

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

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
1.01.011 - Continuous Passive Motion (CPM) Device	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023
1.01.070A - Breast Pumps and Related Supplies	Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Revision. Effective 11/01/2023
2.01.002 - Dynamic Posturography	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 codes. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 11/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.005 - Intravenous or Subcutaneous Histamine Therapy	Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Category I CPT and ICD-10 codes. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 11/01/2023
2.01.007 - Phototherapy	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, HCPCS and ICD-10 codes. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023
2.01.028 - Neuropsychological Testing	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. Refer to policy for details.	Periodic review and update. Effective 11/01/2023
2.01.031 - ARCHIVED Surface Electromyography	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 HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. The medical policy will be archived effective 12/01/2023. Refer to policy for details.	Periodic review and update. Effective 12/01/2023
2.01.043 - ARCHIVED Hair Analysis	Updated Policy Title. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT, HCPCS and ICD-10 codes. Added Cross References to Related Policies and Procedures section. Updated References section. The medical policy will be archived effective 12/01/2023. 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
2.01.072A - Telemedicine (Unified Communications) with Attached Companion Table	Updated Operating Procedure Title. Updated Description section. Updated Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT, HCPCS and ICD-10 codes. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023
2.01.083 - Compression Stockings for Non-lymphedema Indications	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023
2.03.007 - Photodynamic Therapy	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, 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 12/01/2023
2.03.011A - Screening for Colorectal Cancer	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 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 11/01/2023
3.01.014 - Psychological Testing	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 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023

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4.01.009 - Progesterone Administration for the Prevention of Preterm Labor	Updated Description section. Updated Policy 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.	Periodic review and update. Effective 11/01/2023
5.01.036 - Axicabtagene Ciloleucel (Yescarta®)	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 11/01/2023
6.01.012 - Thermography and Temperature Gradient Studies	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using appropriate Category I CPT and ICD-10 codes. Refer to policy for details.	Periodic review and update. Effective 11/01/2023
6.01.020 - Brachytherapy for Malignant Tumors	Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate Category I and III CPT, HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 11/01/2023
6.01.025 - Scintimammography	Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate Category I CPT, HCPCS and ICD-10 codes. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision. Effective 11/01/2023
7.01.036 - Surgical Treatment of Obesity and Morbid Obesity	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 codes. Updated Cross References to Related Policies and Procedures section. 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
7.01.067 - ARCHIVED Prolotherapy (Proliferative 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 HCPCS and ICD-10 codes. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 12/01/2023
7.01.114 - Transcatheter Aortic Valve Implantation (TAVI)	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Added Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Revision. Effective 10/01/2023
7.01.130 - Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	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 codes. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Revision. Effective 10/01/2023