

# Code Updates

## March 2025

As a reminder to the network, the following code is not covered for Commercial and ASO Plans:

| Code  | Description                  |
|-------|------------------------------|
| H0044 | Supported housing, per month |

The following code(s) previously were not covered experimental have been updated to covered with no prior authorization required for Commercial/ASO Plans:

| Code  | Description   | Effective Date |
|-------|---|----------------|
| 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training   | 1/1/2025       |
| 0447T | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision  | 1/1/2025       |
| 0448T | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation | 1/1/2025       |

The following code(s) previously were not covered have been updated to covered with no prior authorization required for MGB ACO Plans:

| Code  | Description   | Effective Date |
|-------|---|----------------|
| 81517 | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years | 1/1/2024       |

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

| Code  | Description   | Effective Date |
|-------|---|----------------|
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing   | 1/1/2025       |
| 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training | 1/1/2025       |

The following is a code correction from January. Code is covered without prior authorization for Medicare Advantages Plans

| Code  | Description                          | Effective Date |
|-------|--------------------------------------|----------------|
| Q4262 | Dual Layer Impax Membrane, per sq cm | 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, zenocutuzumab-zbco for intravenous use                | <b>Bizengri IV</b>       | 3/1/2025       |
| No Specific Code | Injection, nivolumab and hyaluronidase-nvhy for subcutaneous use | <b>Opdivo Qvantig SC</b> | 3/1/2025       |
| No Specific Code | Injection, zanidatamab-hri for intravenous use                   | <b>Ziihera IV</b>        | 3/1/2025       |

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

| Code             | Description                                     | Brand Name                     | Effective Date |
|------------------|---|--------------------------------|----------------|
| J0889            | Daprodustat, oral, 1 mg, (for ESRD on dialysis) | <b>Jesduvroq</b>               | 4/1/2025       |
| J1628            | Injection, guselkumab, 1 mg                     | <b>Tremfya 200mg/20mL vial</b> | 4/1/2025       |
| J0901            | Vadadustat, oral, 1 mg (for ESRD on dialysis)   | <b>Vafseo</b>                  | 4/1/2025       |
| No Specific Code | Injection, zanidatamab-hri for intravenous use  | <b>Ziihera IV</b>              | 5/12/2025      |

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, zenocutuzumab-zbco for intravenous use | <b>Bizengri IV</b> | 3/1/2025       |



|                  |  |                              |          |
|------------------|--|------------------------------|----------|
| No Specific Code | Injection, nivolumab and hyaluronidase-nvhy for subcutaneous use | <b>Opdivo<br/>Qvantig SC</b> | 5/1/2025 |
| No Specific Code | Injection, cosibelimab-ipdl for intravenous use                  | <b>Unloxcyt IV</b>           | 3/1/2025 |
| No Specific Code | Injection, zanidatamab-hri for intravenous use                   | <b>Ziihera IV</b>            | 3/1/2025 |

