

## Code Updates

As a reminder to the network, the following code represents a prescription drug, oral. This code is not covered under the medical benefit for the Commercial/ASO Line of Business:

Code	Description
J8499	Prescription drug, oral, nonchemotherapeutic, NOS

The following service(s) are not covered for Medicare Advantage Plan per CMS:

Code	Description	Effective Date
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	1/1/2024
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	1/1/2024

The following service(s) will be redirect to Optum for all LOB:

Code	Description	Effective Date
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	1/1/2024
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	1/1/2024

The following service(s) are now covered under the medical benefit without prior authorization for the Commercial/ASO and MGB ACO Plans:

Code	Description	Brand Name	Effective Date
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	Ixchiq	1/1/2024

# Drug Code Updates

The following drug(s) are now covered under the medical benefit with prior authorization for Commercial/ASO Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, bimekizumab-bkzx, Subcutaneous	<b>Bimzelx</b>	3/1/2024
No Specific Code	Injection, mirikizumab-mrkz, IV Infusion <b>Effective 4/1/2024; this drug will be represented by HCPCS C9168</b>	<b>OmvoH IV</b>	3/1/2024
J1413	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	<b>Elevidys</b>	4/1/2024
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	<b>Vyjuvek</b>	4/1/2024

The following drug(s) are now covered under the medical benefit with prior authorization for MGB ACO Plans:

Code	Description	Brand Name	Effective Date
J1413	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	<b>Elevidys</b>	3/4/2024
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	<b>Vyjuvek</b>	3/4/2024

The following drug(s) are now covered under the medical benefit with prior authorization for Medicare Advantage Plans:

Code	Description	Brand Name	Effective Date
C9168	Injection, mirikizumab-mrkz, 1 mg	<b>OmvoH IV</b>	4/1/2024
J1413	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	<b>Elevidys</b>	4/1/2024



J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	<b>Vyjuvek</b>	4/1/2024
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**The following drug(s) are now covered under the medical benefit without prior authorization for Medicare Advantage Plans:**

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
No Specific Code	Injection, bimekizumab-bkzx, Subcutaneous	<b>Bimzelx</b>	3/1/2024
J1551	Injection, immune globulin (Cutaquig), 100 mg	<b>Cutaquig</b>	3/1/2024

