

Code Updates

June 2025

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

Code	Description
S9977	Meals, per diem, not otherwise specified
H0043	Supported housing, per diem

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
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	5/1/2025
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	5/1/2025

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

Code	Description	Effective Date
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	4/1/2025

The following code(s) previously were covered with prior authorization have been updated to covered with no prior authorization required for MGB ACO and Commercial/ASO Plans:

Code	Description	
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	6/1/2025
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	6/1/2025
A9595	Piflufolastat F-18, diagnostic, 1 mCi	6/1/2025
A9596	Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi	6/1/2025
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	6/1/2025
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	5/28/2025

The following code(s) previously were covered with prior authorization have been updated to covered with no prior authorization required for Commercial/ASO Plans:

Code	Description	Effective Date
A9608	Flotufolastat F-18, diagnostic, 1 mCi	6/1/2025

The following code(s) is covered with prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	10/1/2024

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

Code	Description	Effective Date
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	8/1/2025
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	8/1/2025
*C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	8/1/2025

*Correction from original newsletter

The following codes are now covered with no prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	6/1/2025
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	6/1/2025
A9595	Piflufolastat F-18, diagnostic, 1 mCi	6/1/2025
A9596	Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi	6/1/2025
A9608	Flotufolastat F-18, diagnostic, 1 mCi	6/1/2025
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	6/1/2025
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	10/3/2024



0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	4/1/2025
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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, concizumab-mtci, for subcutaneous use	Alhemo	6/1/2025

The following drug(s) are now covered under the medical benefit without prior authorization for Commercial/ASO Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, thiotepa (tepylute), 1 mg	Tepylute IV	6/1/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, zenocutuzumab-zbco, for intravenous use	Bizengri vial	7/1/2025
No Specific Code	Injection datopotamab deruxtecan-dlnk, for intravenous use	Datroway IV	7/1/2025
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg	Hercessi vial	7/1/2025
No Specific Code	Injection onivolumab and hyaluronidase-nvhy, for subcutaneous use	Opdivo Qvantig	7/1/2025
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	Otulfi IV	7/1/2025
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	Pyzchiva IV	7/1/2025
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg	Selarsdi INJ 130/26ML IV	7/1/2025



No Specific Code	Injection, ustekinumab-stba, for subcutaneous or intravenous use	Steqeyma IV	7/1/2025
J1443	Injection, ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron	Triferic (ferric pyrophosphate citrate)	7/1/2025
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron		
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron		
J3358	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab IV	7/1/2025
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Ustekinumab Prefilled Syringe	7/1/2025
No Specific Code	Injection, ustekinumab-aekn, for subcutaneous or intravenous use	Ustekinumab-aekn prefilled syringe	7/1/2025
No Specific Code	Injection, ustekinumab-ttwe, for subcutaneous or intravenous use	Ustekinumab-ttwe IV	7/1/2025
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	Wezlana IV	7/1/2025
No Specific Code	Injection, ustekinumab-kfce, for subcutaneous or intravenous use	Yesintek IV	7/1/2025

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, thiotepa (tepylute), 1 mg	Tepylute IV	6/1/2025

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

Code	Description	Brand Name	Effective Date
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg	Selarsdi INJ 130/26ML IV	6/1/2025



J3358	Ustekinumab, for intravenous injection, 1 mg	Ustekinumab IV	6/1/2025
J9022	Injection, atezolizumab, 10 mg	Tecentriq	7/1/2025
No Specific Code	Injection, thiotepa (tepylute), 1 mg	Tepylute IV	6/1/2025

