

## Effective Dates, Current Procedural Terminology (CPT®) Codes and Policy Updates for January 2024

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
2.01.087 - Remote Therapeutic Monitoring	New policy. Developed based on the request from external provider to provide coverage criteria for remote therapeutic monitoring.	New Policy Effective 03/01/2024
2.01.088 - Skin Substitutes for Treating Chronic Wounds	New policy. Developed based on the request of Healthcare Policy Manager to provide guidance of skin substitutes for treatment of chronic wounds.	New Policy Effective 03/01/2024
3.01.015 - Autism Spectrum Disorders (ASD)	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code.	Revision. Effective 03/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
4.01.008 - Uterine Artery Embolization for Fibroid Tumors (Leiomyomata)	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications section. Added provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Updated References 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 03/01/2024
5.01.016 - Zoster Vaccine - Shingrix®	Updated Policy Title. Updated Description section. Updated Policy section. Updated Policy 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 03/01/2024
5.01.017 - Human Papillomavirus (HPV) Recombinant Vaccines	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate Category I CPT, HCPCS 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 03/01/2024
5.01.023A - ARCHIVED Drugs and Pharmaceuticals, Wastage and/or Discarded Amounts	Updated Policy Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update.  Effective 03/01/2024
5.01.034 - ARCHIVED Hematopoietic Growth Factors	Updated Policy Title. Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update.  Effective 03/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
5.01.035 – ARCHIVED Palivizumab (Synagis®) for Immune Prophylaxis for Pediatric Respiratory Syncytial Virus (RSV)	Updated Policy Title. Updated Policy 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. Policy archived.	Periodic review and update.  Effective 03/01/2024
5.01.044 - ARCHIVED Lutetium vipivotide tetraxetan (Pluvicto™)	Updated Policy Title. Updated Description section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update.  Effective 03/01/2024
5.01.045 - Respiratory Syncytial Virus (RSV) vaccine (Abrysvo® and Arexvy)	New policy developed based on the request of Medical Director department to outline the FDA approvals and subsequent ACIP recommendations for Abrysvo and Arexvy vaccinations among individuals aged 60 and older and for pregnant persons in the 32nd through 36th week of gestation for Abrysvo.	New Policy.  Effective 03/01/2024
5.01.046 - Nirsevimab - ALIP (Beyfortus™) for Immune Prophylaxis for Pediatric Respiratory Syncytial Virus (RSV)	New policy developed based on the request of Medical Director department to outline the FDA approval and subsequent ACIP recommendation for Beyfortus for RSV prophylaxis in infants and young children birth through age 19 months.	New Policy.  Effective 03/01/2024
6.01.032 - Positron Emission Tomography (PET)	Updated Description section. Updated Policy section. Added Policy Guidelines section. Added Benefit Applications section. Added Provider 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 section. Refer to policy for details.	Periodic review and update.  Effective 03/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.029 - ARCHIVED Thermal Shrinkage for Joint Instability	Updated Policy Title. Updated Description section. Update Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Added 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. Policy archived.	Periodic review and update.  Effective 03/01/2024
7.01.078 - ARCHIVED Interpositional Spacer for Osteoarthritis of the Knee Joint	Updated Policy Title. Updated Description section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated 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. Policy archived.	Periodic review and update.  Effective 03/01/2024
7.01.132 - Transperineal Placement of Biodegradable Material with Prostate Radiotherapy	Updated Policy Title. Updated Description section. Update Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Added 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. Policy archived.	Periodic review and update.  Effective 03/01/2024
11.01.015 - ARCHIVED - Preconception Sex Selection Techniques	Updated Policy Title. Updated Description section. Update Policy section. Updated Policy Guidelines section. Updated Benefit Applications 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. Policy archived.	Periodic review and update.  Effective 03/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
11.01.079 - Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and other connective tissue diseases	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. Refer to policy for details.	Periodic review and update.  Effective 03/01/2024

PRD1155 (12/23)

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