

## Medical Policy Updates and Effective Dates for August

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
2.01.074 - ARCHIVED Urine Drug Testing in Pain Management and Substance Use Disorder Treatment	Updated policy title. Updated Description section. Updated Policy Guidelines section. Updated Policy Guidelines section. Added Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 10/01/2024
7.01.010 – ARCHIVED Fetal Mesencephalic Transplantation for the Treatment of Parkinson’s Disease	Updated policy title. Updated Description. Updated Policy Guidelines section to support the experimental/investigational statement. Added Benefit Applications section. Updated Provider Guidelines section. Updated Cross References to Related Policies and Procedures. Updated References. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 10/01/2024
7.01.011 - ARCHIVED Bone Lengthening for Angular Deformities and Limb Length Discrepancies of Long Bones	Updated the title. Updated the Description. Updated Policy Guidelines. Added Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated Cross References Related to Policies and Procedures. Updated	Periodic review. Effective 10/01/2024

PRD1180 (08/24)

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.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	References. Refer to policy for details. The medical policy is archived.	
7.01.015 - Meniscal Allograft Transplantation	Updated the Description. Updated the policy statement. Updated Policy Guidelines. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated Benefit Applications section. Updated Provider Guidelines section. Updated Cross References to Related Policies and Procedures. Updated References. Refer to policy for details.	Periodic review. Effective 10/01/2024
7.01.033 - ARCHIVED Total Hip Resurfacing	Updated policy title. Updated the Description. Updated Policy Guidelines section. Added Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 10/01/2024
7.01.081 – ARCHIVED Photocoagulation of Macular Drusen	Updated policy title. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Cross References to Related Policies and Procedures section. Refer to the policy for details.	Periodic review. Effective 10/01/2024
7.01.087 - Insertion of Automatic Implantable Cardioverter Defibrillator (AICD)	Updated the Description. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated References. Refer to the policy for details.	Periodic review. Effective 10/01/2024
7.03.007 - Islet Cell Transplantation	Updated the policy statement. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to the policy for details.	Periodic review. Effective 10/01/2024

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