

Code Updates

October 2024

As a reminder to our network for MGB ACO plans non-emergency transportation to and from a covered service in Massachusetts or within 50 miles or less of the Massachusetts border is covered directly by MassHealth and not the plan.

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

Code	Description
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each

As a reminder to the network, the following code is covered with prior authorization required for Commercial/ASO Plans:

Code	Description
C2596	Probe, image guided, robotic, waterjet ablation

The following services are covered with prior authorization required for MGB ACO for members age 0-23.9999 months:

Description	Effective Date
Chiropractic services	1/1/2025

The following service(s) are not covered experimental for MGBACO and Commercial/ASO Plans:

Code	Description	Effective Date
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	1/1/2025
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	1/1/2025

The following service is covered as a Preventive Diabetic Screening for Medicare Advantage Plans when billed per CMS required preventive diagnosis codes:

Code	Description	Effective Date
83036	Hemoglobin; glycosylated (A1C)	1/1/2024

As a reminder to the network the following service(s) are covered with prior authorization required for Medicare Advantage Plans:

Code	Description
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C2596	Probe, image guided, robotic, waterjet ablation
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)

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, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Anktiva	9/1/2024
J2277	Injection, motixafortide, 0.25 mg	Aphexda	11/1/2024
No Specific Code	Injection, tarlatamab-dlle, 1 mg	Imdelltra	9/1/2024
No Specific Code	Injection, atidarsagene autotemcel suspension for intravenous infusion	Lenmeldy	10/1/2024

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
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Arexvy	10/1/2024
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	mRESVIA	10/1/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Liquid, (human-stwk) immune globulin intravenous, 10%	Alyglo IV	10/1/2024
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg	Ameluz 10% gel	10/1/2024



J2277	Injection, motixafortide, 0.25 mg	Aphexda	9/1/2024
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Fensolvi 45mg syringe	10/1/2024
No Specific Code	Injection, pegcetacoplan, for subcutaneous use	Empaveli	10/1/2024
J9248	Injection, melphalan (Hepzato), 1 mg	Hepzato injection	10/1/2024
No Specific Code	Injection, tarlatamab-dlle, 1 mg	Imdelltra	11/12/2024
No Specific Code	Injection, atidarsagene autotemcel suspension for intravenous infusion	Lenmeldy	10/1/2024
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Levulan kerastick 20%	10/1/2024
J2267	Injection, mirikizumab-mrkz, 1 mg	Omvoh vial	10/1/2024
J9226	Histrelin implant (Supprelin LA), 50 mg	Supprelin LA kit	10/1/2024
J9202	Goserelin acetate implant, per 3.6 mg	Zoladex implant syringe	10/1/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, brivaracetam, for intravenous use, CV	Briviact (brivaracetam injection)	10/1/2024
S0078 Q2009	Injection, fosphenytoin sodium, 750 mg Injection, fosphenytoin, 50 mg phenytoin equivalent	Cerebyx vial	10/1/2024
J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docivyx vial	10/1/2024
J1953	Injection, levetiracetam, 10 mg	Keppra (levetiracetam injection)	10/1/2024
J2560	Injection, phenobarbital sodium, up to 120 mg	Phenobarbital 65mg/ml & 130mg/ml	10/1/2024
No Specific Code	Injection, valproate sodium for intravenous injection	Valproate injection	10/1/2024



C9254	Injection, lacosamide, 1 mg	Vimpat (lacosamide injection)	10/1/2024
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The following drug(s) are considered New to Market not covered unless prior authorized for MGB ACO Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 microgram	Anktiva	9/1/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 microgram	Anktiva	9/1/2024
J2277	Injection, motixafortide, 0.25 mg	Aphexda	1/1/2025
No Specific Code	Injection, tarlatamab-dlle, 1 mg	Imdelltra	9/1/2024
No Specific Code	Injection, atidarsagene autotemcel suspension for intravenous infusion	Lenmeldy	10/1/2024

