

Code Updates

November 2025

The following code(s) will redirect to Optum BH for MGB ACO, Commercial and ASO Plans:

Code	Description	Effective Date
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	01/01/2025
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	01/01/2025
G0554	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	01/01/2025

The following code(s) have been updated to cover with no prior authorization required for MGB ACO, Commercial and ASO Plans:

Code	Description	Effective Date
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	8/27/2025

The following code(s) have been updated to cover with no prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	6/6/2025
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient	6/6/2025

	present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	6/6/2025

The following codes are now covered with prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	1/1/2026
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	1/1/2026
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	1/1/2026
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1/1/2026
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1/1/2026
96922	Excimer laser treatment for psoriasis; over 500 sq cm	1/1/2026
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	1/1/2026
Q4165	Keramatrix or kerasorb, per square centimeter	1/1/2026

The following code(s) is now covered with no prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	8/27/2025
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	01/01/2025



G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	01/01/2025
G0554	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	01/01/2025

Drug Code Updates

The following are not covered under medical benefit for Commercial/ASO and MGB ACO Plans:

Code	Description	Brand Name	Effective Date
Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg	Pyzchiva Autoinjector	10/1/2025

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
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg	Ahzantive	1/1/2026
Q5156	Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg	Avtozma	1/1/2026
No Specific Code	Injection, bevacizumab-tjnj, IV	Avzivi	1/1/2026
No Specific Code	Injection, denosumab-nxxp, IV	Bildyos	1/1/2026
No Specific Code	Injection denosumab-nxxp, IV	Bilprevda	1/1/2026
Q5158	Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg	Bomynta/Conexence	1/1/2026



Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Enzeevu	1/1/2026
C9305	Injection, nipocalimab-aahu, 3 mg	Imaavy	1/1/2026
No Specific Code	Injection, bevacizumab-nwgd, IV	Jobevne	1/1/2026
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Jubbonti/Wyost	1/1/2026
No Specific Code	Injection carboplatin	Kyxata	2/1/2026:
No Specific Code	Injection denileukin diftitox-cxdl, IV	Lymphir	1/1/2026
No Specific Code	Injection linvoseltamab-gcpt, IV	Lynozytic	1/1/2026
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Opuviz	1/1/2026
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	Ospomyv/Xbryk	1/1/2026
Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg	Stoboclo/Osenvelt	1/1/2026
No Specific Code	Tocilizumab-anoh (unbranded Avtozma) IV, prefilled syringe, autoinjector	Tocilizumab-anoh	1/1/2026
J9275	Injection, cosibelimab-ipdl, 2 mg;	Unloxcyt	1/1/2026
Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg	Yesafili	1/1/2026
No Specific Code	Injection, immunoglobulin intravenous, human - dira	Yimmugo	1/1/2026

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

Code	Description	Brand Name	Effective Date
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	Bkemv	11/17/2025
Q5158	Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg	Bomynta/Conexence	11/17/2025
Q5151	Injection, nipocalimab-aahu, 3 mg	Epysqli	11/17/2025
C9305	Injection, nipocalimab-aahu, 3 mg	Imaavy	



Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Jubbonti/Wyost	11/17/2025
J7174	Injection, fitusiran, 0.04 mg	Qfitlia	11/17/2025
Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg	Stoboclo/Osenvelt	11/17/2025
No Specific Code	Tocilizumab-anoh (unbranded Avtozma) IV, prefilled syringe, autoinjector	Tocilizumab-anoh	11/17/2025
J0738	Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)	Yeztugo INJ	11/17/2025

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

Code	Description	Brand Name	Effective Date
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg	Ahzantive	10/1/2025
Q5156	Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg	Avtozma	1/1/2026
No Specific Code	Injection, bevacizumab-tnjn, IV	Avzivi	10/1/2025
No Specific Code	Injection, denosumab-nxxp, IV	Bildyos	10/1/2025
No Specific Code	Injection denosumab-nxxp, IV	Bilprevda	10/1/2025
Q5158	Injection, denosumab-bnht (Bomyntra/Conexxence), biosimilar, 1 mg	Bomyntra/Conexxence	10/1/2025
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Enzeevu	10/1/2025
No Specific Code	Injection, bevacizumab-nwgd, IV	Jobevne	10/1/2025
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Jubbonti/Wyost	10/1/2025
No Specific Code	Injection carboplatin	Kyxata	10/1/2025
No Specific Code	Injection denileukin diftitox-cxdl, IV	Lymphir	10/1/2025



No Specific Code	Injection linvoseltamab-gcpt, IV	Lynozytic	10/1/2025
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Opuviz	10/1/2025
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	Ospomyv/Xbryk	10/1/2025
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Ryzneuta	10/1/2025
Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg	Stoboclo/Osenvelt	10/1/2025
No Specific Code	Tocilizumab-anoh (unbranded Avtozma) IV, prefilled syringe, autoinjector	Tocilizumab-anoh	1/1/2026
J9275	Injection, cosibelimab-ipdl, 2 mg;	Unloxcyt	10/1/2025
Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg	Yesafili	10/1/2025
No Specific Code	Injection, immunoglobulin intravenous, human - dira	Yimmugo	10/1/2025

The following drug(s) are now covered under the medical benefit with no prior authorization for Commercial and ASO Plans:

Code	Description	Brand Name	Effective Date
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Tepadina	10/1/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, bevacizumab-tnjn, IV	Avzivi	10/1/2025
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	Enflonsia 105mg/0.7mL injection	11/17/2025
No Specific Code	Injection, bevacizumab-nwgd, IV	Jobevne	10/1/2025
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Tepadina	10/1/2025
Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg	Yesafili	10/1/2025



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

Code	Description	Brand Name	Effective Date
J9292	Injection, pemetrexed dipotassium, 10 mg	Axtle	10/1/2025
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Tepadina	10/1/2025

