



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

September 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 395	Dialectical Behavioral Therapy Programs	New Policy
CAM 396	Light Therapy for Seasonal Affective Disorder	New Policy
CAM 398	Prenatal Genetic Testing	New Policy
CAM 358	Prenatal Screening (Genetic)	ARCHIVED
CAM 701153	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	Annual review, no change to policy intent. Updating summary of evidence, rationale and references.
CAM 041	Orthognathic Surgery	Interim review, removing treatment of obstructive sleep apnea from this policy and adding to CAM 701101. Also updating description and removing diagnosis codes for obstructive sleep apnea.
CAM 90329	Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome	Annual review, no change to policy intent. Updating summary of evidence, background, rationale and references.
CAM 80119	Treatment of Hyperhidrosis	Annual review, no change to policy intent.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications	Updating Coding section. Adding codes Q4383, Q4384, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396 AND Q4397. No other changes made.
CAM 60118	Scintimammography and Gamma Imaging of the Breast and Axilla	Annual review, updating coverage criteria for clarity. No change to policy intent. Also updating background, rationale and references.
CAM 015	Influenza Vaccine	Annual review, no change to policy intent.
CAM 079	Breast Surgical Procedures/Prosthesis	Annual review, no change to policy intent.

CAM 138	Corporate Administrative/Medical Policy Guidelines (Medical Necessity, Investigational/Experimental)	Interim review, adding the following statement to the description section "The hierarchy for review is as follows: Contract, Plan of Benefits, CAM Policy, MCG criteria". No other changes.
CAM 385	Orthopedic Implants	Annual review, no change to policy intent.
CAM 386	Phototherapy: PUVA, UV-B and Targeted Phototherapy	Annual review, no change to policy intent.
CAM 391	Low-Dose CT for Lung Cancer Screening	Annual review, no change to policy intent.
CAM 564	Surgical Guidelines (Secondary, Multiple Procedures, Co-Surgeons, Assistant Surgeons, Standby Physicians, Microsurgery/Microdissection)	Annual review, no change to policy intent.
CAM 10114	Home Prothrombin Time Monitoring	Annual review, no change to policy intent.
CAM 20153	Biofeedback for Miscellaneous Indications	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 40119	Laparoscopic, Percutaneous and Transcervical Techniques for Uterine Fibroids Myolysis	Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale, and references.
CAM 70192	Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas or Bone	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 80102	Chelation Therapy for Off-Label Uses	Annual review, no change to policy intent. Updating rationale and references.
CAM 80157	Baroreflex Stimulation Devices	Annual review, removing investigational indication for treatment resistant hypertension and retaining investigational indication for heart failure. Also updating summary of evidence, background, rationale and references.
CAM 80159	Intensity-Modulated Radiotherapy: Central Nervous System Tumors	Annual review, no change to policy intent.
CAM 90312	Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool To Detect Amblyogenic Factors	Annual review, no change to policy intent.
CAM 100105	Ambulance and Medical Transport Services	Annual review, no change to policy intent.

CAM 201108	High Intensity Laser Therapy for Chronic Musculoskeletal Pain Conditions and Bell's Palsy	Annual review, no change to policy intent. Updating rationale and references.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications	Updating Coding section. Adding codes Q4383, Q4384, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396 AND Q4397. No other changes made.
CAM 20138	Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	Annual review, no change to policy intent. Updating background, regulatory status, rationale and references.
CAM 701112	Transanal Endoscopic Microsurgery (TEMS)	Annual review, no change to policy intent. Updating rationale and references.
CAM 701128	Bronchial Valves	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.
CAM 701139	Peripheral Subcutaneous Field Stimulation	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 701159	Sphenopalatine Ganglion Block for Headache	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.
CAM 70313	Composite Tissue Allotransplantation of the Hand and Face	Annual review, no change to policy intent. Updating rationale and references.
CAM 80308	Cardiac Rehabilitation in the Outpatient Setting	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.
CAM 80147	Intensity-Modulated Radiotherapy of the Prostate	Annual review, no change to policy intent.
CAM 80167	Medical Management of Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale and references.
CAM 701153	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast	Annual review, no change to policy intent. Updating summary of evidence, rationale and references.
CAM 701136	Renal Denervation for Uncontrolled Hypertension	Interim review, adding positive coverage criteria for renal denervation for uncontrolled hypertension. Also updating, description, summary of evidence, policy guidelines, background, rationale and references.

CAM 701134	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent. Updating rationale and references.
CAM 80111	Transcatheter Arterial Chemoembolization To Treat Primary or Metastatic Liver Malignancies	Annual review, no change to policy intent. Updating rationale and references.
CAM 70312	Islet Cell Transplantation	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 70186	Endovascular Stent Grafts for Disorders of the Thoracic Aorta	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 70121	Reduction Mammoplasty for Breast-Related Symptoms	Annual review, no change to policy intent. Updating rationale and references.
CAM 20199	Polysomnography for Non-Respiratory Sleep Disorders	Annual review, no change to policy intent. Updating rationale and references.
CAM 20121	Temporomandibular Joint Dysfunction	Annual review, adding botulinum toxin A to non-surgical investigational treatment to align with CAM 50105. Also updating summary of evidence, rationale, and references.
CAM 230	Genicular Nerve Blocks and Ablation for Chronic Knee Pain	Annual review, no change to policy intent.
CAM 047	Amniotic Membrane and Limbal Stem Cell Transplantation for the Treatment of Ocular Conditions	Annual review, no change to policy intent.
CAM 115	Durable Medical Equipment (DME)	Annual review, no change to policy intent.
CAM 10128	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Annual review, no change to policy intent. Updating background, policy guidelines, and rationale.
CAM 20118	Diagnosis of Obstructive Sleep Apnea Syndrome	Annual review, no change to policy intent. Updating summary of evidence, rationale and references. Removing additional information section.
CAM 20129	Biofeedback as a Treatment of Headache	Annual review, no change to policy intent. Updating rationale and references.
CAM 60154	Dopamine Transporter Imaging With Single Photon Emission Computed Tomography (DAT-SPECT)	Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale, and references.
CAM 70113	Surgical Treatment of Bilateral Gynecomastia	Annual review, no change to policy intent. Updating rationale and references.

CAM 70129	Percutaneous Electrical Nerve Stimulation, Percutaneous Neuromodulation Therapy, and Restorative Neurostimulation Therapy	Annual review, no change to policy intent. Updating description, summary of evidence, background, regulatory status, rationale, and references.
CAM 70191	Radiofrequency Ablation of Primary or Metastatic Liver Tumors	Annual review, no change to policy intent. Updating rationale and references.
CAM 80137	Inhaled Nitric Oxide	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 80148	Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid	Annual review, no change to policy intent. Updating rationale and references.