

Medical Policy Updates and Effective Dates for January

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
1.01.006 Ultrasound Accelerated Fracture Healing	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
1.01.076 Home Monitoring of Visual Field Assessment with Real Time Data Analysis	Updated the Policy Guidelines. Report service using appropriate CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	Periodic review and update. Effective 03/01/2025
1.03.001 Orthotic Devices and Orthopedic Appliances	Updated the Description. Updated the Policy Guidelines section. Updated the Provider Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	Code update. Periodic Review and Update. Effective 03/01/2025
1.03.003 (C) Retired Orthotic Foot Inserts	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 03/01/2025

PRD1187 (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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2.01.007 Phototherapy	Updated the Description. Updated the Policy Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated References. Refer to the policy for details.	Periodic Review and Update. Effective 03/01/2025
2.01.049 Xenon Chloride Excimer Laser Therapy for Treatment of Psoriasis and Vitiligo	Updated Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. 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 03/01/2025
2.01.059 Quantitative Sensory Testing for Peripheral Neuropathies	Updated the Description. Updated the Policy Guidelines section. 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 Update. Effective 03/01/2025
03.01.016 (C) Dialectical Behavior Therapy	Updated the Policy Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Refer to the policy for details.	Code update. Revision. Effective 03/01/2025
4.01.006A Global Maternity Care	Updated the Provider Guidelines sections. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References and References. Refer to the policy for details.	Revision. Effective 03/01/2025
6.01.046 Handheld Radiofrequency Spectroscopy for Intraoperative Margin Assessment During Breast Conserving Surgery	Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Added Cross References section. Updated References. Refer to the policy for details.	Periodic Review and Update. Effective 03/01/2025
7.01.030 Therapeutic Apheresis	Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Refer to the policy for details.	Code Update. Effective 03/01/2025

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7.01.107 Neurosurgical Interventions for Cervicogenic Headache / Occipital Neuralgia	Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References section. Updated References. Refer to the policy for details.	Periodic Review and Update. Effective 03/01/2025

The policy updates below were shared in December; however they have been temporarily postponed as they will be reviewed individually and updates will be shared as decisions are made.

- 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
- 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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