evidence, background, rationale, and references. Adding CPT codes 0587T, 0588T, 0589T, 0590T.)
CAM 70168	Extracranial Carotid Artery Stenting	(Annual review, adding investigational statement for carotid angioplasty without associated stenting and embolic protection for all indications. Also updating summary of evidence, background, and rationale.)
CAM 10124	Interferential Current Stimulation	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20154	Endovascular Procedures for Intracranial Arterial Disease	(Atherosclerosis and Aneurysms) (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.)