Mass General Brigham
Health Plan

Code Updates

May 2025

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

Code	Description	Effective Date
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	4/1/2025
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	4/1/2025
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	4/1/2025

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
A9285	Inversion/eversion correction device	1/6/2025
E0678	Nonpneumatic sequential compression garment, full leg	4/1/2024
E0679	Nonpneumatic sequential compression garment, half leg	4/1/2024
E0682	Nonpneumatic sequential compression garment, full arm	4/1/2024

The following code(s) previously were not covered have been updated to covered with prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1/6/2025
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	4/1/2024
E0681	Nonpneumatic compression controller without calibrated gradient pressure	4/1/2024
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	1/1/2025

The following code(s) are covered with no prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	4/1/2025
L7520	Repair prosthetic device, labor component, per 15 minutes	4/1/2025
Q4166	Cytal, per sq cm	4/1/2025
Q4204	XWRAP, per sq cm	4/1/2025

Q4214	Cellesta Cord, per sq cm	4/1/2025

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

Code	Description	Effective Date
A2001	InnovaMatrix AC, per sq cm	7/1/2025
A2002	Mirragen Advanced Wound Matrix, per sq cm	7/1/2025
A2005	Microlyte Matrix, per sq cm	7/1/2025
A2006	NovoSorb SynPath dermal matrix, per sq cm	7/1/2025
A2007	Restrata, per sq cm	7/1/2025
A2008	TheraGenesis, per sq cm	7/1/2025
A2009	Symphony, per sq cm	7/1/2025
A2010	Apis, per sq cm	7/1/2025
A2011	Supra SDRM, per sq cm	7/1/2025
A2012	SUPRATHEL, per sq cm	7/1/2025
A2013	InnovaMatrix FS, per sq cm	7/1/2025
A2015	Phoenix Wound Matrix, per sq cm	7/1/2025
A2016	PermeaDerm B, per sq cm	7/1/2025
A2017	PermeaDerm Glove, each	7/1/2025
A2018	PermeaDerm C, per sq cm	7/1/2025
A2019	Kerecis Omega3 MariGen Shield, per sq cm	7/1/2025
A2020	AC5 Advanced Wound System (AC5)	7/1/2025
A2021	NeoMatriX, per sq cm	7/1/2025
A2025	Miro3D, per cu cm	7/1/2025
Q4101	Apligraf, per sq cm	7/1/2025
Q4103	Oasis burn matrix, per sq cm	7/1/2025
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	7/1/2025
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	7/1/2025
Q4106	Dermagraft, per sq cm	7/1/2025
Q4107	GRAFTJACKET, per sq cm	7/1/2025
Q4108	Integra matrix, per sq cm	7/1/2025
Q4110	PriMatrix, per sq cm	7/1/2025
Q4116	AlloDerm, per sq cm	7/1/2025
Q4121	TheraSkin, per sq cm	7/1/2025
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	7/1/2025
Q4123	AlloSkin RT, per sq cm	7/1/2025
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	7/1/2025
Q4127	Talymed, per sq cm	7/1/2025
Q4128	FlexHD, or AllopatchHD, per sq cm	7/1/2025
Q4132	Grafix Core and GrafixPL Core, per sq cm	7/1/2025
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	7/1/2025
Q4134	HMatrix, per sq cm	7/1/2025

Q4135	Mediskin, per sq cm	7/1/2025
Q4150	AlloWrap DS or dry, per sq cm	7/1/2025
Q4151	AmnioBand or Guardian, per sq cm	7/1/2025
Q4152	DermaPure, per sq cm	7/1/2025
Q4153	Dermavest and Plurivest, per sq cm	7/1/2025
Q4154	Biovance, per sq cm	7/1/2025
Q4156	Neox 100 or Clarix 100, per sq cm	7/1/2025
Q4157	Revitalon, per sq cm	7/1/2025
Q4158	Kerecis Omega3, per sq cm	7/1/2025
Q4159	Affinity, per sq cm	7/1/2025
Q4160	NuShield, per sq cm	7/1/2025
Q4161	bio-ConneKt wound matrix, per sq cm	7/1/2025
Q4163	WoundEx, BioSkin, per sq cm	7/1/2025
Q4164	Helicoll, per sq cm	7/1/2025
Q4167	Truskin, per sq cm	7/1/2025
Q4169	Artacent wound, per sq cm	7/1/2025
Q4170	Cygnus, per sq cm	7/1/2025
Q4173	PalinGen or PalinGen XPlus, per sq cm	7/1/2025
Q4175	Miroderm, per sq cm	7/1/2025
Q4176	NeoPatch or Therion, per sq cm	7/1/2025
Q4178	FlowerAmnioPatch, per sq cm	7/1/2025
Q4179	FlowerDerm, per sq cm	7/1/2025
Q4180	Revita, per sq cm	7/1/2025
Q4181	Amnio Wound, per sq cm	7/1/2025
Q4182	TransCyte, per sq cm	7/1/2025
Q4183	surgiGRAFT, per sq cm	7/1/2025
Q4184	Cellesta or Cellesta Duo, per sq cm	7/1/2025
Q4186	Epifix, per sq cm	7/1/2025
Q4187	Epicord, per sq cm	7/1/2025
Q4188	AmnioArmor, per sq cm	7/1/2025
Q4190	Artacent AC, per sq cm	7/1/2025
Q4191	Restorigin, per sq cm	7/1/2025
Q4193	Coll-e-Derm, per sq cm	7/1/2025
Q4194	Novachor, per sq cm	7/1/2025
Q4195	PuraPly, per sq cm	7/1/2025
Q4196	PuraPly AM, per sq cm	7/1/2025
Q4197	PuraPly XT, per sq cm	7/1/2025
Q4198	Genesis Amniotic Membrane, per sq cm	7/1/2025
Q4199	Cygnus matrix, per sq cm	7/1/2025
Q4200	SkinTE, per sq cm	7/1/2025
Q4201	Matrion, per sq cm	7/1/2025
Q4203	Derma-Gide, per sq cm	7/1/2025
Q4205	Membrane Graft or Membrane Wrap, per sq cm	7/1/2025

Q4208	Novafix, per sq cm	7/1/2025
Q4209	SurGraft, per sq cm	7/1/2025
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	7/1/2025
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	7/1/2025
Q4218	SurgiCORD, per sq cm	7/1/2025
Q4219	SurgiGRAFT-DUAL, per sq cm	7/1/2025
Q4221	Amnio Wrap2, per sq cm	7/1/2025
Q4222	ProgenaMatrix, per sq cm	7/1/2025
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	7/1/2025
Q4227	AmnioCore, per sq cm	7/1/2025
Q4229	Cogenex Amniotic Membrane, per sq cm	7/1/2025
Q4232	Corplex, per sq cm	7/1/2025
Q4234	XCellerate, per sq cm	7/1/2025
Q4235	AMNIOREPAIR or AltiPly, per sq cm	7/1/2025
Q4237	Cryo-Cord, per sq cm	7/1/2025
Q4238	Derm-Maxx, per sq cm	7/1/2025
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	7/1/2025
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	7/1/2025
Q4249	AMNIPLY, for topical use only, per sq cm	7/1/2025
Q4250	AmnioAmp-MP, per sq cm	7/1/2025
Q4253	Zenith Amniotic Membrane, per sq cm	7/1/2025
Q4254	Novafix DL, per sq cm	7/1/2025
Q4258	Enverse, per sq cm	7/1/2025
Q4271	Complete FT, per sq cm	7/1/2025
Q4282	Cygnus Dual, per sq cm	7/1/2025
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	7/1/2025
Q4286	NuDYN SL or NuDYN SLW, per sq cm	7/1/2025
Q4319	SanoGraft, per sq cm	7/1/2025
Q4320	PelloGraft, per sq cm	7/1/2025

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
J1072	Injection, testosterone cypionate (azmiro), 1 mg	**Azmiro**	7/1/2025
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	**Nypozi PFS**	5/1/2025

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

Code	Description	Brand Name	Effective Date
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	**Iluvien**	6/1/2025
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	**Ocrevus Zunovo**	6/1/2025
No Specific Code	Injection, nivolumab and hyaluronidase-nvhy. for subcutaneous use	**Opdivo Qvantig SC**	5/1/2025
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	**Otulfi IV**	5/1/2025
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	**Pyzchiva IV**	5/1/2025
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	**Retisert**	6/1/2025
No Specific Code	Injection, ustekinumab-stba, for subcutaneous or intravenous use	**Steqeyma IV**	5/1/2025
No Specific Code	Injection, ustekinumab-ttwe, for subcutaneous or intravenous use	**Ustekinumab-ttwe IV**	5/1/2025
No Specific Code	Injection, ustekinumab-kfce, for subcutaneous or intravenous use	**Yesintek IV**	5/1/2025
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	**Yutiq IMP 0.18MG**	6/1/2025
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	**Zymfentra INJ 120MG/ML**	6/1/2025