

Code Updates

October 2025

As a reminder to the network the following code(s) are not covered by MGBHP for MGB ACO members, bill to MassHealth directly:

Code	Description	Effective Date
V2600	Hand held low vision aids and other nonspectacle mounted aids	N/A
V2610	Single lens spectacle mounted low vision aids	N/A
D6105	Removal of implant body not requiring bone removal nor flap elevation	N/A

The following code(s) are covered with prior authorization required for Commercial and ASO Plans:

Code	Description	Effective Date
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	10/1/2025
89344	Storage (per year); reproductive tissue, testicular/ovarian	10/1/2025

The following code(s) are covered with prior authorization required via eviCore for MGB ACO plans:

Code	Description	Effective Date
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	7/1/2025
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	7/1/2025

The following code(s) are covered without prior authorization required for MGB ACO plans:

Code	Description	Effective Date
83992	Phencyclidine (PCP)	7/1/2025
86357	Natural killer (NK) cells, total count	7/1/2025

The following code(s) are covered without prior authorization required for Commercial, ASO and MGB ACO plans:

Code	Description	Effective Date
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	10/1/2025
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	10/1/2025
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit	10/1/2025
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	10/1/2025
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	10/1/2025
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	10/1/2025
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	10/1/2025
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	10/1/2025
S5518	Home infusion therapy, all supplies necessary for catheter repair	10/1/2025
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	10/1/2025
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	10/1/2025
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	10/1/2025
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	10/1/2025
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies	10/1/2025



	and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	10/1/2025
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	10/1/2025
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	10/1/2025
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	10/1/2025



S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	10/1/2025
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	10/1/2025
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025



S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	10/1/2025
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	10/1/2025
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	10/1/2025
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	10/1/2025
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	10/1/2025
S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	10/1/2025
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	10/1/2025
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025



S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	10/1/2025
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	10/1/2025
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025



S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	10/1/2025
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	10/1/2025
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	10/1/2025

The following code will no longer be covered for Medicare Advantage

Code	Description	Effective Date
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	1/1/2026

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



Code	Description	Effective Date
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/2026
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/2026
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/2026

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 gemcitabine HCl, for intravenous use	Avgemsi IV	1/1/2026
No Specific Code	Injection nipocalimab-aahu, for intravenous use	Imaavy IV	1/1/2026
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Imuldosa IV	9/1/2025
J9361	Injection efbemalenograstim alfa-vuxw, 0.5 mg	Ryzneuta prefilled syringe	9/1/2025
No Specific Code	Injection, leuprolide acetate injection, suspension, extended release	Vabrinty SC	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
No Specific Code	Injection denosumab-bnht, for subcutaneous use	Bomyntra vial/prefilled syringe	11/17/2025
No Specific Code	Injection denosumab-bnht, for subcutaneous use	Conexence prefilled syringe	11/17/2025



Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Jubbonti prefilled syringe	11/17/2025
No Specific Code	Injection denosumab-bmwo, for subcutaneous use	Osenvelt Vial	11/17/2025
No Specific Code	Injection denosumab-bmwo, for subcutaneous use	Stoboclo prefilled syringe	11/17/2025
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Wyost Inj/Vial	11/17/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection gemcitabine HCl, for intravenous use	Avgemsi IV	9/1/2025
No Specific Code	Injection denosumab-bnht, for subcutaneous use	Bomyntra vial/ prefilled syringe	9/1/2025
No Specific Code	Injection denosumab-bnht, for subcutaneous use	Conexxence prefilled syringe	9/1/2025
No Specific Code	Injection nipocalimab-aahu, for intravenous use	Imaavy IV	9/1/2025
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Imuldosa IV	9/1/2025
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Jubbonti prefilled syringe	9/1/2025
No Specific Code	Injection denosumab-bmwo, for subcutaneous use	Osenvelt Vial	9/1/2025
No Specific Code	Injection denosumab-bmwo, for subcutaneous use	Stoboclo prefilled syringe	9/1/2025
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Wyost INJ/VIAL	9/1/2025

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



Code	Description	Brand Name	Effective Date
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	**Enflonsia IM	9/1/2025
J2020	Injection, linezolid, 200 mg	Linezolid IV	9/1/2025
J2021	Injection, linezolid (Hospira), not therapeutically equivalent to J2020, 200 mg	Linezolid IV	9/1/2025
No Specific Code	Injection lenacapavir for subcutaneous use	**Yeztugo SC	9/1/2025

****Enflonsia and Yeztugo will be covered as preventive**

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 gemcitabine HCl, for intravenous use	Avgems IV	9/1/2025
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	Enflonsia IM	11/17/2025

The following drug(s) are now covered as preventive under the medical benefit without prior authorization for Medicare Advantage Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection lenacapavir for subcutaneous use	Yeztugo SC	9/1/2025

The following drug(s) is not covered for Medicare Advantage plans under the medical benefit:

Code	Description	Brand Name	Effective Date
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	Enflonsia IM	N/A
	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Imuldosa prefilled syringe	N/A

The following drug(s) is not covered for Commercial/ASO under the medical benefit:

Code	Description	Brand Name	Effective Date
	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Imuldosa prefilled syringe	N/A



