Mass General Brigham Health Plan

Code Updates

July 2026

As a reminder to the network, the following item is not covered experimental and investigational for all lines of business:

Code	Description
No specific code	Octave® Multiple Sclerosis Disease Activity (MSDA) Biomarker Test

The following codes are covered with no prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	1/1/2026
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	1/1/2026

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

Code	Description	Effective Date
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	01/01/2026

The following codes are Not Covered for Medicare Advantage:

Code	Description	Effective Date
A4611	Battery, heavy-duty; replacement for patient-owned ventilator	1/1/2026
A4612	Battery cables; replacement for patient-owned ventilator	1/1/2026
A4613	Battery charger; replacement for patient-owned ventilator	1/1/2026

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

Code	Description	Effective Date
A6544	Gradient compression stocking, garter belt	4/1/2026

Drug Code Updates

The following drug(s) are not covered under the medical benefit for Commercial and ASO Plans:

Description	Brand Name	Effective Date
Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	**Steqeyma SC vial**	6/1/2026

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

Code	Description	Brand Name	Effective Date
J9999 unlisted code	Injection, etoposide, 10 mg	**Avopef**	6/1/2026
J9999 unlisted code	Injection, fluorouracil, 500 mg	**Favlyxa**	6/1/2026
J2326	Injection, nusinersen, 0.1 mg	**Spinraza HD**	6/1/2026

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

Code	Description	Brand Name	Effective Date
Q5156	Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg	**Avtozma vial**	7/1/2026
J2361	Injection, depemokimab-ulaa, 1 mg	**Exdensur injection**	7/1/2026
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	**Rybrevant Faspro**	7/1/2026
J2326	Injection, nusinersen, 0.1 mg	**Spinraza HD**	6/1/2026
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	**Starjemza 130 mg/26 mL vial**	7/1/2026
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	**Starjemza 45 mg/0.5 mL vial, prefilled syringe**	7/1/2026
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	**Starjemza 90 mg/mL prefilled syringe**	7/1/2026
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	**Steqeyma SC vial**	6/1/2026
J9275	Injection, cosibelimab-ipdl, 2 mg	**Unloxcyt vial**	7/1/2026

Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	**Ustekinumab-aauz 45 mg/0.5 mL prefilled syringe**	7/1/2026
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	**Ustekinumab-aauz 90 mg/mL prefilled syringe**	7/1/2026

The following drug(s) are now covered under the medical benefit with no prior authorization required for MGB ACO Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, furosemide, for subcutaneous use	**Lasix ONYU**	7/1/2026
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	**Ryzneuta prefilled syringe**	7/1/2026
No Specific Code	Injection, Ferric Pyrophosphate Citrate Solution (TRIFERIC), 0.1 mg of Iron	**Triferic**	5/1/2026

The following drug(s) are now covered under the medical benefit with prior authorization for Medicare Advantage, Senior Care Options, and One Care Plans:

Code	Description	Brand Name	Effective Date
J2326	Injection, nusinersen, 0.1 mg	**Spinraza HD**	6/1/2026

The following drug(s) are now covered under the medical benefit with no prior authorization required for Medicare Advantage, Senior Care Options, and One Care Plans:

Code	Description	Brand Name	Effective Date
J9999 unlisted code	Injection, etoposide, 10 mg	**Avopef**	6/1/2026
J9999 unlisted code	Injection, fluorouracil, 500 mg	**Favlyxa**	6/1/2026