

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

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
1.01.016A – Coverage for Hearing Aids (Maryland and Virginia Mandate)	Changed 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.	Periodic review and update. Effective 01/01/2024
2.01.017 - Allergy Immunotherapy	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 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 02/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.019 - ARCHIVED Treatments of Tinnitus	Changed Title. Updated Description section. Updated Policy Guidelines section. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 02/01/2024
2.01.024 - ARCHIVED Sensory Stimulation for Coma Patients	Changed Title. Updated Description section. Updated Policy Guidelines 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. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 02/01/2024
4.02.001 – Infertility: Diagnostic Testing and Treatment including Reproductive Techniques	Changed 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.	Periodic review and update. Effective 02/01/2024
4.02.008 - Recurrent Pregnancy Loss (Recurrent Spontaneous Abortion)	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 02/01/2024
4.02.009 - RETIRED Assisted Reproductive Technology (ART): Artificial Insemination (AI)/ Intrauterine Insemination (IUI)	This policy has been retired as of 01/01/2024 and is no longer scheduled for review. This policy was merged with Medical Policy 4.02.001 Infertility - Diagnostic Testing and Treatment including Reproductive Techniques. Policy retired.	Periodic review and update. Effective 01/01/2024

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
5.01.024 - ARCHIVED Human Growth Hormone Therapy	Changed Title. Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 01/01/2024
5.01.025 - ARCHIVED Intravenous Immune Globulin (IVIG) Therapy	Changed Title. Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 01/01/2024
5.01.033 - ARCHIVED Nusinersen (Spinraza®)	Changed Title. Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 12/01/2023
5.01.039 - ARCHIVED Lutetium Lu 177 dotatate (Lutathera®)	Changed Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 01/01/2024
5.01.041 - ARCHIVED Tisagenlecleucel (Kymriah®)	Changed Title. Updated Description section. Updated Policy section. Added Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT and HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 01/01/2024
5.01.043 - Monoclonal Antibodies for Treatment of Alzheimer's Disease Aducanumab (Aduhelm™)	Changed Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate HCPCS and ICD-10 code. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
6.01.010 - Stereotactic Radiosurgery and Stereotactic Body Radiotherapy with 3-D Conformal Radiation Therapy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I CPT 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 01/01/2024
6.01.024 – ARCHIVED Ultrasound (Echography) of the Spinal Canal and Contents	Changed 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 and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 02/01/2024
6.01.027 - Computed Tomography as a Screening Test for Lung Cancer	Changed Title. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I CPT 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 01/01/2024
6.01.049A - Breast Cancer Screening and Notification Amendment Act of 2018 (D.C. Mandate)	Changed Title. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Report service using appropriate Category I CPT, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision. Effective 01/01/2024
6.01.051A - Breast Cancer Screening (Maryland Mandate)	New Medical Policy Operating Procedure to comply with Article – Insurance Section 15–814.1 Annotated Code of Maryland.	New Policy. Effective 11/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.074 - Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 code. Added Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update. Effective 01/01/2024
7.01.149 – Percutaneous Electrical Nerve Stimulation for Pediatric Irritable Bowel Syndrome	New policy. Based on decision of medical directors at the Technology Assessment Committee meeting on May 25, 2023, that IB-Stim will be considered medically necessary when criteria are met.	New Policy Effective 01/01/2024
8.01.009 - ARCHIVED Recreational Activity as Physical Therapy	Changed Title. Updated Policy section. Updated Policy Guidelines section. Updated 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. Policy archived.	Periodic review and update. Effective 01/01/2024
10.01.007A - ARCHIVED Private Room	Changed Title. Updated Description section. Updated Benefit Applications section. Report service using appropriate Category I CPT, HCPCS and ICD-10 code. Refer to policy for details. Policy archived.	Periodic review and update. Effective 01/01/2024
11.01.051 - ARCHIVED HIV Tropism Assay	Changed Title. Updated Description 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. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details. Policy archived.	Periodic review and update. Effective 01/01/2024

PRD1145 (10/23)

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