

Medical Policy Updates and Effective Dates 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 &/or Procedure	Actions, Comments & Reporting Guidelines	Policy Status & Effective Date
1.02.015 (C) Therapeutic Shoes for Individuals with Diabetes	<ul style="list-style-type: none"> • Policy to retire and refer to MCG Care Guidelines®. • Replaced information under Policy Guidelines with MCG Care Guidelines® criteria. • Under Benefit Applications added standard language. • Under CPT HCPCS ICD and Other Codes removed the table and added a separate Companion Table. Added codes to align with MCG Care Guidelines®. Added new codes E10.A0, E10.A1, E10.A2, which are all effective 10/01/2024. • Under Cross References to Related Policies and Procedures removed 1.03.001 Orthotic Devices and Orthopedic Appliances, Policy, 1.03.003 Orthotic Foot Inserts, Policy, 1.04.001 Prosthetics, Procedure because they no longer share any CPT or HCPCS codes. 	Periodic review and update. Policy effective 07/01/2025.

PRD1192 (04/25)

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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2.01.025 (C) Erectile Dysfunction	<ul style="list-style-type: none"> Under CPT HCPCS ICD 10 CM and Other Codes, removed the code tables and placed them in an attached companion table. Added new codes E10.A0, E10.A1, E10.A2 to the medically necessary for diagnosis of ED, medically necessary for treatment of organic ED, and E/I for treatment of ED tables. Codes are effective 10/01/2024. Under Cross References added policies: 7.01.141 Intraoperative Neurophysiologic Monitoring, 8.01.003 Chiropractic Care including Spinal Manipulation, 8.01.001 (C) Physical Therapy because they contains some shared codes. Removed 7.01.099 and 7.01.082 because unlisted codes are no longer included in cross references. 	Code update. Effective date 07/01/2025.
2.03.007 (C) Photodynamic Therapy	<ul style="list-style-type: none"> Under CPT® HCPCS, ICD-10 and Other Codes section revised ICD-10 Code H44.2A3 was updated to the code range with an effective date 01/01/2025. ICD-10 code H36.89 (Other retinal disorders in diseases classified elsewhere) added to the code table. 	Code Update. Effective 05/1/2025.
7.01.032 (C) Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty	<ul style="list-style-type: none"> Under Policy removed “for at least 6 weeks” to align with Policy to retire and refer to MCG Care Guidelines® and combined the vertebroplasty and kyphoplasty statements for readability. Added Policy to retire and refer to MCG Care Guidelines® criteria to Policy Guidelines. Edited information under Provider Guidelines to align with standard language. Under CPT HCPCS ICD-10 and Other Codes deleted 22899 because it is unspecified. Under Cross References to Related Policies and Procedures removed 7.01.101, 7.01.096, and 10.01.013A because they no longer have any shared CPT or HCPCS codes. Refer to policy for details. 	Periodic review and code update. Effective 07/01/2025.

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7.01.087 (C) Insertion of Automatic Implantable Cardioverter Defibrillator (AICD)	<ul style="list-style-type: none"> • Wording and description revised under description. • Under policy, not medically necessary statement was added-Automatic implanted cardioverter-defibrillator are considered not medically necessary for all other indications (see policy guidelines for details). • Under Policy guidelines, added Transvenous Implantable Cardioverter Defibrillator-Adults. • Under CPT, HCPCS, ICD 10 and other codes- added diagnosis codes- Q23.81 Bicuspid aortic valve, Q23.82 Congenital mitral valve cleft leaflet, Q23.88 Other congenital malformations of aortic and mitral valves. • Updated references. • Refer to policy for details. 	Code update. Effective 08/01/2025.
7.01.091 (C) Minimally Invasive Intervertebral Disc Decompression Procedures Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)	<ul style="list-style-type: none"> • Policy to retire and refer to MCG Care Guidelines®. • Under Benefit Applications added standard language. • Under Provider Guidelines added standard language. • Under Cross References to Related Policies and Procedures, deleted 7.01.101 and 7.01.117 and added "There are no related policies for this medical policy." • Refer to policy for details. 	Periodic review and update. Effective 08/01/2025.
7.01.096 (C) Dynamic Spinal Stabilization	<ul style="list-style-type: none"> • Under policy guidelines added standard experimental/investigational language and updated TEC criteria. • Refer to policy for details. 	Periodic review and update. Effective 05/01/2025.
7.01.101 (C) Percutaneous Intervertebral Thermal Annuloplasty Procedures for Low Back Pain	<ul style="list-style-type: none"> • Policy to retire and refer to MCG Care Guidelines®. • Refer to policy for details. 	Periodic review and update. Effective 08/01/2025.

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7.01.117 (C) Minimally Invasive Lumbar Decompression for Spinal Stenosis	<ul style="list-style-type: none"> • Under the Policy Guidelines section, the Experimental and investigational language was added. • Benefit Application and Provider Guideline section was added with the standard language. • Under the CPT®, HCPCS, ICD-10, and Other Code table the E&I header was added to the table. • Under the Cross References to Related Policies and Procedure section Policy 7.01.091 was removed as it does not share any common CPT or HCPCS codes and the standard language was added noting no cross-referenced policies. • Updated Reference section. • Refer to policy for details. 	Periodic review and update. Effective 05/01/2025.
7.01.124 (C) Minimally Invasive Sacroiliac Joint Fusion	<ul style="list-style-type: none"> • Under Policy Guidelines added 2025 rationale statement. • Updated references. • Refer to policy for details. 	Periodic review and update. Effective 08/01/2025.
7.01.149 (C) Percutaneous Electrical Nerve Stimulation for Pediatric Irritable Bowel Syndrome	<ul style="list-style-type: none"> • Under CPT, HCPCS, ICD-10 and other codes table, revised the description of code K58.9. Description changed from “irritable bowel syndrome without diarrhea” to “irritable bowel syndrome, unspecified” effective 10/01/2024. • Refer to policy for details. 	Code update. Effective 05/01/2025.
7.03.002 (C) Hematopoietic Stem Cell Transplantation (HSCT) – Autologous	<ul style="list-style-type: none"> • Under the CPT, HCPCS, ICD-10 and other codes table removed termed codes and added new codes from new code release 10/01/2024. • Refer to policy for details. 	Code update. Effective 05/01/2025.

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7.03.005 (C) Donor Lymphocyte Infusion for Malignancies Treated with an Allogeneic Hematopoietic Stem-Cell Transplant	<ul style="list-style-type: none"> Added "Hematologic" to the policy title for more specificity. Under the CPT, HCPCS, ICD-10 and other code table, made formatting updates. Added medically necessary header to the top of the table. Removed termed codes. Added new codes C83.398, C85.9A; released 10/01/2024. New codes C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51 effective 10/01/2024 already exist within the code range C86.0-C86.6. Expanded code range C86.0 – C86.6 to C86.0 – C86.61 to accommodate new codes C86.60 and C86.61 effective 10/01/2024. Added new codes: C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91; released 10/01/2024. Removed codes: C88.2, C88.3, C88.4, C88.8, and C88.9 due to these codes being unspecified. Added an Experimental/Investigational code table. Under cross references, removed policy 5.01.003 as they no longer share any codes in common. Added policy 4.01.008 and 7.03.006 as they share a CPT code. Refer to policy for details. 	Code update. Effective 05/01/2025.
7.03.006 (C) Nonmyeloablative Allogeneic Hemopoietic Stem Cell Transplantation for Hematologic Malignancies	<ul style="list-style-type: none"> Under policy guidelines added experimental/investigational standard language. Under Benefit Applications section added standard language. Under CPT, HCPCS, ICD 10 and other codes, table formatted and included new diagnosis codes C86.51, C86.60, C86.61, C88.00, C88.01, C88.21, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91. Deleted C88.2, C88.3, C88.4, C88.8, C88.9 (require 4th character). Experimental/Investigational table was added. Updated cross references to related policies and procedures. Refer to policy for details. 	Periodic review and update. Effective 08/01/2025.

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8.01.011 A Habilitative Services (for Maryland and DC Mandates)	<ul style="list-style-type: none"> Under CPT HCPCS ICD-10 CM and Other Codes added diagnosis codes: F06.70, F41.9, G98.8, M62.81, R20.9, R27.8, R27.9, R29.818, R32, R41.840, R41.844, R44.8, R45.87, R62.0, R62.50. Added new code Q87.86, which is effective 10/01/2024. Expanded code ranges Q87.81-Q87.89; Q89.01-Q89.09; Q89.1-Q89.9 for clarity. Expanded F70-F79 to account for diagnoses with alpha characters. Refer to policy for details. 	Revision. Effective 04/01/2025.

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