

## 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
<b>2.01.045 - Continuous or Short-term Monitoring of Glucose in Interstitial Fluid</b>	Updated Provider Guidelines to indicate frequency limitations for supplies. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Refer to policy for details.	Revision. Effective 9/1/2024
<b>2.02.006 - ARCHIVED Ambulatory Blood Pressure Monitoring</b>	Updated policy title. Updated Description. Updated Policy section. Updated Policy Guidelines section to support the medically necessary statement. Updated Cross References to Related Policies and Procedures. Updated References. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 9/1/2024
<b>6.01.040 - ARCHIVED Electrical Impedance Scanning of the Breast</b>	Updated policy title. Updated Description section. Updated Policy Guidelines with updated research. Updated Benefit Applications. Updated Provider Guidelines. Report service using appropriate category I CPT® and ICD-10 code. Added and updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 09/01/2024

PRD1179 (7/24)

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.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
<b>7.01.013 – ARCHIVED Keratoprosthesis</b>	Updated the policy title. Updated Description. Updated Policy Guidelines. Updated Benefit Applications. Added and updated Provider Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Added and updated Cross References to Related Policies and Procedures section. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 09/01/2024
<b>7.01.130 - Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea</b>	Updated Policy Guidelines section by changing the Body Mass Index criteria from “less than or equal to 32 kg/m2”, to “less than or equal to 40 kg/m2”. 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. Effective 09/01/2024
<b>7.03.001 - Human Organ Transplants</b>	Updated Description. Under Policy statement. Updated Policy Guidelines. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Updated Benefit Applications. Updated Provider Guidelines. Updated Cross References to Related Policies and Procedures. Refer to policy for details.	Periodic review. Effective 09/01/2024
<b>8.01.012 - ARCHIVED Supervised Exercise Therapy for Peripheral Arterial Disease</b>	Changed the title from Peripheral Arterial Disease Rehabilitation to Supervised Exercise Therapy for Peripheral Arterial Disease. Updated Description. Under Policy added a medically necessary statement. Updated Policy Guidelines and added medically necessary criteria, added TEC criteria, added 2024 update. Added Benefit Applications section and standard language. Added Provider Guidelines section. Report service using appropriate Category I CPT® and ICD-10 code. Updated Cross References Related to the Medical Policy. Updated References. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 09/01/2024

PRD1179 (7/24)

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.