

Medical Policy Updates and Effective Dates for December

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
1.01.015A (C) Augmentative Communication Devices	Updated the Description. Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Will retire effective 03/01/2025
1.01.016A (C) Coverage for Hearing Aids (Maryland and Virginia Mandate)	Updated the Description. Updated the Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	Revision. Effective 01/01/2025
2.01.035 (C) Biofeedback	Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated	Periodic Review and Update. Will retire effective 03/01/2025

PRD1185 (12/24)

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.

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	References. Refer to the policy for details.	
2.01.044 (C) Video Electroencephalographic (EEG) Monitoring	Updated the Policy Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	Revision. Will retire effective 01/01/2025
5.01.038 (C) Buprenorphine (Probuphine® and Sublocade™) Extended-Release Buprenorphine Injectables	Updated the Description. Updated the Policy Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic Review and Update. Will retire effective 02/01/2025
5.01.043 - Monoclonal Antibodies for Treatment of Alzheimer's Disease	Update the Description. Updated the Policy section. Updated the Policy Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code.	Code Update. Effective 02/01/2025
5.01.045 (C) Respiratory Syncytial Virus (RSV) Vaccines (Abrysvo™ and Arexvy)	Updated the Description. Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic Review and Update. Effective 02/01/2025
7.01.017 (C) Cosmetic and Reconstructive Surgery	Updated the Policy Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Revision. Effective 02/01/2025
7.01.109 (C) Surgical Treatment of Femoroacetabular Impingement	Updated the Description. Updated the Policy and Policy Guidelines sections. Updated the Benefit Applications section. Report service using appropriate	Periodic Review and Update. Will retire effective 02/01/2025

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	CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	
7.01.135 – Balloon Dilation of the Eustachian Tube	Updated the Policy Guidelines section based on decision by the Technology Assessment Committee. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	Periodic Review and Revision. Effective 02/01/2025
8.01.011A (C) Habilitative Services (MD and DC Mandates)	Updated the Description. Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Revision. Effective 02/01/2025

Retired Policies Effective February 1, 2025

To eliminate redundancies with existing CareFirst policies, the policies below will be retired effective February 1, 2025:

- 1.01.071 RETIRED Automated Oscillometer Blood Pressure Monitors for Home Use
- 2.01.012 RETIRED Vitamin B12 Injection
- 2.01.013 RETIRED Extracorporeal Magnetic Innervation (ExMI) for Urinary Incontinence
- 2.01.030 RETIRED Audiometric Testing
- 2.01.042 RETIRED Temperature Gradient Studies
- 2.01.047 RETIRED Electrical Stimulation of the Pelvic Floor for Stress Urinary Incontinence
- 2.01.063 RETIRED Repository Corticotropin (ACTH) Injection

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- 2.03.010 RETIRED Genetic Testing for Inherited Susceptibility to Colon Cancer
- 2.03.013 RETIRED Sipuleucel-T Immunotherapy for Metastatic Prostate Cancer
- 3.01.006 RETIRED Pervasive Developmental Disorders (e.g., Autism)
- 3.01.010 RETIRED Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / Neurologic Disorders
- 4.01.002 RETIRED Amniocentesis and Chorionic Villus Sampling (CVS)
- 4.01.005 RETIRED Lactation Consultations
- 4.01.007 RETIRED Ultrasound in Pregnancy
- 4.07.007A RETIRED Ultrasound in Pregnancy
- 4.02.006A RETIRED Assisted Reproductive Technology (ART): Artificial Insemination (AI)/Intrauterine Insemination (IUI)
- 5.01.003 RETIRED Colony Stimulating Factors
- 5.01.004 RETIRED Hematopoietic Growth Factor (e.g., Epogen®, Procrit®, Aranesp®, Omontys®)
- 5.01.005 RETIRED Botulinum Toxin
- 5.01.006 RETIRED Avonex/Betaseron/Copaxone for the Treatment of Multiple Sclerosis
- 5.01.009 RETIRED Human Growth Hormone (HGH) Therapy for Children and Adults (Retired)
- 5.01.011 RETIRED Interleukin-2 (IL-2)/Aldesleukin (e.g., Proleukin)
- 5.01.013 RETIRED Intravenous Immune Globulin (IVIG) Therapy
- 5.01.018 RETIRED Tesamorelin (Egrifta™) Injection for Lipodystrophy
- 5.01.019 RETIRED Palivizumab (Synagis®) for Immune Prophylaxis for Pediatric Respiratory Syncytial Virus (RSV)
- 5.01.021 RETIRED Human Growth Hormone (HGH) Therapy
- 6.01.019 RETIRED Charged-Particle (Proton or Helium Ion) Radiation Therapy
- 6.01.021 RETIRED Magnetic Resonance Guidance for Surgical Procedures

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- 6.01.028 RETIRED Computed Tomographic Colonography as a Test for Colon Cancer (Virtual Colonoscopy)
- 6.01.029 RETIRED Positron Emission Tomography (PET) for Diagnosis and Treatment of Multiple Sclerosis
- 6.01.030 RETIRED Positron Emission Tomography (PET) for Diagnosis and Treatment of Alzheimer's Disease
- 7.01.019 RETIRED Periurethral Injection of Collagen for the Treatment of Urinary Incontinence
- 7.01.022 RETIRED Oral-Facial Pathology or Trauma
- 7.01.049 RETIRED Percutaneous Intradiscal Electrothermal Annuloplasty
- 7.01.055 RETIRED Sclerotherapy for External Varicosities
- 7.01.055A RETIRED Sclerotherapy for External Varicosities
- 7.01.072 RETIRED Endovascular Coagulation Procedure (VNUS® Closure™ System)
- 7.01.123A RETIRED Transgender Services
- 7.03.002A RETIRED High-Dose Chemotherapy / Radiation Therapy with Autologous Bone Marrow / Peripheral Stem Cell Support
- 7.03.003A RETIRED Allogeneic Bone Marrow Transplantation for Malignant and Non-Malignant Conditions
- 11.01.002 RETIRED Genetic Testing for Inherited BRCA1 or BRCA2 Mutations
- 11.01.004 RETIRED Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease
- 11.01.007 RETIRED Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid
- 11.01.014 RETIRED Paternal or Fetal Antigen Immunotherapy for Recurrent Fetal Loss
- 11.01.017 RETIRED HIV Viral Load Testing
- 11.01.025 RETIRED Genetic Testing for Cystic Fibrosis
- 11.01.026 RETIRED Testing for Tay-Sachs Disease

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- 11.01.027 RETIRED Genetic Testing for Canavan Disease
- 11.01.031 RETIRED Pharmacogenomic and Serologic Metabolite Markers for Inflammatory Bowel Disease Patients Treated with Azathioprine
- 11.01.032 RETIRED Assays of Genetic Expression in Tumor Tissue to Determine Prognosis in Breast Cancer Patients
- 11.01.033 RETIRED Cytochrome P450 Genotyping
- 11.01.034 RETIRED Molecular Genetic Expression Test for Identification of Heart Transplant Rejection
- 11.01.035 RETIRED Genetic Testing for Celiac Disease
- 11.01.038 RETIRED Pharmacogenomic Testing for Warfarin Sensitivity
- 11.01.039 RETIRED Genetic Testing for Cardiac Ion Channel Mutations
- 11.01.040 RETIRED Topographic Genotyping, Quantitative Mutational Analysis
- 11.01.041 RETIRED KRAS Mutation Analysis in Metastatic Colorectal Cancer
- 11.01.044 RETIRED Genetic Expression Profiling for Coronary Artery Disease
- 11.01.046 RETIRED Genetic Testing for Predicting Progression of Adolescent Idiopathic Scoliosis
- 11.01.047 RETIRED PCA3 Genetic Assay for Prostate Cancer
- 11.01.048 RETIRED Gene Expression Assay for Risk Assessment in Colon Cancer
- 11.01.049 RETIRED Noninvasive Prenatal Testing for Fetal Aneuploidy
- 11.01.050 RETIRED Genetic Testing for Familial Cardiomyopathies
- 11.01.052 RETIRED Circulating Tumor Cell Detection in Management of Cancer Patients
- 11.01.054 RETIRED BRAF Gene Testing for Predicting Response to BRAF Inhibitor Therapy in Malignant Melanoma
- 11.01.055 RETIRED Genetics-based testing of thyroid nodule biopsy for malignancy
- 11.01.056 RETIRED Next Generation Sequencing Panels for Cancer Risk Prediction
- 11.01.057 RETIRED KRAS Mutation Analysis for Non-small Cell Lung Cancer

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- 11.01.058 RETIRED Epigenetic Assay for Detection and / or Management of Prostate Cancer (ConFirmMDX®)
- 11.01.059 RETIRED General Approach to Genetic Testing
- 11.01.060 RETIRED General Approach to Evaluating the Utility of Genetic Panels
- 11.01.062 RETIRED Blood Testing for Genetic Biomarkers as Screening for Colorectal Cancer
- 11.01.063 RETIRED Molecular Genetic Panel Testing for Guiding Cancer Therapies
- 11.01.064 RETIRED Gene Expression Assays for Managing Prostate Cancer
- 11.01.065 RETIRED Genetic Testing for Age-Related Macular Degeneration
- 11.01.066 RETIRED Whole Exome and Genome Sequencing for Cancerous and Non-cancerous Conditions
- 11.01.067 RETIRED DecisionDx-UM Assay for Stratifying Risk of Metastatic Uveal Melanoma
- 11.01.069 RETIRED Circulating Tumor DNA and Circulating Tumor Cell Detection in Management of Cancer Patients (liquid biopsy)
- 11.01.070 RETIRED Urine Exosome Assay to Predict High-grade Prostate Cancer at Initial Biopsy, ExoDx® Prostate (IntelliScore)
- 11.01.071 RETIRED Pharmacogenomic Assay for the Management of Major Depressive Disorder (GeneSight® Psychotropic)

CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity and clinical appropriateness for the following policies, effective February 1, 2025. For more information, please visit <https://carefirst.access.mcg.com/index>.

- 1.01.010 Transcutaneous Electrical Nerve Stimulation (TENS)
- 2.01.045 Continuous Glucose Monitor
- 2.01.062 Bioimpedance for Assessment of Lymphedema
- 2.01.064 Corneal Cross Linking for Treatment of Keratoconus and Corneal Ectasia
- 2.02.011 Wearable External Cardioverter-Defibrillator

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- 2.02.013 Transcatheter Closure of the Left Atrial Appendage
- 6.01.033 Focused Ultrasound Ablation of Uterine Fibroids
- 6.01.036 Magnetoencephalography and Magnetic Source Imaging
- 6.01.042 Dual X-Ray Absorptiometry (DEXA scan) for Determining Body Composition
- 7.01.074 Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
- 7.01.092 Interspinous Vertebral Decompression Implantation for Spinal Stenosis
- 7.01.105 Endoscopic Radiofrequency Ablation for Barrett's Esophagus
- 7.01.108 Platelet Rich Plasma Injection for Musculoskeletal and Orthopedic Surgical Applications
- 7.01.127 Prostatic Urethral Lift for Benign Prostatic Hypertrophy

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