

August 2025

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

Code	Description	Effective Date
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	7/1/2025
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	7/1/2025
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	7/1/2025

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

Code	Description	Effective Date
89398	Unlisted reproductive medicine laboratory procedure	10/1/2025

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

Code	Description	Effective Date
82233	Beta-amyloid; 1-40 (Abeta 40)	1/1/2025
82234	Beta-amyloid; 1-42 (Abeta 42)	1/1/2025
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each	1/1/2025
84394	Tau, total (tTau)	1/1/2025

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

Code	Description	Effective Date
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	8/1/2025
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	8/1/2025
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	7/1/2025

81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	7/1/2025
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	7/1/2025
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	7/1/2025
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	7/1/2025
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	7/1/2025
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	7/1/2025
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	7/1/2025
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	7/1/2025
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	7/1/2025
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	7/1/2025

The following code(s) previously were not covered have been updated to cover with no prior authorization required 1/1/2025 to 7/31/2025; covered with prior authorization effective 8/1/2025 for MGB ACO Plans:

Code	Description
83884	Neurofilament light chain (NfL)

The following code(s) is now experimental/ investigational for Medicare Advantage Plans:

Code	Description	Effective Date
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	10/1/2025

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

Code	Description	Effective Date
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89398	Unlisted reproductive medicine laboratory procedure	10/1/2025
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Drug Code Updates

The following drug/device(s) are now covered as preventive under the medical benefit without prior authorization for Commercial/ASO and MGB ACO Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Copper intrauterine system IUD	Miudella	7/1/2025

The following drug(s) are now covered under the medical benefit with prior authorization for Commercial/ASO Plans:

Code	Description	Brand Name	Effective Date
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg	Epysqli	7/1/2025
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	Bkemv	7/1/2025
No Specific Code	Injection, fitusiran for subcutaneous use autoinjector	Qfitlia	7/1/2025

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

Code	Description	Brand Name	Effective Date
J9245	Injection, melphalan hydrochloride for Injection	Alkeran IV	8/11/2025
No Specific Code	Injection, vilobelimab for intravenous use	Gohibic	8/11/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	Niktimvo	8/11/2025

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, concizumab-mtcj, for subcutaneous use	Alhemo	9/1/2025



Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	Bkemv	7/1/2025
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg	Epysqli	7/1/2025
No Specific Code	Injection, penpulimab-kcqx, for intravenous use	Penpulimab-kcqx	9/1/2025
No Specific Code	Injection, fitusiran for subcutaneous use autoinjector	Qfitlia	9/1/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, melphalan, for intravenous use	Ivra	8/11/2025
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Feraheme Vial	8/11/2025
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	Feraheme Vial	8/11/2025
J1437	Injection, ferric derisomaltose, 10 mg	Monoferic Vial/Injectafer	8/11/2025

