



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

May 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 012	Anesthesia Services	(Annual review, no change to policy intent.)
CAM 026	Human Papillomavirus (HPV) Vaccines	(Annual review, no change to policy intent.)
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	(Interim review, adding CPT codes 77062 and 77063 to breast cancer screening. Also removing CPT codes 99401 and 99402 and adding HCPCS code S9943 to breastfeeding counseling recommendation. No other changes.)
CAM 094	Women's Preventive Services	(Interim review, adding CPT codes 77062 and 77063 to breast cancer recommendation. Also removing CPT codes 99401 and 99402 and adding HCPCS code S9943 to breastfeeding counseling recommendation. No other changes.)
CAM 10118	Compression Pumps for Treatment of Lymphedema and Venous Ulcers	(Annual review, adding indications for use of pneumatic compression pumps for lymphedema of chest and trunk. Adding statement for non-pneumatic compression pumps with criteria. Also updating title, summary of evidence, background, regulatory status, policy guidelines, rationale, and references. Adding CPT codes E0658, E0678, E0679, E0680, E0681, E0682, E0683.)
CAM 10126	Cooling Devices Used in the Outpatient Setting	(Annual review, no change to policy intent. Updating regulatory status and rationale.)
CAM 20126	Prolotherapy	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 20224	Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting	(Annual review, no change to policy intent. Updating regulatory status, rationale, and references.)
CAM 20231	Myocardial Strain Imaging	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 218	Pharmacogenetic Testing	(Annual review, no change to policy intent. Updating regulatory status, rationale, and references. Adding CPT code 0423U.)
CAM 245	Ambulatory or Video Electroencephalogram (EEG) Monitoring, Including Digital Analysis of Electroencephalogram	(Annual review, no change to policy intent.)

CAM 250	Hospital Medical Services (Inpatient and Observation) and Consultation	(Annual review, no change to policy intent.)
CAM 30302	Digital Health Technologies: Therapeutic Applications	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 383	Percutaneous Arteriovenous Fistula	(Annual review, no change to policy intent.)
CAM 40206	Uterus Transplantation for Absolute Uterine Factor Infertility	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 404	Transcranial Magnetic Stimulation	****NEW POLICY****
CAM 455	Registered Nurses Practicing in Extended Roles	(Annual review, no change to policy intent.)
CAM 512	Radiopharmaceutical Agents and Other In Vivo Diagnostic Aids	(Annual review, no change to policy intent.)
CAM 701125	Occipital Nerve Stimulation	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 701126	Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis	(Annual review, no change to policy intent. Updating rationale and references)
CAM 701154	Ablation of Peripheral Nerves To Treat Pain	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 701166	Allograft Injection for Degenerative Disc Disease	Annual review, no change to policy intent. Updating background, rationale, references, and coding.)
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 70307	Lung and Lobar Lung Transplant	(Annual review, no change to policy intent. Updating background, rationale, and references.)
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	(Annual review, no change to policy intent.)
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	(Annual review, adding indications for HDR temporary prostate brachytherapy as salvage therapy for prostate cancer. Also updating summary of evidence, policy guidelines, rationale, and references.)
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	(Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.)
CAM 80135	Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	(Annual review, no change to policy intent. Updating rationale and references.)
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent.) (
CAM 80149	Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, references, and coding. Deleted code G6015 & G6016.)
CAM 80155	Stem-Cell Therapy for Peripheral Arterial Disease	(Annual review, no change to policy intent. Updating rationale and references.)

CAM 80160	80160 Extracorporeal Membrane Oxygenation for Adult Conditions	Interim review, reorganizing policy criteria for clarity. Also adding shared decision making between provider statement. No other changes.)
CAM 80301	Functional Neuromuscular Electrical Stimulation, Robotic-Assisted Rehabilitation and Robotic-Assisted Orthotics	(Annual review, no change to policy intent. Updating background, regulatory status, rationale, and references.)
CAM 80309	Vertebral Axial Decompression	(Annual review, no change to policy intent.)
CAM 90326	Viscocalanostomy and Canaloplasty	Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, and references.)
CAM 90328	Corneal Collagen Cross-Linking	Annual review, adding epithelium-on corneal collagen product (Epioxa HD and Epioxa). Also updating rationale and references.)
CAM 90331	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy	(Annual review, no change to policy intent. Updating rationale, references, and coding.)