

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

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
1.03.002 - Adjustable Cranial Orthoses for Positional Plagiocephaly and for Craniosynostosis	Updated Benefit Applications section. Updated Provider Guidelines section. Report service using the appropriate HCPCS and ICD-10 code.	Revision. Effective 04/01/2024
2.01.010 - Quantitative Electroencephalogram / Topographic Brain Mapping	Updated Policy section. Updated Benefit Applications section. Report service using the appropriate Category I CPT and ICD-10 code. Updated Cross References to Related Policies and Procedures section.	Revision. Effective 04/01/2024
2.01.015 - Vision Therapy (Orthoptics/Pleoptics)	Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using the appropriate Category I CPT, HCPCS and ICD-10 code.	Revision. Effective 03/01/2024
2.01.027 - Chelation Therapy	Updated Description section. Updated Policy Guidelines section. Added Provider Guidelines section. Report service using the appropriate Category I CPT, HCPCS and ICD-10 code.	Periodic review and update. Effective 04/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.044 - Video Electroencephalographic (EEG) Monitoring	Updated Policy Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using 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 04/01/2024
6.01.007 - Transcranial Doppler Ultrasound	Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate Category I CPT and ICD-10 code. Refer to policy for details.	Revision. Effective 04/01/2024
7.01.054 - ARCHIVED Transmyocardial Laser Revascularization	Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Revision. Effective 04/01/2024
7.01.076 - Wireless Capsule Endoscopy (Enteral Camera)	Updated Description section. Updated Policy section. Updated Provider Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code. Updated References section. Refer to policy for details.	Periodic review and update. Effective 04/01/2024
7.01.080 - ARCHIVED Transpupillary Thermotherapy	Updated Policy Title. Updated Provider Guidelines section. Report service using appropriate category I CPT and ICD-10 code. Added Cross References to Related Policies and Procedures section. Refer to policy for details. Policy archived.	Revision. Effective 04/01/2024
10.01.011A - Emergency Services: Auto Codes	Updated Policy Title. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code. Refer to policy for details.	Revision. Effective 04/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
11.01.074 - Biochemical Markers for the Diagnosis of Alzheimer's Disease	Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using 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 04/01/2024

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