

Medical Policy Updates and Effective Dates for March

Our Healthcare Policy department regularly reviews medical policies and procedures based on new evidence and technological advances.

Below are updates on changes to local policies and procedures. Each entry includes a brief description, reporting instructions and effective dates. Policies for non-local accounts (e.g., NASCO, Federal Employee Program) may differ. Verify member eligibility and benefits before providing services through CareFirst on Call ([Professional](#) and [Institutional](#)) or [CareFirst Direct](#).

Note: Effective dates apply to services rendered on or after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.013A Coverage for Hair Prosthesis	<ul style="list-style-type: none"> Updated Benefit Applications section to add standard language. Updated References. Refer to policy for details. 	Periodic review and update. Effective 04/01/2025.
2.01.004 (C) Hyperbaric Oxygen Therapy	<ul style="list-style-type: none"> Made formatting updates. Updated the Description to include 1.4 atmospheres to promote oxygen delivery to hypoxic tissues, facilitate the removal of nitrogen bubbles, or facilitate wound healing. Updated the Policy Guidelines section, Rationale statement and TEC criteria. Updated Provider Guidelines section. Updated code tables to add new diagnosis codes. Updated References. Refer to policy for details. 	Periodic review and update. Effective 07/01/2025.
2.01.018 Sleep Disorders	<ul style="list-style-type: none"> Made formatting edits. Updated Provider Guidelines section including a Note stating: "Devices and supplies used for treatment of obstructive sleep apnea must be billed using an appropriate 	Periodic review and update. Effective 07/01/2025.

PRD1191 (03/25)

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
	<p>Obstructive Sleep Apnea diagnosis (G47.30-G47.39)."</p> <ul style="list-style-type: none"> Removed Policies previously listed under Cross References to Related Policies and Procedures section. Refer to policy for details. 	
2.01.078 Amniotic Membrane and Amniotic Fluid Grafts and Injections	<ul style="list-style-type: none"> Updated code table to remove termed codes and add new HCPCS codes. Refer to policy for details. 	Code update. Effective 07/01/2025.
2.03.012 Diagnostic Aids for Oral Cancer Screening	<ul style="list-style-type: none"> Updated code table to include new code and removed termed code: "Report service using appropriate CPT, HCPCS and ICD code." Refer to policy for details. 	Code update. Effective 07/01/2025.
6.01.031 (C) Computerized Ophthalmic Diagnostic Imaging	<ul style="list-style-type: none"> Policy to retire and refer to MCG Care Guidelines®. Refer to policy for details. 	Periodic review and update. Effective 07/01/2025.
7.01.035 Extracorporeal Shock Wave Lithotripsy for Gallstones	<ul style="list-style-type: none"> Policy to retire and refer to MCG Care Guidelines®. Refer to policy for details. 	Periodic review and update. Effective 07/01/2025.
7.01.044 Sinus Antrostomy Using Dilation Balloon	<ul style="list-style-type: none"> Policy to retire and refer to MCG Care Guidelines®. Policy title changed from "Sinus Antrostomy Using Dilation Balloon to Sinuplasty" to align with MCG Care Guidelines®. Refer to policy for details. 	Periodic review and update. Effective 07/01/2025.
7.01.086 Carotid Artery Angioplasty and Stenting	<ul style="list-style-type: none"> Updated Policy statement for better readability. It now states: "Is considered medically necessary when criteria in the Policy Guidelines are met." Updated Rationale statement to explain this procedure is medically necessary when criteria are met. Updated Technology Evaluation Criteria to be relevant for the 	Periodic review and update. Effective 04/01/2025.

PRD1191 (03/25)

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
	<p>Experimental/Investigational statement.</p> <ul style="list-style-type: none"> Added 2025 update statement. Deleted 7.01.042 under Cross References to Related Policies and Procedures and added: "There are no related policies for this medical policy." 	
7.01.094 Mechanical Embolus Retrieval for Acute Ischemic Stroke	<ul style="list-style-type: none"> Updated information under Description. Added not medically necessary statement under policy: "Mechanical embolus retrieval for treatment of acute ischemic stroke is considered not medically necessary in the treatment of stroke in all other circumstances (see Policy Guidelines)." Deleted Experimental/Investigational TEC criteria 1–5. Added 2025 update. Added a not medically necessary code table to the policy. Updated References. 	Periodic review and update. Effective 04/01/2025.
7.01.138 Artificial Iris	<ul style="list-style-type: none"> Updated code table due to termed codes. 	Code update. Effective 07/01/2025.
11.01.021 ARCHIVED HPV Testing of Cervical Cytology	<ul style="list-style-type: none"> Updated code table due to new codes. Added policy 2.03.012 under Cross Reference section. Added U.S. Preventive Services Task Force under References. 	Periodic review and update. Effective 07/01/2025.
11.01.074 Biochemical Markers for the Diagnosis of Alzheimer's Disease	<ul style="list-style-type: none"> Added additional language under the Description section to emphasize the current standard practice when diagnosing Alzheimer's Disease. Updated Policy section to add: "Measurement of blood biochemical markers of AD, including, but not limited to Tau, phosphorylated, 	Periodic review and update. Effective 07/01/2025.

PRD1191 (03/25)

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
	<p>pTau217, is considered experimental/investigational as this does not meet TEC criteria #1-5.”</p> <ul style="list-style-type: none"> • Updated Rationale to include 2025 update. • Added standard language under Benefit Applications. • Updated code table to include new codes effective 1/1/25. 	
11.01.075 Serologic Metabolite Markers for Inflammatory Bowel Disease Patients Treated with Azathioprine	<ul style="list-style-type: none"> • Made formatting updates. • Added standard experimental/investigational language Under Policy Guidelines. • Added a 2025 literature review update. • Created table and codes were placed under CPT, HCPCS, ICD-10 and other codes. • Added Experimental/Investigational header to the top of the code table. • Removed policy 11.01.031 and 11.01.073 under cross references as they no longer share any codes in common. • Added standard statement: “There are no Related Policies for this Medical Policy.” 	Periodic review and update. Effective 04/01/2025.

PRD1191 (03/25)

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.