

Medical Policy Updates and Effective Dates for September 2025

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.

Updated Policies

Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
1.02.025 Probiotics	<ul style="list-style-type: none"> ■ Effective: 11/01/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Policy, added a "Note:" to the current OTC are not covered statement. • Under Policy Guidelines, the TEC criteria footnote added and a 2025 updated rationale statement. • Under Benefit Applications, the standard language was added and the "Note:" was reworded to include the Maryland Coverage for Medical Foods and Modified Food Products Statute. • Under cross references, policies 1.02.002, 1.02.024A, and 2.01.026 were removed as they no longer share any codes in common. Added 1.02.003 and 2.01.080 as they share common codes. • Under references, added a reference to the Maryland statute for Medical Foods and Modified Food Products.

<p>2.01.053 Implantable Hormone Replacement Pellets</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Policy Guidelines replaced updated Experimental / Investigational criteria. Added 2025 rationale statement. • Under Benefit Applications replaced existing sentence with current standard verbiage: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.”
<p>2.01.068 Gas Permeable Scleral Contact Lens</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Policy Guidelines added a 2025 update. • Under Benefit Applications section added standard language: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” • Added Provider Guidelines section and standard language. • Under Cross References to Related Policies and Procedures removed Diagnostic Eye Procedures with Companion Table, Operating Procedure 2.01.038A because there are no longer any shared codes.

<p>2.01.069 Non-Contact Low-Energy Ultrasound Wound Care Therapy</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> ● Under Policy Guidelines condensed Experimental / Investigational criteria. Added 2025 rationale statement. ● Added Benefit Applications and Provider Guidelines sections. ● Under Cross References to Related Policies and Procedures, deleted 2.01.061 and added “There are no related policies for this Medical Policy.”
<p>2.03.004 Hyperthermia in the Treatment of Cancer</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> ● Under Policy Guidelines: <ul style="list-style-type: none"> ▪ updated Experimental / Investigational criteria. ▪ Added 2025 rationale statement. ● Under Benefit Applications, deleted “For FEP, check the member’s contract benefits” and added “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” ● Under Cross References to Related Policies and Procedures, deleted 2.01.075, 2.03.006, 7.01.073, 7.01.104 and added “There are no related policies for this medical policy.”
<p>2.03.006 Isolated Limb Perfusion</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> ● Under Policy Guidelines: <ul style="list-style-type: none"> ▪ Updated Experimental / Investigational criteria. ▪ Added 2025 rationale statement.

<p>5.01.014A Mifepristone (e.g. Mifeprex™, RU 486)</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> ● Under the Benefits Application section the following was removed “Members should check contract for available benefits” and replaced with the standard language “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.”
<p>6.01.013A Low Osmolar Contrast Media</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> ● Under the Benefits Application section the following was removed “Members should check contract for available benefits” and replaced with the standard language “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.”

<p>6.01.037 Radioembolization for Primary and Secondary Malignant Hepatic Tumors</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Policy, added “as they do not meet TEC criteria #2-5.” to the end of the second Experimental/Investigational statement for clarity. • Under Policy Guidelines, added the TEC criteria footnote., reordered the yearly literature review updates into descending order, and added a 2025 update. • Under Benefit Applications, the standard language was added: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” • Under Cross References, removed policy 7.01.073 and 7.01.144 as they no longer share any codes in common; Policies 7.01.072 and 7.01.082 were added as they share a common code.
<p>6.01.048 Proton Beam Therapy</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> • Under Policy Guidelines 2025 rationale statement added.
<p>7.01.008 Vascular Angioscopy of Noncoronary Vessels</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Benefit Applications, the standard language was added: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” • Under Policy Guidelines, 2025 update was added.

<p>7.01.084 Spinal Manipulation Under Anesthesia</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> • Under Policy Guidelines added a 2025 update. • Under Benefit applications section removed previous statement and replaced with standard verbiage: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member’s contract for benefits.” • Under Cross References to Related Policies and Procedures removed 8.01.003 Chiropractic Care including Spinal Manipulation, Policy because there are no longer any shared codes and added “There are no cross references related to this medical policy.”
<p>7.01.121 Transanal Hemorrhoidal Dearterialization</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> • Under Policy Guidelines added Experimental / Investigational statement/ TEC criteria language 1 through 5. Update 2025 was added and rearranged, and updated rationale to descending order. • Under Benefit applications section included standard verbiage: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member’s contract for benefits.” • Under provider guidelines, added “There are no provider guidelines for this medical policy.” • Under cross references to related policies and procedures, added “There are no Related Policies for this Medical Policy.” • Table formatted for history of document.

<p>9.01.007 General Anesthesia for Dental Care (Maryland and Virginia Mandates)</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> • This Medical Policy Operating Procedure was changed to a Medical Policy. Removed the "A" from the policy number. • Under Policy, a medically necessary policy statement was added "General anesthesia for dental care is considered Medically Necessary when criteria are met." • Under Policy Guidelines, added medically necessary criteria and a 2025 rationale statement "An annual update and review were performed. The Operating Procedure was converted to a Medical Policy with the addition of a Medically Necessary policy statement." • Under Benefit Applications, a clarifying statement that CareFirst does not impose time limits on anesthesia services was added and the standard language was added. The Maryland and Virginia mandate information was reordered into descending order. • Under cross references, policy 2.01.021 was removed as it no longer shares any codes in common. • Under references, a Maryland mandate reference was added for compliance.
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<p>11.01.001 Tumor Markers</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> ● Under Policy Guidelines, added Rationale for TEC criterion #2 and 2025; updates ranked in descending order. ● Under Benefit Applications, added standard language plus “For Virginia Risk accounts, in accordance with VA Code 38.2-3418.7, CareFirst shall provide coverage to persons age 50 and over and persons age 40 and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society, for one prostate cancer screening. ‘Prostate cancer screening’ includes one prostate-specific antigen (PSA) test in a 12-month period and digital rectal examinations,” and “For DC Risk accounts, in accordance with D.C. Law 14-233; D.C. Official Code § 31-2952 CareFirst shall provide cost-free coverage of one prostate-specific antigen test and digital rectal exam per year and prohibit any health insurer from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for prostate cancer screening,” as well as “NOTE: For FEP business, check the member's contract for benefits.” ● Under Provider Guidelines, standard language added. ● Cross references updated for shared codes. ● Updated references to include mandates.
<p>11.01.053 Measurement of Antibodies to biological agents such as Infliximab and Adalimumab</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> ● Under Policy guidelines, Experimental / Investigational statement/ TEC criteria language 1-5 was added. Update 2025 was added and rearranged update rationale to descending order. ● Under Benefit Applications standard verbiage was added: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” ● Under Provider guidelines added: “There are no provider guidelines related to this Medical Policy.” ● Under cross references to related policies and procedures added: “There are no related policies to this Medical Policy.”

<p>11.01.076 Circulating Tumor Cell Detection in Management of Cancer Patients</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> ● Under Policy guidelines, Experimental / Investigational statement/ TEC criteria language 1-5 was added. Update 2025 was added. ● Under Benefit Applications standard verbiage was added: “The purpose of this Medical Policy Reference Manual is to provide clinical criteria and/or local, state, or federal coverage requirements for applicable services, devices, and drugs. Specific contract provisions, restrictions, and exclusions will take precedence over the clinical criteria, as the member contract supersedes clinical criteria adopted by CareFirst. Always check the member's contract for benefits.” ● Under Cross References to Related Policies and Procedures removed 11.01.073 Genetic Testing, Policy because it does not have any shared codes and added statement “There are no cross references related to this medical policy,” as there are no policies or procedures with shared codes.
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Retired Policies

Medical Policy or Operating Procedure	Actions, Comments and Reporting Guidelines
<p>1.01.051A Seat Lift Mechanisms</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> ● CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.
<p>7.01.007 Electrical Bone Growth Stimulation</p>	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> ● CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.

7.01.102 Bronchial Thermoplasty for Control of Asthma	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important changes: <ul style="list-style-type: none"> • CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.
10.01.013A Medical Record Documentation Standards	<ul style="list-style-type: none"> ■ Effective Date: 11/1/2025 ■ Important Changes: <ul style="list-style-type: none"> • CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.
11.01.028 Serum Proteomic Pattern Analysis Testing for Screening or Diagnosis of Ovarian Cancer	<ul style="list-style-type: none"> ■ Effective Date: 1/1/2025 ■ Important Changes: <ul style="list-style-type: none"> • CareFirst has adopted the position of MCG Care Guidelines®, along with its proprietary clinical criteria, for medical necessity. Please navigate to https://carefirst.access.mcg.com/index.