

Medical Policy Updates and Effective Dates 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 (<u>Professional</u> and <u>Institutional</u>) or <u>CareFirst Direct</u>.

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
1.01.030 RETIRED Dynamic Splinting Systems	Policy to retire and refer to MCG Care Guidelines®. Updated the Description. Updated the Policy Guidelines section. Updated Provider Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to the policy for details.	Policy Revision and Code Update. Will retire. Effective 04/01/2025
2.01.072A Telemedicine (United Communications)	Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Refer to the policy for details.	Code Update. Effective 03/01/2025
2.01.088 Skin Substitutes for Treating Chronic Wounds	Report service using appropriate CPT, HCPCS, and ICD code. Refer to the policy for details.	Revision and Code Update. Effective 04/01/2025

PRD1189 (2/25)



7040405 + 6 - 6 - 1	Li Li Li B. Ci A II ii	D 1: D
7.01.018 Foot Care Services	Updated the Benefit Applications	Policy Revision.
	section. Report service using	Effective
	appropriate CPT, HCPCS, and ICD	04/01/2025
	code. Updated References. Refer	
	to the policy for details.	
7.01.076 RETIRED Wireless Capsule	Policy to retire and refer to MCG	Periodic Review
Endoscopy (Enteral Camera)	Care Guidelines [®] . Updated the	and Code
	Description. Updated the Policy	Update. Will
	section. Updated the Policy	retire, effective
	Guidelines section. Updated	04/01/2025
	Provider Guidelines section.	
	Report service using appropriate	
	CPT, HCPCS, and ICD code.	
	Updated Cross References to	
	Related Policies and Procedures	
	section. Updated References.	
	Refer to the policy for details.	
10.01.003A Preventive Services	Updated the Description.	Periodic Review
	Updated the Benefit Applications	and Update.
	section. Updated Provider	Effective
	Guidelines section. Report service	04/01/2025
	using appropriate CPT, HCPCS,	
	and ICD code. Updated Cross	
	References to Related Policies	
	and Procedures. Updated	
	References. Refer to the policy for	
	details.	
10.01.0008A RETIRED Surgical Assistants	Updated the Provider Guidelines	Periodic Review
	section. Report service using	and Update.
	appropriate CPT, HCPCS, and ICD	Will retire,
	code. Updated Cross References.	effective
	Updated References. Refer to the	04/01/2025
	policy for details.	
	policy for actuits.	