

# Code Updates

## January 2025

The following code(s) will be covered without prior authorization requirements for MGB ACO and Commercial/ASO:

Code	Description	Effective Date
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	12/1/2024
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	12/1/2024
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	12/1/2024
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	12/1/2024
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	1/1/2025
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	1/1/2025
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	1/1/2025
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	1/1/2025

The following experimental investigational code(s) are not covered for MGB ACO and Commercial/ASO Plans:

Code	Description	
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	1/1/2025
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	1/1/2025

The following code(s) are covered with prior authorization required for Commercial/ASO and MGB ACO plans:

Code	Description	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	1/1/2025

The following code(s) are covered for with no prior authorization for Commercial/ASO 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

**The following code(s) are covered without prior authorization for Medicare Advantages Plans**

Code	Description	Effective Date
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	12/1/2024
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	12/1/2024
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	12/1/2024
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	12/1/2024
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	1/1/2025
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	1/1/2025
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	1/1/2025
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



# 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, ocrelizumab and hyaluronidase-ocsq, for subcutaneous use	Ocrevus Zunovo	12/1/2024
No Specific Code	Injection, crovalimab-akkz, for intravenous or subcutaneous use	PiaSky	12/1/2024
No Specific Code	Injection, imetelsta, for intravenous use	Rytelo	12/1/2024
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Tofidence IV	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Tyenne IV	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Tyenne Auto Injector	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Tyenne Prefilled Syringe	12/1/2024

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

Description	Brand Name	Effective Date
Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Tyenne Auto Injector	12/1/2024
Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Tyenne Prefilled Syringe	12/1/2024

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

Code	Description	Brand Name	Effective Date
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Anktiva Vial	1/6/2024



J0175	Injection, donanemab-azbt, 2 mg	<b>Kinsula Vial</b>	1/6/2024
No Specific Code	Injection, imetelsta, for intravenous use	<b>Rytelo</b>	12/1/2024
J3241	Injection, teprotumumab-trbw, 10 mg	<b>Tepezza</b>	1/6/2024
J9329	Injection, tislelizumab-jsgr, 1mg	<b>Tevimbra Vial</b>	1/6/2024
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	<b>Tofidence IV</b>	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	<b>Tyenne IV</b>	12/1/2024

**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, ocrelizumab and hyaluronidase-ocsq, for subcutaneous use	<b>Ocrevus Zunovo</b>	12/1/2024

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

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
No Specific Code	Injection, axatilimab-csfr, for intravenous use	<b>Niktimvo IV</b>	12/1/2024
No Specific Code	Injection, filgrastim-txid, for subcutaneous or intravenous use	<b>Nypozi</b>	12/1/2024
No Specific Code	Injection, crovalimab-akkz, for intravenous or subcutaneous use	<b>PiaSky</b>	12/1/2024
No Specific Code	Injection, imetelsta, for intravenous use	<b>Rytelo</b>	12/1/2024
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	<b>Tofidence IV</b>	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	<b>Tyenne IV</b>	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	<b>Tyenne Auto Injector</b>	12/1/2024
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	<b>Tyenne Prefilled Syringe</b>	12/1/2024

