

## Medical Policy Updates and Effective Dates 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
1.01.001 - Durable Medical Equipment with Attached Table	Updated 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.	Periodic review effective 01/01/2025
1.01.004 - ARCHIVED Blood Glucose Monitors (Glucometers)	Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated References. The policy remains archived. Refer to policy for details.	Revision effective 12/01/2024
1.01.014 – RETIRED Power Wheelchairs and Power Operated Vehicles	Updated policy title to add the word RETIRED. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated References. The policy is retired with a reference to Milliman Care Guidelines (MCG) for medical necessity. Updated References. Refer to policy for details.	Periodic review effective 12/01/2024
1.02.002 - Amino Acid-Based Elemental Formulas for Treatment of Malabsorption Disorders	Updated Description 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.	Periodic review effective 02/01/2025

PRD1182 (10/24)

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.

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1.04.001A - Prosthetics with Companion Table	Updated policy title to denote the use of a companion table. Updated Benefit Applications section to reflect Maryland Senate Bill 614 and the VA benchmark. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. 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.	Periodic review effective 01/01/2025
2.02.007 - Mobile Outpatient Cardiovascular Telemetry	Updated Policy Guidelines section. Updated the 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.	Periodic review effective 02/01/2025
2.01.082 Comprehensive Weight Reduction and Obesity Management Policy	Updated the Benefit Applications section to reflect The Health Resources and Services Administration (HRSA) Bright Futures legislation recommending body mass index (BMI) measurements age 24 months through 21 years. Refer to policy for details.	Revision effective 12/01/2024
3.01.012 - Electroconvulsive Therapy	Updated the Policy statement. Updated Policy Guidelines section. Updated the Benefit Applications section. Updated Provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review effective 12/01/2024
3.01.018 - Treatment of PANS / PANDAS	Updated Description section. Updated Policy Guidelines section. Updated Provider Guidelines section. Updated Benefit Applications section. Updated Cross References to Related Policies and Procedures section. Updated References.	Periodic review effective 12/01/2024
4.01.010 - Lactation Consultations	Updated Description section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review effective 12/01/2024

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4.02.010A (C) Expanding Access to Fertility Treatment Amendment Act of 2023 (District of Columbia [DC] Mandate)	New Medical Policy Operating Procedure to comply with the DC Expanding Access to Fertility Treatment Amendment Act of 2023. Refer to policy for details.	New policy created effective 01/01/2025
6.01.022 - Magnetic Resonance Imaging (MRI) of the Breast	Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review effective 02/01/2025
6.01.047 - Coronary Computed Tomography Angiography and Selective Noninvasive Fractional Flow Reserve	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 References. Refer to policy for details.	Revision effective 02/01/2025
7.01.041 - Treatments for Urinary Incontinence	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Refer to policy for details.	Periodic review effective 12/01/2024
8.01.001 - Physical Therapy	Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Refer to policy for details.	Revision effective 12/01/2024
8.01.002 - Cardiac Rehabilitation	Updated Description section. Updated Benefit Applications section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Refer to policy for details.	Periodic review effective 12/01/2024

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