

Effective Dates, Current Procedural Terminology (CPT®) Codes and Policy Updates for April

Our Healthcare Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services.

The table below is designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from non-local accounts, such as NASCO and Federal Employee Program (FEP), may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through CareFirst on Call ([Professional](#) and [Institutional](#)) or [CareFirst Direct](#).

Note: The effective dates for the policies listed below represent claims with date of service processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.140 - Intraosseous Basivertebral Nerve Ablation	Updated Description section. Updated Policy section. Updated Policy Guidelines statement indicating coverage decision for Intraosseous basivertebral nerve ablation changed from experimental/ investigational to medically necessary when criteria are met. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using the appropriate category I CPT® and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 05/01/2024
11.01.045 - Proteomics-Based Testing for Evaluation of Ovarian Masses	Updated Policy Guidelines section. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate category I CPT® code and ICD-10 code. CPT 81500, 81503 and 0003U are considered medically necessary based on Maryland House Bill 1217 Maryland Medical Assistance Program and Health Insurance – Required Coverage for Biomarker Testing. Updated Cross References to Related Policies and Procedures	Periodic review and update Effective 06/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	section. Updated References section. Refer to policy for details.	
11.01.061 - Proteomic Testing for Targeted Therapy in Non-Small Cell Lung Cancer	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using the appropriate Category I CPT® and ICD-10 code. CPT 81538 is considered medically necessary based on Maryland House Bill 1217 Maryland Medical Assistance Program and Health Insurance – Required Coverage for Biomarker Testing. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 06/01/2024

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