

Code Updates

As a reminder to the network the following service(s) are not covered for all lines of business:

Code	Description
No Code	ROMTech PortableConnect Device

The following service(s) previously covered with prior authorization will be no prior authorization required for MGBACO, Commercial and ASO lines of business:

Code	Description	Effective Date
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	07/01/2023
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	01/01/2024
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	01/01/2024
S1036	Transmitter; external, for use with artificial pancreas device system	01/01/2024
S1037	Receiver (monitor); external, for use with artificial pancreas device system	01/01/2024

The following service(s) previously not covered will be covered with prior authorization required for Commercial and ASO lines of business:

Code	Description	Effective Date
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral	02/01/2024
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral	02/01/2024
N/A	Pectus Carinatum Brace	01/01/2024

The following service(s) previously covered with no prior authorization will be prior authorization required for Medicare Advantage lines of business:

Code	Description	Effective Date
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi	03/01/2023
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	03/01/2023

The following diagnoses codes will be added to the Preventive Hearing Screening Benefit for the Commercial/ASO and MGB ACO lines of business:

Code	Description	Effective Date
Z01.10	Encounter for examination of ears and hearing without abnormal findings	1/01/2024
Z01.110	Encounter for hearing examination following failed hearing screening	1/01/2024
Z01.118	Encounter for examination of ears and hearing with other abnormal findings	1/01/2024

Drug Code Updates

The following drug(s) are now covered under the medical benefit without prior authorization for Commercial/ASO and MGB ACO lines of business:

Code	Description	Brand Name	Effective Date
C9153	Injection, amisulpride, 1 mg	Barhemsys IV	12/01/2023
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	Brixadi Prefilled Syringe	COMM/ASO: 12/01/2023 MGB ACO: 12/04/2023
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	Korsuva IV	12/01/2023

The following drug(s) are now covered under the medical benefit with prior authorization for Commercial/ASO line of business:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, elranatamab-bcmm, 1 mg	Elrexio Subcutaneous INJ	12/01/2023
No Specific Code	Injection, talquetamab-tgvs, 0.25 mg	Talvey Subcutaneous INJ	12/01/2023

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

Code	Description	Brand Name	Effective Date
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Elfabrio	01/02/2024



The following drug(s) are now covered under the medical benefit without prior authorization for Medicare Advantage line of business:

Code	Description	Brand Name	Effective Date
C9153	Injection, amisulpride, 1 mg	Barhemsys IV	12/01/2023
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	Korsuva IV	12/01/2023

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, elranatamab-bcmm, 1 mg	Elrexio Subcutaneous injection	12/01/2023
No Specific Code	Injection, talquetamab-tgvs, 0.25 mg	Talvey Subcutaneous injection	12/01/2023

