



# Code updates

## CPT code updates

As a reminder to our network the following services are not covered across all lines of business:

Code	Description
N/A	Nima Detects Gluten Device
N/A	Executive Coaching/Function Training
N/A	BioWaveGO Neuromodulation Pain Therapy Device

The following codes will be added to the preventive screening benefit per the AllWays Health Partners Preventive Service Provider Payment Guidelines, effective 1/1/20:

Code	Description
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension

The following genetic testing codes are included in eviCore’s lab program, effective 12/1/19; Code 81227 and 81521 are not reimbursable per MassHealth:

Code	Description
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis

The following codes are covered with prior authorization for all commercial plans only, Not covered for MassHealth effective 10/1/19:

Code	Description
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
0468T	Removal of chest wall respiratory sensor electrode or electrode array

## Drug code updates

The following drugs are covered under the medical benefit with prior authorization:

Code	Description	Effective Date
C9047	Injection, caplacizumab-yhdp, 1 mg (Cabliivi)	11/25/19
J3111	Injection, romosozumab-aqgg, 1 mg (Evenity)	11/25/19
J9210	Injection, emapalumab-lzsg, 1 mg (Gamifant)	11/25/19
N/A	Xembify (immune globulin) SC IG solution) will be represented by J3490 unclassified drugs	11/25/19
N/A	Ascenviv (immune globulin intravenous, human-slra) 10% liquid for intravenous injection will be represented by J1599 Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	12/20/19
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	12/20/19

The following drug is covered under the medical benefit without prior authorization:

Code	Description	Effective Date
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	12/20/19