

# Code Updates

## December 2024

As a reminder to the network, the following code is not covered for MGB ACO Plans:

Code	Description
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device

As a reminder to the network, the following codes are not covered for Commercial/ASO Plans:

Code	Description
S0280	Medical home program, comprehensive care coordination and planning, initial plan
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan

The following code is covered with prior authorization required for MGB ACO and Commercial/ASO Plans effective 1/1/2024:

Code	Description
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)

The following codes are covered with no prior authorization required for MGB ACO and Commercial/ASO Plans effective 1/1/2024:

Code	Description
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed

The following codes are covered for Commercial/ASO plans with no prior authorization required effective 1/1/2024:

Code	Description
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional,

	including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review

**For Medicare Advantage Plans effective 9/30/2024 Pre-Exposure Prophylaxis (PrEP) for HIV is covered as a preventive benefit under the medical benefit. This includes antiretroviral drugs to prevent HIV, counseling services, laboratory and point of care screening tests.**

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

Code	Description	Effective Date
C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller	1/1/2023

**The following service(s) are covered for preventive flu shots no prior authorization required for Medicare Advantages Plans**

Code	Description	Effective Date
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	10/1/2024
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	10/1/2024
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	10/1/2024
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	10/1/2024
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	10/1/2024
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	10/1/2024
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	10/1/2024

## 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, atezolizumab and hyaluronidase-tqjs, for Subcutaneous use	Tecentriq Hybreza	11/01/2024
J9329	Injection, tislelizumab-jsgr, 1mg	Tevimbra IV	11/01/2024
J1628	Injection, guselkumab, 1 mg	Tremfya Vial	11/01/2024
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo PFS	11/01/2024

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

Code	Description	Brand Name	Effective Date
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo PFS	11/01/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, denileukin diftitox-cxdl, IV	Lymphir IV	11/01/2024
No Specific Code	Injection, atezolizumab and hyaluronidase-tqjs, for subcutaneous use	Tecentriq Hybreza	1/1/2025
J1628	Injection, guselkumab, 1 mg	Tremfya Vial	1/1/2025
J9329	Injection, tislelizumab-jsgr, 1mg	Tevimbra IV	11/01/2024
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo PFS	1/1/2025

**The following drug(s) are now covered under the medical benefit without prior authorization for Medicare Advantage Plans:**

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, bortezomib for subcutaneous or intravenous use	Boruzu	11/01/2024



No Specific Code	Injection, TEPYLUTE (thiotepa), for intravenous use	Tepylute (thiotepa	11/01/2024
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