

## Medical Policy Updates and Effective Dates 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
2.01.010 (C) Quantitative Electroencephalogram / Topographic Brain Mapping	Updated Policy Guidelines section. Updated Cross References. Updated References.	Periodic review and update. Effective 01/01/2025
2.01.056 Wireless Aneurysm Sac Pressure Monitoring	Updated Policy Guidelines. Updated Benefit Applications. Updated Provider Guidelines. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Effective 01/01/2025
2.01.090 RETIRED Noninvasive EEG	New policy created. Refer to the policy for details.	New policy. Effective 02/01/2025
2.02.014 (Long-term Wireless Ambulatory Cardiac Rhythm Monitoring)	Report service using appropriate CPT, HCPCS, and ICD code. Refer to the policy for details.	Revision. Effective 02/01/2025
2.03.011A Screening for Colorectal Cancer	Updated Description section. Updated Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Effective 01/01/2025

PRD1186 (11/24)

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
2.03.014 Electric Tumor Treatment Fields	Updated the title. Updated the Description section. Updated Policy Guidelines section. Updated Benefit Applications. Updated Provider Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Effective 01/01/2025
4.02.001 Infertility Diagnosis Treatment and Reproductive Techniques	Updated Benefit Applications section.	Revision. Effective 01/01/2025
4.02.003A Multifetal Pregnancy Reduction	Updated the Policy section. Updated Policy Guidelines. Updated Provider Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Effective 02/01/2025
6.01.003 RETIRED Electron Beam Computed Tomography to Detect Coronary Artery Calcification	Updated the Description. Updated the Policy Guidelines section. Updated the Benefit Applications section. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Effective 02/01/2025
6.01.032 Positron Emission Tomography (PET)	Report service using appropriate CPT, HCPCS, and ICD code. Report service using appropriate CPT, HCPCS, and ICD code. Refer to the policy for details.	Code update. Effective 02/01/2025
6.01.039 Magnetic Resonance Neurography	Updated the Description section. Updated the Policy section. Updated the Policy Guidelines section. Added Benefit Applications and Provider Guidelines sections. Report service using appropriate CPT, HCPCS, and ICD code. Added Cross References. Updated References. Refer to the policy for details.	Periodic review and update. Effective 01/01/2025
6.01.051A Breast Cancer Screening (Maryland Mandate)	Updated Description and Provider Guidelines sections. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross References section. Refer to the policy for details.	Revision. Effective 01/01/2025
7.01.071 RETIRED Prophylactic Mastectomy	Updated the title. Added a header above the Description section. Updated the Policy section. Report service using appropriate CPT, HCPCS, and ICD	Periodic review and update.

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Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	code. Updated Cross References section. Updates References.	Effective 02/01/2025
7.01.075 (Vagus Nerve Stimulation)	Added a header above the Description. Updated Policy and Policy Guidelines sections. Report service using appropriate CPT, HCPCS, and ICD code. Updated Cross Reference section. Updated Reference section.	Periodic review and update. Effective 02/01/2025
7.01.139 Axial Lumbosacral Interbody Fusion	Updated Description. Updated Policy Guidelines section. Added the Benefit Applications section. Added the Provider Guidelines section. Report service using appropriate CPT, HCPCS, and ICD code. Updates References.	Periodic review and update. Effective 01/01/2025

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