Medical Policy Updates and Effective Dates for May 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.

UPDATE: Addendum to Medical Policy 8.01.011 A Habilitative Services (for Maryland and DC Mandates), update provided in our April 2025 policy communication: Habilitative policy had been updated to include additional diagnoses as part of the prior authorization process to ensure appropriate care and habilitative services; beginning August 1, 2025, please ensure that these services are reported using the appropriate procedure code appended with modifier -96.

Medical Policy or Operating Procedure	New, Updated, or Retired?	Actions, Comments and Reporting Guidelines
1.01.010 Transcutaneous Electrical Nerve Stimulators (TENS)	Retired	■ Effective: 9/1/2025 ■ Important changes: • 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 Description deleted, "The Nerivio Migra device was issued de novo clearance on November 6, 2018. It is marketed for acute treatment of migraine with or without aura in patients 18 years of age or older who do not have chronic migraine." Please refer to 7.01.151 Remote Electrical Neuromodulation for Migraines for Nerivio device. • Under Policy, removed previous experimental/investigational policy statements due to adoption of MCG Care Guidelines®
1.01.028 Commode Chair	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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.
2.01.062 Bioimpedance Spectroscopy for Assessment of Lymphedemea Spectroscopy	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • Changed title of Medical Policy to: Bioimpedance Spectroscopy • 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.

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2.01.079 Artificial Pancreas Device systems	Update	■ Effective Date: 9/1/2025 ■ Important Changes: • Type 2 diabetes was added to the medically necessary statement for hybrid closed-loop insulin delivery system (with low glucose suspend and suspend before low features), due to the updated expanded FDA approval. • In the Experimental/Investigational statement, gestational diabetes and pancreatectomy were added as additional diagnoses. • Removed the old TEC criteria statements due to no longer being relevant for this policy and replaced with new TEC criteria statements in support of E&I statement in the policy section as follows: Under TEC criteria #1, noting that the device has not received premarket approval by the FDA for gestational diabetes and pancreatectomy. Under TEC criteria #2, information citing studies were added that supports the need for further investigation to determine the effect of the device on health outcomes for gestational diabetes. Under TEC criteria #3, information was added to help support that there is not enough evidence to determine if this device helps to improve net health outcomes when used for patients that had underwent a pancreatectomy. Under TEC criteria #4, information was added noting additional research is needed to determine if this device is as effective as any established alternative for use in patients with gestational diabetes and pancreatectomy. Under TEC criteria #5, information was added, reinforcing that the use of this device outside of investigational settings for the use in patients with gestational diabetes and pancreatectomy is not currently obtainable as it is still being investigated. A 2025 update was added noting the experimental/investigational statement for the following diagnoses (gestational diabetes and pancreatectomy). Also, noting medically necessary for Type 2 diabetes to the 2025 update.

Medical Policy or Operating Procedure	New, Updated, or Retired?	Actions, Comments and Reporting Guidelines
6.01.017 Intraoperative Radiation Therapy	Update	■ Effective Date: 7/1/2025 ■ Important Changes: • Updated description, adding statement "In most cases, cancer is treated by surgically excising the tumor, and subsequently, a large, focused dose of high-energy radiation is directed at the tumor site. To protect adjacent healthy tissue, specialized shielding is implemented. IORT can function as a standalone treatment, but it is generally more effective when combined with additional modalities such as surgical resection, EBRT, or chemotherapy." • Added updated supporting evidence to the TEC criteria: Under TEC criteria #2-The scientific evidence must permit conclusions concerning the effect on health outcomes: Fadel et.al and Chen et.al study was added. Under TEC criteria #3-The technology must improve the net health outcome- Clavo et.al and Sarria et.al study was added.
6.01.020 Brachytherapy for Malignant Tumors	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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. • Revised description to add detailed information on use of " Brachytherapy may be used as a primary treatment, or as an adjuvant treatment with surgery, chemotherapy, or external beam radiation therapy. It may be used in a curative attempt, or, if cure is not likely, as a palliative treatment. Electronic brachytherapy (EBT) is a variation of brachytherapy that utilizes miniature X-ray sources working at low-kilovoltage energies to closely resemble the dose distributions provided by radionuclide brachytherapy in certain selected cases (Astro, 2019)."

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6.01.038 Intensity Modulated Radiation Therapy	Update	■ Effective Date: 9/1/2025 ■ Important changes: • Updated second medically necessary policy statement • Under Policy Guidelines section: removed the old TEC criteria statements due to no longer being relevant for this policy. • Updated cross referenced medical policies: removed policy 6.01.010 and 6.01.043 as they no longer share any CPT or HCPCS codes in common with this policy.
6.01.041 Carotid Intima-Media Thickness Measurement to Assess Risk for Coronary Artery Disease	Update	■ Effective Date: 9/1/2025 ■ Important Changes: • Under description, added statement: "Carotid intimal-medial thickness (CIMT) is measured using ultrasonography, specifically B-mode ultrasound, to evaluate the thickness of the two innermost layers of the carotid artery wall: the intima and the media. By detecting and monitoring the thickening in these layers, which signals atherosclerosis, may provide an opportunity to intervene sooner in the progression of atherogenic diseases and keep track of their advancement." • Updated TEC criteria to bring policy to current with scientific evidence, please see policy for details.
7.01.037 Phrenic Nerve Stimulator for Chronic Respiratory Insufficiency	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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 the policy title from Electrophrenic Pacemaker to Phrenic Nerve Stimulator to align with the industry. • Under Policy edited the medically necessary statement for Quadriplegia to above C3 instead of high C3 to align with MCG Care Guidelines®

Medical Policy and/or Procedure	New, Updated, or Retired?	Actions, Comments and Reporting Guidelines
7.01.073 Radiofrequency Ablation of Malignant Tumors of the Liver	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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.
7.01.104 Percutaneous Ablation of Malignant Tumors of the Lung	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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 the Policy section the criteria for both radiofrequency ablation and cryosurgical ablation was removed and placed under the Policy Guideline section. • Under the Policy Guidelines section, the medically necessary criteria were placed here for both radiofrequency ablation and cryosurgical ablation.
7.01.116 Transcatheter Pulmonary Valve Implantation	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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 Description, added statement: Transcatheter pulmonary valve implantation (TPVI) is a less invasive alternative to open surgical pulmonary valve replacement or reconstruction for right ventricular outflow tract (RVOT) obstruction for those with acquired or congenital heart disease. Under the policy section, updated the medically necessary statement to "Transcatheter pulmonary valve implantation is considered medically necessary for members who meet the criteria outlined in the Policy Guidelines." Also removed the experimental/investigational policy statement and added a not medically necessary stating "Transcatheter pulmonary valve implantation is considered not medically necessary if the below indications are not met".

Medical Policy and/or Procedure	New, Updated, or Retired?	Actions, Comments and Reporting Guidelines
7.01.125 Radiofrequency Ablation of Uterine Fibroid Tumors (Leiomyomata)	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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 the Policy section the following statement was removed "Radiofrequency ablation (i.e. AcessaTM, Sonata®) for the treatment of uterine fibroid tumors is considered experimental / investigational for the purpose of preserving childbearing potential for women with uterine fibroids and for all other indications not specified above" as CareFirst has adopted MCG Care Guideline®. • Added "Not Medically Necessary" statement to include all other indications.
7.01.134 Phrenic Nerve Stimulation for the treatment of Central Sleep Apnea	Retired	■ Effective Date: 9/1/2025 ■ Important changes: • 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 the Policy statement section to read "experimental/investigational because it does not meet TEC criteria #2-5" to align with MCG Care Guidelines®
7.01.150 Percutaneous Creation of Arteriovenous Fistula	New	■ Effective Date: 9/1/2025 ■ Based on decision of the Technology Assessment Committee at a meeting on January 23, 2025-- Percutaneous creation of an arteriovenous fistula is considered medically necessary when criteria are met. Please see policy for details.

Medical Policy and/or Procedure	New, Updated, or Retired?	Actions, Comments and Reporting Guidelines
7.01.151 Remote Electrical Neuromodulation for Migraines	New	■ Effective Date: 9/1/2025 • New Policy. Based on decision of the Technology Assessment Committee at a meeting on January 23, 2025-- The use of the remote electrical neuromodulation (REN) device Nerivio for the treatment of acute migraines may be medically necessary when criteria are met. Please see policy for details.
7.01.152 Treatment of Hypertrophic Scars or Keloids for Functional Improvement	New	■ Effective Date: 9/1/2025 • New Policy. Based on decision of the Technology Assessment Committee at a meeting on January 23, 2025 --Fractional ablative carbon dioxide laser fenestration of a burn scar is considered medically necessary when criteria are met. Please see policy for details.