

Medical Policy Updates and Effective Dates 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
1.02.003 - Enteral Nutrition Therapy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Updated References.	Periodic review. Effective 11/01/2024
1.02.022A - Contraceptive Supplies	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. Refer to policy for details.	Revision 11/01/2024
2.01.026 - ARCHIVED Medical Foods for Treatment of Inherited Metabolic Disorders	Updated policy title. Updated Description section. Updated Policy Guidelines 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. The medical policy is archived.	Periodic review. Effective 11/01/2024

PRD1181 (09/24)

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
2.01.075 - High-Intensity Focused Ultrasound for Treatment of Localized Prostate Cancer	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Updated References.	Periodic review. Effective 11/01/2024
2.02.012 – ARCHIVED Measurement of Exhaled Volatile Organic Compounds for Detection of Heart Transplant Rejection	Updated policy title. 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. Refer to policy for details. The medical policy is archived.	Periodic review. Effective 11/01/2024
3.01.009A - Attention Deficit Disorder (ADD) with or without Hyperactivity	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. Refer to policy for details.	Periodic review. Effective 11/01/2024
3.01.011A - Autism Spectrum Disorders (Virginia Mandate)	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. Refer to policy for details.	Periodic review. Effective 11/01/2024
6.01.025 (C) ARCHIVED Scintimammography	Updated Description 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. The medical policy is archived.	Revision. Effective 11/01/2024
6.01.049A (C) Breast Density Screening and Notification Amendment Act of 2018 (District of Columbia (D.C.) Mandate)	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 11/01/2024
7.01.110 - Filtration Surgeries for Open Angle Glaucoma	Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Refer to policy for details.	Periodic review. Effective 11/01/2024

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Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.129 - Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia	Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Added Cross References to Related Policies and Procedures. Updated References. Refer to policy for details.	Periodic review. Effective 11/01/2024
11.01.037 - Serum Biomarker Panels for Assessment of Hepatic Fibrosis	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications section. Added Provider Guidelines section. Updated References.	Periodic review. Effective 11/01/2024

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