



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

April 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 050	Daily Hemodialysis and Hemodialysis in the Home Setting	****ARCHIVED****
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	(Annual review, no change to policy intent.)
CAM 086	Preventive Services for Non-Grandfathered (PPACA) Plans: Behavioral Counseling for Prevention	(Annual review, no change to policy intent.)
CAM 10117	Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 10122	Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy and Miscellaneous Musculoskeletal Conditions	(Annual review, no change to policy intent.)
CAM 10123	Transtympanic Micro-pressure Applications as a Treatment of Meniere’s Disease	(Annual review, no change to policy intent.)
CAM 10405	Microprocessor-Controlled Prosthetic for the Lower Limb	Updated Coding Section. Added code L2221 (effective 04/01/2026). No other changes.)
CAM 109	Preventive Services for Non-Grandfathered (PPACA) Plans: Immunizations	Updated CPT 90673: Updated benefit limits to 9 years and older. No other changes.) (Added CPT code 90624: Meningococcal pentavalent vaccine, MB-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use.)
CAM 116	External Insulin Infusion Pump	(Annual review, no change to policy intent.)
CAM 201100	Dry Needling for Myofascial Pain	(Annual review, no change to policy intent. Updating rationale.)
CAM 20130	Biofeedback as a Treatment of Chronic Pain	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 20130	Biofeedback as a Treatment of Chronic Pain	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 20156	Low-Level Laser Therapy	(Annual review, no change to policy intent. Updating rationale, references, and coding.)

CAM 20173	Actigraphy	(Annual review, no change to policy intent. Updating rationale.)
CAM 20173	Actigraphy	(Annual review, no change to policy intent. Updating rationale.)
CAM 20182	Bioimpedance Devices for Detection and Management of Lymphedema	(Annual review, removing investigational for all diagnosis and adding medically necessary statements. Also updating summary of evidence, background, policy guidelines, rationale, references, and coding.
CAM 274	Cluneal Nerve Block for Treatment of Low Back Pain	(Annual review, no change to policy intent.)
CAM 274	Cluneal Nerve Block for Treatment of Low Back Pain	(Annual review, no change to policy intent.)
CAM 381	Breast Cancer Radiation Oncology	(Annual review, no change to policy intent.)
CAM 40204	Reproductive Techniques	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 60125	Minimally Invasive Approaches to Vertebral Fractures and Osteolytic Lesions of the Spine	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 60125	Minimally Invasive Approaches to Vertebral Fractures and Osteolytic Lesions of the Spine	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 701114	Reverse Shoulder Arthroplasty	*****Archived***** (Included in CAM 773 Shoulder Arthroplasty and CAM 774 Shoulder Arthroscopy)
CAM 701114	Reverse Shoulder Arthroplasty	*****Archived***** (Included in CAM 773 Shoulder Arthroplasty and CAM 774 Shoulder Arthroscopy)
CAM 701117	Arthroscopic Debridement and Lavage as Treatment of Osteoarthritis of the Knee	****ARCHIVED****(Included in CAM 775 Knee Arthroplasty and CAM 776 Knee Arthroscopy)
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	*****Archived*****
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	*****Archived*****
CAM 70115	Meniscal Allografts and Other Meniscal Implants	****ARCHIVED****
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	*****Archived*****
CAM 70180	Hip Resurfacing	****ARCHIVED**** (Included in CAM 771 Hip Arthroplasty and CAM 772 Hip Arthroscopy).
CAM 70198	Minimally Invasive Hip and Knee Arthroplasty	*****Archived***** (Included in CAM 771 Hip Arthroplasty, CAM 772 Hip Arthroscopy and CAM 775 Knee Arthroplasty)
CAM 765	CTA Coronary Arteries (CCTA)	(Annual review, no change to policy intent.)
CAM 765	CTA Coronary Arteries (CCTA)	(Annual review, no change to policy intent.)
CAM 771	Hip Arthroplasty	****NEW POLICY****
CAM 772	Hip Arthroscopy	****NEW POLICY****
CAM 773	Shoulder Arthroplasty	****NEW POLICY****
CAM 774	Shoulder Arthroscopy	***NEW POLICY**
CAM 775	Knee Arthroplasty	***NEW POLICY**
CAM 776	Knee Arthroscopy	***NEW POLICY**

CAM 80116	Chemical Peels	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 80140	Manipulation Under Anesthesia	(Interim review, removing shoulder and knee indications and codes which are addressed in new arthroplasty policies.)
CAM 80142	Hematopoietic Cell Transplantation for Primary Amyloidosis	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 80146	Intensity-Modulated Radiotherapy of the Lung	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 80146	Intensity-Modulated Radiotherapy of the Lung	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 80152	Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)	(Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.)
CAM 80313	Sensory Integration Therapy and Auditory Integration Therapy	(Annual review, no change to policy intent. Updating rationale and references.)