

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

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
1.01.010 - Transcutaneous Electrical Nerve Stimulators (TENS)	Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate HCPCS and ICD-10 code. Refer to policy for details.	Revision.  Effective 10/01/2023
1.01.018 - Neuromuscular Electrical Stimulation (NMES) Devices	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I HCPCS and ICD-10 code. Updated References section. Refer to policy for details.	Periodic review and update.  Effective 10/01/2023
1.01.074A – ARCHIVED Driving Aids	Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I HCPCS and ICD-10 code. Updated References section. The medical policy operating procedure will be archived effective 10/01/2023. Refer to policy for details.	Periodic review and update.  Effective 10/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.003 - Gait Analysis	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 10/01/2023
2.03.009 – ARCHIVED Antineoplaston Therapy	Updated Medical Policy 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 and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. The medical policy is archived as of 10/01/2023. Refer to policy for details.	Periodic review and update.  Effective 10/01/2023
3.01.013 - Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / Neurologic Disorders	Updated Policy section. Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision.  Effective 10/01/2023
7.01.005 - Cochlear Implantation	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 10/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.017 - Cosmetic and Reconstructive Surgery with Attached Companion Table	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 References. Refer to policy for details.	Periodic review and update.  Effective 11/01/2023
7.01.099 - ARCHIVED Cryotherapy Dilation for Peripheral Arterial Disease	Updated Description 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. The medical policy is archived as of 10/01/2023. Refer to policy for details.	Periodic review and update.  Effective 10/01/2023
7.01.123 - Gender Affirmation Services / Gender Dysphoria with Attached Companion Table	Updated Medical Policy title. Updated Description 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. 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
9.01.008A - ARCHIVED Continuous Local Delivery of Anesthesia to Operative Sites Using an Elastomeric Infusion Pump	Updated Medical Policy Operating Procedure 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 HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details. The medical policy operating procedure is archived effective 10/01/2023.	Periodic review and update.  Effective 10/01/2023
11.01.008 – ARCHIVED Salivary Melatonin Profile	Updated Description 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. The medical policy is archived as of 10/01/2023. Refer to policy for details.	Periodic review and update.  Effective 10/01/2023
11.01.072 – ARCHIVED Nutrient/Nutritional Panel Testing	Updated Description 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. The medical policy is archived as of 10/01/2023. Refer to policy for details.	Periodic review and update.  Effective 10/01/2023
11.01.073 - Genetic Testing	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Refer to policy for details.	Revision.  Effective 11/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
11.01.082 - Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing	Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I and II CPT and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision. Effective 10/01/2023

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