Mass General Brigham Health Plan

# Code Updates

## November 2026

**The following service is Covered, No Prior Authorization for MGB ACO plans:**

| Code | Description | Effective Date |
|---|---|---|
| 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) | 1/01/2026 |

**The following services are Covered, No Prior Authorization for Commercial, ASO, Medicare Advantage, One Care and Senior Care Options plans:**

| Code | Description | Effective Date |
|---|---|---|
| 61736 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion | 9/10/2026 |
| 61737 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) | 9/10/2026 |
| 70472 | Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure) | 11/1/2026 |
| 70473 | Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy | 11/1/2026 |
| 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional) | 11/1/2026 |
| 81443 | Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH) | 7/1/2026 |
| 0440U | Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], | 7/1/2026 |

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| | cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD | |
| 0449U | Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2) | 7/1/2026 |
| C8937 | Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure) | |
| C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | 11/1/2026 |
| C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | 11/1/2026 |
| S8042 | Magnetic resonance imaging (MRI), low-field | 11/1/2026 |
| G0562 | Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) | 11/1/2026 |
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation | 11/1/2026 |
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation | 11/1/2026 |
| S8035 | Magnetic source imaging | 11/1/2026 |
| S8037 | Magnetic resonance cholangiopancreatography (MRCP) | 11/1/2026 |
| S8092 | Electron beam computed tomography (also known as ultrafast CT, cine CT) | 11/1/2026 |

**The following services are Covered, No Prior Authorization for Commercial, ASO, MGB ACO, Medicare Advantage, One Care and Senior Care Options plans:**

| Code | Description | Effective Date |
|---|---|---|
| 81412 | Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1 | 7/1/2026 |

**The following services are Experimental Investigational for Commercial, ASO, Medicare Advantage, One Care and Senior Care Options plans:**

| Code | Description | Effective Date |
|---|---|---|
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | 1/1/2027 |
| 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | 1/1/2027 |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | 1/1/2027 |
| 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | 1/1/2027 |
| 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | 1/1/2027 |
| 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | 1/1/2027 |
| 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | 1/1/2027 |
| 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | 1/1/2027 |
| 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | 1/1/2027 |
| 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | 1/1/2027 |

**The following code(s) will no longer qualify as preventive services under the Obesity Screening/Counseling Benefit for Adults Effective January 1, 2027, for Commercial, ASO, and MGB ACO Plans:**

| Code | Description |
|---|---|
| 96156-96171 | Health behavior assessment, or re-assessment; Health behavior intervention, individual, face-to-face |
| Z13.89 | Encounter for screening for other disorder |

**The following code(s) will represent Preventive Obesity Screening/Counseling for Adults Effective January 1, 2027, for Commercial, ASO, and MGB ACO Plans:**

| Code | Description |
|---|---|
| 97802-97803 | Medical nutrition therapy; |





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| 99401-99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); |
| G0270 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes |
| G0271 | Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes |
| G0447 | Face-to-face behavioral counseling for obesity, 15 minutes |
| G0473 | Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes |
| E66.01, E66.09, E66.1, E66.8, E66.811-E66.813, E66.89, E66.9 | Obesity due to excess calories<br>Obesity class<br>Obesity, unspecified |
| E88.82 | Obesity due to disruption of MC4R pathway |
| Z68.30-Z68.45 | Body mass index [BMI] 30-39/ [BMI] 40 or greater, adult |

**The following code(s) will no longer qualify as preventive services under the Obesity Screening/Counseling Benefit for Children Effective January 1, 2027, for Commercial, ASO, and MGB ACO Plans:**

| Code | Description |
|---|---|
| 96156-96171 | Health behavior assessment, or re-assessment; Health behavior intervention, individual, face-to-face |
| Z13.89 | Encounter for screening for other disorder |
| Z68.52-Z68.53 | Body mass index [BMI] pediatric |
| Z71.82 | Exercise counseling |
| Z71.89 | Other specified counseling |

**The following code(s) will represent Preventive Obesity Screening/Counseling for Children Effective January 1, 2027, for Commercial, ASO, and MGB ACO Plans:**

| Code | Description |
|---|---|

| | |
|---|---|
| 97802-97803 | Medical nutrition therapy; |
| 99401-99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); |
| G0270 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes |
| G0271 | Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes |
| G0447 | Face-to-face behavioral counseling for obesity, 15 minutes |
| G0473 | Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes |
| E66.01, E66.09, E66.1, E66.8, E66.811-E66.813, E66.89, E66.9 | Obesity due to excess calories<br>Obesity class<br>Obesity, unspecified |
| E88.82 | Obesity due to disruption of MC4R pathway |
| Z68.54-Z68.56 | Body mass index [BMI] pediatric, 95th percentile for age to less than 120% of the 95th percentile/ greater than or equal to 140% of the 95th percentile for age |

***Please refer to the Mass General Brigham Health Plan Preventative Services: U.S. Preventative Services Task Force Recommendations for complete coding guidance.***

# Drug Code Updates

**The following drug(s) are considered not covered, Experimental/Investigational under the medical benefit for Commercial and ASO Plans:**

| Code | Description | Brand Name | Effective Date |
|---|---|---|---|
| J3386 | Injection, etuvetidigene autotemcel, per treatment | Waskyra | 7/1/2026 |
| J2789 | Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 ml | Epioxa HD/Epioxa | 7/1/2026 - 10/31/2026 |

**The following drug(s) are considered not covered, Experimental/Investigational under the medical benefit for Medicare Advantage, Senior Care Options, and One Care Plans:**

| Code | Description | Brand Name | Effective Date |
|---|---|---|---|

| | | | |
|---|---|---|---|
| J3386 | Injection, etuvetidigene autotemcel, per treatment | Waskyra | 7/1/2026 |
| J2789 | Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 ml | Epioxa HD/Epioxa | 7/1/2026 - 10/31/2026 |

**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 |
|---|---|---|---|
| J2789 | Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 ml | Epioxa HD/Epioxa | 11/1/2026 |
| No specific code | Injection gedatolisib for intravenous infusion | Revtorpyk vial | 10/1/2026 |
| No specific code | Injection, fulvestrant | Cligavyx prefilled syringe | 10/1/2026 |
| No specific code | Injection fosaprepitant for intravenous use | Navitrux IV | 10/1/2026 |

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

| Code | Description | Brand Name | Effective Date |
|---|---|---|---|
| J9053 | Injection, belantamab mafodotin-blmf, 0.1 mg | Blenrep | 11/16/2026 |
| J9227 | Injection, isatuximab-irfc, 10 mg | Sarclisa Escena | 11/16/2026 |

**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 |
|---|---|---|---|
| J2789 | Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 ml | Epioxa HD/Epioxa | 11/1/2026 |
| No specific code | Injection gedatolisib for intravenous infusion | Revtorpyk vial | 10/1/2026 |
| No specific code | Injection, fulvestrant | Cligavyx prefilled syringe | 1/1/2027 |
| No specific code | Injection fosaprepitant for intravenous use | Navitrux IV | 1/1/2027 |

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

| Code | Description | Brand Name | Effective Date |
|---|---|---|---|
| Q0138 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg **(non-ESRD use)** | Feraheme | 11/16/2026 |
| Q0139 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg **(for ESRD on dialysis)** | Feraheme | 11/16/2026 |
| J2916 | Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg | Ferrlecit | 11/16/2026 |
| J1750 | Injection, iron dextran, 50 mg | Infed | 11/16/2026 |
| J1437 | Injection, ferric derisomaltose, 10 mg | Monoferric | 11/16/2026 |