

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

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
1.01.049A - ARCHIVED Restraints	Report service using appropriate HCPCS and ICD-10 code. Refer to policy for details.	Revision. Effective 07/01/2023
2.01.008 - ARCHIVED Rhinomanometry and Acoustic Rhinometry	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 Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 08/01/2023
2.03.012 - Adjunctive Diagnostic Aids for Oral Cancer Screening	Updated Medical Policy title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Added 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 08/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.082 - Surgical Treatment of Varicosities	Updated Description section. Updated 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. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 08/01/2023
7.01.120 - ARCHIVED Peripheral Field Neurostimulation for Chronic Pain	Updated Medical Policy title. Updated Description 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.	Revision. Effective 08/01/2023
7.03.011 - Ventricular Assist Devices and Associated Services	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 References section. Refer to policy for details.	Periodic review and update. Effective 08/01/2023

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