

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

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
1.01.061 – Transcutaneous Electro Neural Stimulation for Relief of Nausea and Vomiting	Updated Medical Policy name. Updated Description section. Updated Policy Guidelines section. Added the Benefit Applications section. Added the Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2023
2.01.027 – Chelation Therapy	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 09/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.038A – Diagnostic Eye Procedures	Updated Medical Policy Operating Procedure name. Updated Description 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 07/01/2023
2.01.040A – Refraction Services for Medical Conditions	Updated Medical Policy Operating Procedure name. Updated Description section. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update. Effective 07/01/2023
2.01.045 – Continuous or Short-term Monitoring of Glucose in Interstitial Fluid	Updated Medical Policy name. 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, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 01/01/2024
2.01.078 – Amniotic Membrane and Amniotic Fluid Grafts and Injections	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated References. Refer to policy for details.	Periodic review and update. Effective 09/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
4.01.006A – Global Maternity Care	Updated Description 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. Refer to policy for details.	Periodic review and update. Effective 08/01/2023
7.01.087 – Automatic Implantable Cardioverter Defibrillator (AICD)	Updated Medical Policy name. Updated Policy Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated References. Refer to policy for details.	Revision. Effective 08/01/2023
7.01.136 – Oral-Facial Trauma/Accidental Injury	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. Refer to policy for details.	Revision. Effective 09/01/2023