

Code Updates

July 2024

The following service(s) are not covered for MGB ACO plans

Code	Description	Effective Date
A9293	Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)	4/1/2024
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	4/1/2024

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

Code	Description	Effective Date
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	7/1/2024
E2511	Speech generating software program, for personal computer or personal digital assistant	7/1/2024
E2512	Accessory for speech generating device, mounting system	7/1/2024
E2599	Accessory for speech generating device, not otherwise classified	7/1/2024

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

Code	Description	Effective Date
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	9/1/2024
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	9/1/2024
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2025
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	1/1/2025
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2025
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	9/1/2024

The following service(s) are covered with no prior authorization required for Commercial/ASO and ACO Plans:

Code	Description	Effective Date
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time	7/1/2024
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	7/1/2024
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	7/1/2024
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	7/1/2024
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	7/1/2024
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	7/1/2024
E2511	Speech generating software program, for personal computer or personal digital assistant	7/1/2024
E2512	Accessory for speech generating device, mounting system	7/1/2024
E2599	Accessory for speech generating device, not otherwise classified	7/1/2024

The following service(s) are covered with prior authorization required for Commercial/ASO Plans:

Code	Description	Effective Date
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	9/1/2024
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	1/1/2024
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	7/1/2024
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	7/1/2024

The following service(s) are covered with prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
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L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	1/1/2024
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	1/1/2024

The following service(s) are covered with no prior authorization required for the MGB ACO Plans:

Code	Description	Effective Date
G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD	4/1/2024
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	3/15/2024

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, nedosiran for subcutaneous use	Rivfloza (pre-filled syringe or vial)	6/1/2024
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	Udenyca Onbody (Subcutaneous Injection)	6/1/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, bimekizumab-bkzx, for subcutaneous use	Bimzelx	7/1/2024
Q5111*	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	Udenyca Onbody (Subcutaneous Injection)	6/1/2024

*HCPCS Q5111 is shared between the Udenyca Prefilled Syringe and Autoinjector. This code should not be used to report the drug Udenyca Onbody for the MGB ACO Plans under the medical benefit. Udenyca Onbody Subcutaneous Injection will only be covered under the Pharmacy Benefit for MGB ACO Plans.



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

Code	Description	Brand Name	Effective Date
J2277	Injection, motixafortide, 0.25 mg	Aphexda	7/1/2024
No Specific Code	Injection, toripalimab-tpzi, 1 mg	Loqtorzi	7/1/2024
J1203	Injection, cipaglugosidase alfa-atga, 5 mg	Pombiliti	7/1/2024

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

Code	Description	Brand Name	Effective Date
J0177	Injection, aflibercept HD, 1 mg	Eylea HD	7/1/2024
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Lumoxiti	7/1/2024

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

Code	Description	Brand Name	Effective Date
J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Jesduvroq	6/1/2024
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	Udenyca Onbody (Subcutaneous Injection)	6/1/2024

