

Code Updates

August 2024

As a reminder to the network, the following codes are covered with prior authorization required for MGB ACO and Commercial/ASO Plans:

Code	Description
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)

The following service(s) are covered with prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	1/1/2025
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	1/1/2025
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	1/1/2025
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	1/1/2025
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	1/1/2025

Drug Code Updates

As a reminder to the network, the following drug is covered with prior authorization required for All Lines of Business:

Code	Description	Brand Name
No Specific Code	Suspension, exagamglogene autotemcel, for intravenous infusion	Casgevy

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

Code	Description	Brand Name	Effective Date
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Pemrydi RTU Sol	7/1/2024

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

Code	Description	Brand Name	Effective Date
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Cabenuva	7/1/2024

The following drug(s) are not covered under the medical benefit for MGB ACO Plans; Submit to Pharmacy Benefit:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, spesolimab-sbzo, 1 mg	Spevigo* 150mg/ml syringe	8/12/2024
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Zymfentra 120mg/ml syringe kit & pen	8/12/2024

*Note: HCPCS code J1747 represents Spevigo IV which will remain covered under Medical Benefit.

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

Code	Description	Brand Name	Effective Date
------	-------------	------------	----------------



J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	Adzynma vial/kit	8/12/2024
J1740	Injection, ibandronate sodium, 1 mg	Ibandronate vial/syringe	8/12/2024
J3247	Injection, secukinumab, intravenous, 1 mg	Cosentyx IV 125mg/5ml	8/12/2024

The following drug(s) are now covered under the medical benefit without prior authorization for MGB ACO Plans:

Code	Description	Brand Name	Effective Date
J2430	Injection, pamidronate disodium, per 30 mg	Pamidronate vial	8/12/2024
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Pemrydi RTU Sol	7/1/2024

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

Code	Description	Brand Name	Effective Date
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Pemrydi RTU Sol	7/1/2024

