

Medical Policy Updates and Effective Dates for June 2025

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.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	1.01.018 (C) Neuromuscular Electrical Stimulation (NMES) Devices	<ul style="list-style-type: none"> ■ Effective: 10/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Policy Guidelines added 2025 rationale statement to state: “A search of peer-reviewed literature and evidence-based criteria was performed from May 2024 through April 2025. Findings in the recent literature do not change the conclusions regarding the use of neuromuscular electrical stimulation devices.” • Under Cross References to Related Policies and Procedures added 1.01.010. • Updated References.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	2.01.048A (C) Acupuncture	<ul style="list-style-type: none"> ■ Effective Date: 10/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Removed “Archived” from the policy title and changed the policy to active. • Under Benefit Applications section, standard language was added “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” • Under provider guidelines: <ul style="list-style-type: none"> ▪ Removed the following statement: “If member contract requires preauthorization to determine appropriateness and medical necessity for treatment, Providers should submit preauthorization requests online at provider.carefirst.com or call 1-866-773-2884 (1-866-PRE-AUTH).” ▪ The standard language was added: “Some services, devices, drugs, and places of service require prior authorization. Always check the member's contract for benefits. Providers should submit preauthorization requests online at www.provider.carefirst.com or call 1-866-773-2884 (1-866-PRE-AUTH).” • Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy - Consultation Services CO 014.01, please refer to Payment Policy for details. • Under Cross References to Related Policies and Procedures added the following statement “There are no Related Policies for this Medical Policy Operating Procedure.”

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	2.03.005 (C) Adoptive Immunotherapy	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important Changes: <ul style="list-style-type: none"> Code update only, added new HCPCS codes pertaining to policy effective 04/01/2025
Updated	6.01.002 (C) Bone Mineral Density Studies	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important changes: <ul style="list-style-type: none"> Updated Policy section to include new guidance from USPSTF. Under Description added information regarding the fracture risk assessment tool (FRAX) and Trabecular Bone Score (TBS). Under Policy Guidelines added additional USPSTF guidance, and a 2025 rationale update. Added Benefit Applications section and standard language. Under Cross References to Related Policies and Procedures removed: 6.01.001A Archived Bone Density Studies, Procedure because the policy is now retired as of 03/01/2025. Removed 6.01.001 and 10.01.003A Preventative Services because there are no shared CPT or HCPCS codes. Added to References (Lewiecki, 2024) (MCG Health, 2025a) (MCG Health, 2025b) (MCG Health, 2025c) (MCG Health, 2025d) (USPSTF, 2025)
Updated	7.01.130 (C) Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important changes: <ul style="list-style-type: none"> Code update only: added code to enable a smooth transition with Inspire V, which will only have a stimulating lead, versus the Inspire IV which has both, a stimulating, and a sensing lead.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	8.01.001 (C) Physical Therapy	<ul style="list-style-type: none"> ■ Effective Date: 8/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy Consultation Services CO 014.01, please refer to Payment Policy for details. • Under Cross References to Related Policies and Procedures deleted 1.01.010, 2.01.003, 2.01.031, 3.01.006, 3.01.015, 8.01.007A, 8.01.013A, 8.01.015, 8.01.017, 10.01.013A because the policies do not share codes with the current policy. • Under References updated MCG Health references to 2025.
Updated	8.01.003 (C) Chiropractic Care including Spinal Manipulation with Attached Companion Table	<ul style="list-style-type: none"> ■ Effective Date: 8/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy Consultation Services CO 014.01, please refer to Payment Policy for details. • Under the Cross References to Related Policies and Procedures section, the following policies/procedures were removed as they do not share any similar CPT and or HCPCS codes: 2.01.031 Surface Electromyography, 2.01.025 Erectile Dysfunction, 6.01.024 Ultrasound (Echography) of the Spinal Canal and Contents, 7.01.084 Spinal Manipulation, Under Anesthesia, 8.01.007A Work Hardening Programs, 9.01.004A Anesthesia Consultation and 10.01.013A Medical Record Documentation Standards, Procedure. Added policy 8.01.005 Speech Therapy as it shares similar HCPCS codes. • Under the Reference section, updated references were added for the existing UpToDate, and MCG references.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	8.01.004(C) Occupational Therapy	<ul style="list-style-type: none"> ■ Effective Date: 8/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy Consultation Services CO 014.01, please refer to Payment Policy for details. • Under Cross References to Related Policies and Procedures section the following policies were removed as they do not share any similar CPT or HCPCS codes: 1.01.030 Dynamic Splinting Systems, 1.01.011 Continuous Passive Motion (CPM) Device, 1.01.015A Augmentative Communication Devices, 8.01.002 Cardiac Rehabilitation, 8.01.007A Work Hardening Programs, 10.01.013 Medical Record Documentation Standards, and 8.01.009 Recreational Activity as Physical Therapy Policy. The following policies were added as they share similar CPT and HCPCS codes: 2.01.072A Telemedicine (Unified Communications) with Attached Companion Table, 8.01.003 Chiropractic Care including Spinal Manipulation, 2.01.047 (C) RETIRED Electrical Stimulation of the Pelvic Floor for Stress Urinary Incontinence, 10.01.012A (C) ARCHIVED Telemedicine (Unified Communications), and 8.01.014 Lymphedema Therapy (Complex Decongestive Therapy). • Under the References section one reference was added from Thomsen & Dahin (2020).

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	8.01.005 (C) Speech Therapy	<ul style="list-style-type: none"> ■ Effective Date: 8/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy Consultation Services CO 014.01, please refer to Payment Policy for details. • Under the Policy Guidelines section, the statement “Speech therapy services must meet all of the following criteria:” was restated to “Speech therapy is considered medically necessary when ALL of the following criteria are met.” • The 2025 update was added noting the policy statement remains unchanged. • Under cross references section added policies: 8.01.014 Lymphedema Therapy (Complex Decongestive Therapy), 2.01.072A (C) Telemedicine (Unified Communications) with Attached Companion, and 8.01.003 (C) Chiropractic Care including Spinal Manipulation as they shares similar CPT and or HCPCS codes. Removed operating procedure 3.01.009 Attention Deficit Disorder (ADD) with or without Hyperactivity as this does not share any similar HCPCS codes or CPT codes. Updated related policy from 1.01.015A Augmentative Communication Devices, Procedure to 1.01.015 RETIRED Augmentative Communication Devices, Policy.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	8.01.014 (C) Lymphedema Therapy (Complex Decongestive Therapy)	<ul style="list-style-type: none"> ■ Effective Date: 10/1/2025 • The 2025 update was added noting the policy statement remains unchanged. The Women's Health and Cancer Rights Act of 1998 information was placed in the update for 2005. • Under the cross references to related policies and procedures section the following policies were removed 1.01.001 Durable Medical Equipment with Attached Table, Policy 1.01.024A Over-the-Counter Miscellaneous Supplies and Equipment, Procedure 2.01.062 Bioimpedance for Assessment of Lymphedema, Policy as they do not share any similar HCPCS or CPT codes. The following policies were added: 2.01.083 Compression Stockings for Non-lymphedema Indications, 3.01.011A Autism Spectrum Disorders (Virginia Mandate), 8.01.003 Chiropractic Care including Spinal Manipulation, 8.01.004 Occupational Therapy, 8.01.005 Speech Therapy, 8.01.011A Habilitative Services (MD and DC Mandates) with Attached Companion Table, and 10.01.012A ARCHIVED Telemedicine (Unified Communications) as these policies share similar CPT and or HCPCS codes.
Updated	8.01.018 (C) Dry Needling	<ul style="list-style-type: none"> ■ Effective Date: 8/1/2025 • Under policy guidelines, Experimental/Investigational, TEC criteria 1-5 added. Under rationale #2- The scientific evidence must permit conclusions concerning the effect on health outcomes: Garcia-de-la-Banda-Garcia et al and Charles et al study was included. • Rationale #3-The technology must improve the net health outcome: Deleted-No treatment-associated adverse events were reported in these studies. The treatment appears to be safe. Brady et al study was included. • Update 2025 was added. • Under provider guidelines- no provider guidelines for this medical policy were added. • Under cross reference, "There are no Related Policies for this Medical Policy" was added. • Updated references.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Updated	10.01.005 (C) Ambulance Services	<ul style="list-style-type: none"> ■ Effective Date: 8/1/2025 • For added clarity, language adjusted in the non-emergency ambulance services to “considered medically necessary only when at least one of the following criteria are met.” • The criteria for services that are medically necessary and services that are considered not medically necessary have been relocated to the Policy Guideline section of this policy. • A note was added to reference the No surprises Act’s Prohibitions on Balancing Billing which reads “NOTE: The No Surprises Act (NSA), which took effect on January 1, 2022, is a federal law that protects patients from surprise air ambulance bills. Under this law, out-of-network air ambulance providers cannot charge patients more than their normal in-network cost-sharing amounts (such as deductibles, copays, or coinsurance). The NSA also established an Independent Dispute Resolution (IDR) process to settle payment disagreements between insurers and providers—keeping patients out of billing conflicts. These rules ensure patients only pay in-network rates for emergency air ambulance transport (Center for Medicare & Medicaid Services [CMS], 2022). Ground ambulance services are not currently covered under the NSA. For more information please visit https://www.cms.gov/files/document/a274577-1a-training-1-balancing-billingfinal508.pdf.” • The following statement was added regarding modifiers DN and ND: “Note: Modifiers DN (Diagnostic Center-Nursing Facility transport) and ND (Nursing Facility-Diagnostic Center transport) are SNF consolidated billing. These services are included in the SNF payment rate and are not separately payable.”

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Retired	2.01.064 (C) RETIRED Corneal Cross Linking for Treatment of Keratoconus and Corneal Ectasia	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important changes: <ul style="list-style-type: none"> CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.
Retired	2.02.011 (C) RETIRED External Cardioverter-Defibrillator	<ul style="list-style-type: none"> Effective Date: 9/1/2025 Important Changes: <ul style="list-style-type: none"> CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.
Retired	6.01.001 Bone Density Studies	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important changes: <ul style="list-style-type: none"> This policy has been retired; please refer to active CareFirst policy 6.01.002 Bone Mineral Density Studies.
Retired	6.01.033 (C) RETIRED Focused Ultrasound Ablation of Uterine Fibroids	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important Changes: <ul style="list-style-type: none"> CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index. Changed title from Focused Ultrasound Ablation of Uterine Fibroids to MRI Guided Focused Ultrasound Surgery, Uterus

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Retired	7.01.127 (C) Prostatic Urethral Lift for Benign Prostatic Hypertrophy	<ul style="list-style-type: none"> Effective Date: 10/1/2025 Important changes: <ul style="list-style-type: none"> CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index. Under Policy Guidelines section, removed previous TEC criteria statements and added an updated 2025 rationale statement: "A search of peer-reviewed literature and evidence-based criteria was performed from July 2020 through April 2025. CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity and clinical appropriateness. Therefore, the policy statement includes medically necessary for Prostatic Urethral Lift for Benign Prostatic Hypertrophy based on the criteria outlined in the policy.
Retired	9.01.002A Intravenous Patient-Controlled Analgesia (IV PCA)	<ul style="list-style-type: none"> Effective Date: 10/1/2025 This policy has been retired, please refer to active CareFirst Payment Policy CO 014.02 Consultation Services – Professional. Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy Consultation Services CO 014.01, please refer to Payment Policy for details. Under Cross References to Related Policies and Procedures removed 9.01.004A ARCHIVED Anesthesia Consultation, Procedure because it no longer shares CPT or HCPCS codes.

New, Updated or Retired?	Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
Retired	9.01.004A RETIRED Anesthesia Consultation	<ul style="list-style-type: none"> ■ Effective Date: 10/1/2025 • This policy has been retired, please refer to active CareFirst Payment Policy CO 014.02 Consultation Services – Profession. • Removed “Archived” from title and changed to “Retired” • Evaluation and Management codes were removed as they are not specific to this policy and are referred to in Payment Policy Consultation Services CO 014.01, please refer to Payment Policy for details. • Under cross references, removed the following operating procedures as they no longer share any CPT or HCPCS codes in common: 9.01.001A, 9.01.002A, 9.01.005A, 10.01.004A, 10.01.013A .