Mass General Brigham Health Plan

Code Updates

September 2026

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

Code	Description	Effective Date
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	1/1/2026
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	1/1/2026
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	1/1/2026
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	1/1/2026
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	1/1/2026
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	1/1/2026
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	1/1/2026
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	1/1/2026

The following code is Not Covered, Experimental and Investigational for Medicare Advantage and DSNP Duals Plans:

Code	Description	Effective Date
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	11/1/2026

Drug Code Updates

The following drug(s) is not covered under the medical benefit for Commercial, Commercial (ASO), and MGB ACO Plans:

Description	Brand Name	Effective Date
Injection, anifrolumab-fnia for intravenous, or subcutaneous use	Saphnelo prefilled syringe	8/1/2026

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
Q5169	Injection, pegfilgrastim-unne, prefilled syringe for subcutaneous use	Armlupeg prefilled syringe	8/1/2026
J9999 Unlisted Code	Injection, pivekimab-surine-pvzy, for intravenous use	Decnupaz IV	8/1/2026
J9999 Unlisted Code	Injection, trabectedin, for intravenous use	Evdi IV	8/1/2026
Q5166	Injection, denosumab-desu, for subcutaneous use	Jubereq	8/1/2026
Q5166	Injection, denosumab-desu, for subcutaneous use	Osvyrti	8/1/2026
J3490	Injection, eplontersen, prefilled syringe for subcutaneous use	Wainua prefilled syringe	8/1/2026

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

Code	Description	Brand Name	Effective Date
J3490	Injection, eplontersen, prefilled syringe for subcutaneous use	Wainua prefilled syringe	10/1/2026

** Until 10/1/2026, this drug is considered New to Market; Prior authorization is required.

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
Q5169	Injection, pegfilgrastim-unne, prefilled syringe for subcutaneous use	Armlupeg prefilled syringe	8/1/2026

J9999 Unlisted Code	Injection, pivekimab-surine-pvzy, for intravenous use	Decnupaz IV	8/1/2026
J9999 Unlisted Code	Injection, trabectedin, for intravenous use	Evdi IV	8/1/2026
Q5166	Injection, denosumab-desu, for subcutaneous use	Jubereq	8/1/2026
Q5166	Injection, denosumab-desu, for subcutaneous use	Osvyrti	8/1/2026
J3490	Injection, eplontersen, prefilled syringe for subcutaneous use	Wainua prefilled syringe	8/1/2026

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

Code	Description	Brand Name	Effective Date
J0528	Injection, fosfomycin, for intravenous use	Contepo IV	8/1/2026
J7176	Injection, fibrinogen, human-chmt, for intravenous use	Fesilty IV	8/1/2026
J3465	Injection, voriconazole, for intravenous use	Voriconazole IV	8/1/2026

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

Code	Description	Brand Name	Effective Date
J0528	Injection, fosfomycin, for intravenous use	Contepo IV	8/10/2026
J7176	Injection, fibrinogen, human-chmt, for intravenous use	Fesilty IV	8/1/2026
J3465	Injection, voriconazole, for intravenous use	Voriconazole IV	8/1/2026

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Code	Description	Brand Name	Effective Date
J0528	Injection, fosfomycin, for intravenous use	Contepo IV	8/1/2026
J7176	Injection, fibrinogen, human-chmt, for intravenous use	Fesilty IV	8/1/2026
J3465	Injection, voriconazole, for intravenous use	Voriconazole IV	8/1/2026