

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

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
1.01.070A - Breast Pumps and Related Supplies	Updated Description section. Updated Benefit Applications section to reflect coverage of HCPCS codes A4281, A4282, A4283, A4284, A4285, A4286, A4287, E0602, E0603, and E0604. HCPCS K1005 was removed from the operating procedure, as the code termed effective 12/31/2023. Updated Provider Guidelines section. Report service using the appropriate HCPCS and ICD-10 code. Updated References section. Refer to policy for details.	Periodic review and update.  Effective 05/01/2024
1.01.072A - ARCHIVED Canes and Accessories	Updated Policy Title. Updated Description section. Updated Policy 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 section. Refer to policy for details. The operating procedure is archived.	Periodic review and update  Effective 05/01/2024

PRD1160 (1/24)

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
2.01.084 - Remote Patient Monitoring	Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using the appropriate Category I CPT®, HCPCS and ICD-10 code.	Periodic review and update.  Effective 05/01/2024
2.01.085 - Orthopedic Applications of Stem Cell Therapy	Updated Policy Title. 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, 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 05/01/2024
2.02.017 - Myocardial Strain Imaging	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications 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 05/01/2024
2.03.007 - Photodynamic Therapy	Updated Policy Guidelines section. Report service using appropriate Category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision.  Effective 05/01/2024
5.01.042 - ARCHIVED Brexucabtagene autoleucl (Tecartus™)	Updated Policy Title. 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 section. Refer to policy for details. The medical policy is archived.	Periodic review and update.  Effective 05/01/2024
6.01.025 - Scintimammography	Updated Description section. Updated Policy section to reflect the use of breast specific gamma detection following radiopharmaceutical administration for localization of sentinel lymph nodes in individuals with breast cancer may be considered medically necessary.	Periodic review and update.  Effective 05/01/2024

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Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	Updated Policy 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.	
7.01.030 - Therapeutic Apheresis	Updated Policy section. Updated Provider 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 section. Refer to policy for details.	Periodic review and update.  Effective 05/01/2024
7.01.114 - Transcatheter Aortic Valve Implantation (TAVI)	Updated Policy 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 05/01/2024
7.01.138 - Artificial Iris	Updated Description section. Updated Policy section to reflect CareFirst coverage decision change from medically necessary to experimental/investigation, indicating the artificial iris is considered experimental/ investigational for all indications including partial or complete aniridia as it does not meet TEC criteria #2-5. Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update.  Effective 05/01/2024
8.01.005 - Speech Therapy	Updated Policy Guidelines 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 05/01/2024

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11.01.081 - ARCHIVED Cunningham Panel	Updated Policy Title. Updated Description section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate Category I CPT and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. The medical policy is archived.	Periodic review and update.  Effective 05/01/2024

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