



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

July 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 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 10115	Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Annual review, no change to policy intent. Updating summary of evidence, rationale, and table 22.
CAM 10129	Tumor Treating Fields Therapy	Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, table 16, and references.
CAM 20139	Quantitative Sensory Testing	Annual review, no change to policy intent. Updating rationale and key trials table.
CAM 20180	Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, key trials table and references.
CAM 20184	Chromoendoscopy as an Adjunct to Colonoscopy	Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, key trials table and references.
CAM 20189	Laser Treatment of Onychomycosis	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 20198	Orthopedic Applications of Platelet-Rich Plasma	Annual review, no change to policy intent. Updating summary of evidence, background, regulatory status, rationale, key trials table and references.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent. Updating rationale and references.

CAM 701144	Patient-Specific Instrumentation (e.g., Cutting Guides) for Joint Arthroplasty	Annual review, no change to policy intent. Also updating rationale and references.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale, and references.
CAM 70169	Sacral Nerve Neuromodulation/Stimulation	Annual review, no change to policy intent. Updating rationale and references.
CAM 70193	Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty™)	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 80132	Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and key trials table.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating description, summary of evidence, background, policy guidelines, rationale, and references.
CAM 80302	Physical Therapy	Annual review, no change to policy intent.
CAM 80304	Speech Therapy	Annual review, no change to policy intent.
CAM 701136	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension	Updating coding section. Added Code C1735. This will be effective 01/01/2025. No other changes.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications	Updating Coding section. Adding codes Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380 and Q4382. No other changes made.
CAM 10112	Oxygen Therapy	Annual review, no change to policy intent.
CAM 20219	Catheter Ablation as Treatment for Atrial Fibrillation	Updating Coding Section. Updating Code 93656 verbiage that will effective on 07/01/2025. No other changes made.
CAM 80127	Hematopoietic Cell Transplantation for Breast Cancer	Annual review, no change to policy intent.
CAM 80131	Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas	Annual review, no change to policy intent.
CAM 80156	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis	Annual review, no change to policy intent.
CAM 248	Mental Health Services	Annual review, no change to policy intent.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, Updating policy guidelines for clarity. Also updating rationale and references.

CAM 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent. Also updating rationale and references.
CAM 701171	Remote Electrical Neuromodulation for Migraines	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references.
CAM 701136	Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension	Updating coding section. Added Code C1735. This will be effective 01/01/2025. No other changes.
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CAM 169	Lynch Syndrome Testing	Moved review date to October. No other changes made.
CAM 235	Laboratory Guideline Policy	Moved review date to October. No other changes made.
CAM 251	Minimal Residual Disease	Moved review date to October. No other changes made.
CAM 261	Genetic Testing for Breast, Ovarian, Pancreatic, and Prostate Cancers	Moved review date to October. No other changes made.
CAM 325	Use of Common Genetic Variants (Single Nucleotide Polymorphisms) to Predict Risk of Non-Familial Breast Cancer	Moved review date to October. No other changes made.
CAM 326	Molecular Testing of Pulmonary Specimens	Moved review date to October. No other changes made.
CAM 333	Genetic Testing and Genetic Expression Profiling in Patients with Uveal Melanoma	Moved review date to October. No other changes made.
CAM 337	Molecular Analysis for Gliomas	Moved review date to October. No other changes made.

CAM 041	Orthognathic Surgery	Annual review, no change to policy intent.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Interim review, updating ICD 10 code for anxiety and depression screenings to Z1331. Updating language of syphilis screening in early pregnancy. No other changes.
CAM 20117	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy	Annual review, no change to policy intent. Updating background, regulatory status, policy guidelines, rationale and references.
CAM 70167	Endovascular Stent Grafts for Abdominal Aortic Aneurysms	Annual review, no change to policy intent. Updating background, regulatory status, rationale, references.
CAM 70178	Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Annual review, no change in policy intent.
CAM 70309	Heart Transplant	Annual review, no change to policy intent. updating background, rational and references.
CAM 80120	Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas	Annual review, no change to policy intent. Updating summary of evidence, rationale and references.
CAM 80124	Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults	Annual review, no change to policy intent. Updating rationale and references.
CAM 80125	Hematopoietic Stem Cell Transplantation for Autoimmune Diseases	Annual review, no change to policy intent. Reformatting the policy section.
CAM 80126	Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80129	Hematopoietic Cell Transplantation for Hodgkin Lymphoma	Annual review, no change to policy intent. Updating summary of evidence, background, rationale and references.
CAM 701101	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	Annual review, no change in policy intent.