MetroPlus Health

Policy and Procedure

Title: UM-PT001 AutoImmune	**Division: Medical Management** **Department: Pharmacy**
Approval Date: 4/28/2023	**LOB: Medicaid, HIV SNP, HARP, CHP, QHP, EP, Gold, Goldcare**
Effective Date: 4/28/2023	**Policy Number: UM-PT001**
Review Date: 3/4/2026	**Cross Reference Number:**
Retired Date:	**Page 1 of 37**

I. POLICY DESCRIPTION:

Immunosuppressive Agent - Actemra (tocilizumab); Cimzia (Certolizumab Pegol); Enbrel (etanercept), Humira (adalimumab); Ilumya (tildrakizumab); Simponi (golimumab); Skyrizi (risankizumab); Stelara (ustekinumab); and Tremfya (guselkumab).

II. RESPONSIBLE PARTIES:

Medical Management Administration, Pharmacy Department, Utilization Management, Integrated Care Management, Claims Department

III. DEFINITIONS:

Actemra is an interleukin-6 (IL-6) receptor antagonist.

Cimzia, Enbrel, Humira, and Simponi bind specifically to tumor necrosis factor (TNF) and block its interaction with cell surface TNF receptors.

Ilumya and Skyrizi selectively binds to the P19 subunit of interleukin (IL)-23, thereby inhibiting its interaction with the IL-23 receptor.

Stelara is a human interleukin (IL)-12 and IL-23 antagonist.

Tremfya selectively binds with interlekin (IL)-23, reducing serum levels of IL-17A, IL-17F, and IL-22.

IV. POLICY:

Immunosuppressive agents will be considered medically necessary once the following coverage criteria is met. Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Chart notes must be submitted to confirm diagnosis and previous treatment(s).

Member is not using the requested medication concomitantly with any other biologic drug or targeted synthetic drug.

	Approvable Indications	Drug Names								
		Actemra	Cimzia	Enbrel	Humira	Ilumya	Simponi	Skyrizi	Stelara	Tremfya
1	Moderately to severely active RA	X	X	X	X		X			
2	Psoriatic arthritis (PsA)		X	X	X		X		X	X
3	Moderate to severe plaque psoriasis		X	X	X	X			X	X
4	Active articular juvenile idiopathic arthritis	X		X	X					
5	Giant Cell Arteritis	X								
6	Systemic Sclerosis-Associated Interstitial Lung Disease	X								
7	Cytokine release syndrome	X								
8	Unicentric Castleman's Disease	X								
9	Multicentric Castleman's Disease	X								
10	Immunotherapy-related Inflammatory Arthritis	X								
11	Acute graft versus host disease	X								
12	Chronic graft versus host disease			X						
13	Active ankylosing spondylitis (AS)		X	X	X		X			
14	Reactive arthritis			X						
15	Hidradenitis suppurativa			X	X					
16	Behcet's disease			X	X					
17	Pyoderma gangrenosum			X	X					
18	Moderately to severely active Crohn's disease		X		X			X	X	
19	Moderately to severely active ulcerative colitis				X		X		X	
20	Uveitis				X					

INITIAL REQUEST:

1. **Moderately to severely active rheumatoid arthritis (RA) [Actemra, Cimzia, Enbrel, Humira, Simponi]**
   - **A.** Member has a confirmed diagnosis of moderately to severely active rheumatoid arthritis (RA) as defined by ONE of the following:
     - **a.** ≥8 tender joints or painful on motion; and ≥6 swollen joints;
     - **OR**
     - **b.** High sensitivity C-reactive protein (hs-CRP) ≥7 mg/L **OR** ESR ≥28 mm/H
   - **AND**
   - **B.** Prescribed by or in consultation with a Dermatologist or Rheumatologist;
   - **AND**
   - **C.** Member has failed to achieve a low disease activity after a 3-month trial of methotrexate (MTX) monotherapy at a maximum titrated dose of at least 15 mg per week and meets ONE of the following conditions:
     - **a.** Member has had a documented inadequate response to MTX in combination with at least one other non-biologic DMARD (i.e., leflunomide, hydroxychloroquine and/or sulfasalazine) after a 3-month trial at a maximum tolerated dose(s);
     - **OR**
     - **b.** Member has stopped taking MTX due to intolerable adverse event or has a documented contraindication and has had a documented inadequate response to another non-biologic DMARD (i.e., leflunomide, hydroxychloroquine, and/or sulfasalazine) alone or in combination after a 3-month trial at a maximum tolerated dose(s);
     - **OR**
     - **c.** Member has experienced a documented intolerable adverse event or contraindication to non-biologic DMARD;
     - **OR**
     - **d.** Member has moderate to high disease activity;
   - **AND**
   - **D.** Authorization is for no more than 12 months

2. **Psoriatic arthritis (PsA) [Cimzia, Enbrel, Humira, Simponi, Stelara, Tremfya]**
   - **A.** Prescribed by or in consultation with a Dermatologist or Rheumatologist;
   - **AND**
   - **B.** Member has tried, and indicated inadequate control to ALL of the following agents (unless intolerant or contraindicated):
     - **a.** NSAIDs for at least 4 weeks;
     - **AND**

b. Corticosteroids stable on a dose of ≤10 mg/day prednisone or equivalent for at least 2 weeks;

AND

c. Conventional/non-biologic disease modifying anti-rheumatic drug (DMARD) for at least 3 months;

AND

C. Authorization is for no more than 12 months

3. Moderate to severe plaque psoriasis [Cimzia, Enbrel, Humira, Ilumya, Stelara, Tremfya]

A. Prescribed by or in consultation with a Dermatologist;

AND

B. Body surface area affected by plaque-type psoriasis of 10% or greater;

AND

C. Member has tried ALL of the following for at least 3 months (unless intolerant or contraindicated):

a. Conventional DMARD therapy;

AND

b. Phototherapy (e.g. UVB, PUVA) administered 3-5 times per week;

AND

D. Authorization is for no more than 12 months

4. Active articular juvenile idiopathic arthritis [Actemra, Enbrel, Humira]

A. Prescribed by or in consultation with a Dermatologist or Rheumatologist;

AND

B. Member has tried, and indicated inadequate control, with one of the following (unless intolerant or contraindicated):

a. Methotrexate or another non-biologic DMARD administered at an adequate dose and duration;

OR

b. Biologic or targeted synthetic drug (e.g., Rinvoq, Xeljanz)

AND

C. Authorization is for no more than 12 months

5. Giant Cell Arteritis [Actemra]

A. When the member's diagnosis was confirmed by ONE of the following:

a. Temporal artery biopsy or cross-sectional imaging;

OR

b. Acute-phase reactant elevation (i.e., high erythrocyte sedimentation rate [ESR] and/or high serum C-reactive protein [CRP]);

AND

B. Member has tried a 3 month trial of a systemic corticosteroid;

AND

C. Authorization is for no more than 12 months

6. **Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD) [Actemra]**
   A. ILD was confirmed by High-resolution computer tomography (HRCT)];
   AND
   B. Member has tried, and indicated inadequate control, with ONE of the following agents for at least 3 months (unless intolerant or contraindicated): azathioprine, cyclophosphamide, mycophenolate
   AND
   C. Medication will not be used in combination with Ofev or other biologics;
   AND
   D. Authorization is for no more than 12 months

7. **Cytokine release syndrome [Actemra]**
   A. For treatment of cytokine release syndrome (CRS) induced by blinatumomab therapy or chimeric antigen receptor (CAR) T-cell therapy [e.g., Kymriah (tisagenlecleucel), Yescarta (axicabtagene ciloleucel)];
   AND
   B. Authorization is for no more than 1 month (maximum of 4 doses)

8. **Unicentric Castleman's Disease [Actemra]**
   A. Member is HIV-negative;
   AND
   B. The member is human herpesvirus-8-negative;
   AND
   C. The requested drug will be used as monotherapy;
   AND
   D. The requested drug is being used as second-line therapy for relapsed/refractory disease;
   AND
   E. Authorization is for no more than 12 months

9. **Multicentric Castleman's Disease [Actemra]**
   A. The requested drug will be used as monotherapy;
   AND
   B. The requested drug is being used as second-line therapy for relapsed/refractory or progressive disease;
   AND
   C. Authorization is for no more than 12 months

10. Immunotherapy-related Inflammatory Arthritis [Actemra]

A. Member tried and failed corticosteroids;

AND

B. Member has tried and failed a conventional DMARD for 3 months (unless intolerant or contraindicated);

AND

C. Authorization is for no more than 12 months

11. Acute graft versus host disease [Actemra, Enbrel]

A. Member has steroid-refractory GVHD;

AND

B. Member meets ONE of the following:

- **a.** Member is receiving Actemra in combination with systemic corticosteroids;
  OR
- **b.** Member is intolerant or contraindicated to systemic corticosteroids;

AND

C. Authorization is for no more than 4 doses

12. Chronic graft versus host disease [Enbrel]

A. Member meets ONE of the following:

- **a.** Member is receiving Enbrel in combination with systemic corticosteroids;
  OR
- **b.** Member is intolerant to systemic corticosteroid therapy;

AND

B. Authorization is for no more than 12 months

13. Active ankylosing spondylitis (AS) and active axial spondyloarthritis [Cimzia, Enbrel, Humira, Simponi]

A. Prescribed by or in consultation with a Rheumatologist;

AND

B. Member has a confirmed diagnosis of moderately to severely active ankylosing spondylitis (AS) as defined by ALL of the the Modified New York Criteria stated below:

- **a.** Low back pain and stiffness which improves with activity for more than 3 months;
  AND
- **b.** Limited range of motion of the lumbar spine in both forward and lateral bending;
  AND
- **c.** Limitation of chest expansion relative to normal values corrected for age and sex;

AND

C. Member has documented radiologic evidence to fulfill the Modified New York Criteria by ONE of the following as stated below:

a. Sacroiliitis grade ≥ 2 bilaterally;

OR

b. Sacroiliitis grade 3-4 unilaterally;

AND

D. Member has at least 2 NSAIDs for at least 4 weeks of treatment (unless intolerant or contraindicated);

AND

E. Authorization is for no more than 12 months

14. Reactive arthritis [Enbrel]

A. Prescribed by or in consultation with a Dermatologist or Rheumatologist;

AND

B. ONE of the following:

a. Member previously received a biologic indicated for reactive arthritis;

OR

b. Member has tried, and indicated inadequate control to ALL of the following agents (unless intolerant or contraindicated):

i. NSAIDs for at least 4 weeks;

AND

ii. Corticosteroids stable on a dose of ≤10 mg/day prednisone or equivalent for at least 2 weeks;

AND

iii. Conventional/non-biologic disease modifying anti-rheumatic drug (DMARD) for at least 3 months;

AND

C. Authorization is for no more than 12 months

15. Hidradenitis suppurativa [Enbrel, Humira]

A. Prescribed by or in consultation with a Dermatologist;

AND

B. Member has a documented trial and failure or contraindication of using at least 1 regimen from ALL of the following treatment options within the past 12 months:

a. Intralesional corticosteroid;

AND

b. Topical Clindamycin for 3 months;

AND

c. Oral mono antibiotics for 3 months: tetracycline, minocycline, doxycycline;

AND

d. Oral combo antibiotics for 3 months: oral clindamycin and oral rifampin;

AND

e. Oral Hormonal therapy: Spironolactone for 7 months for female members;

AND

f. Oral retinoid: Acitretin for 6 months for members with concomitant acne;

AND

C. Authorization is for no more than 3 months

16. Behcet's disease [Enbrel, Humira]

A. Member has Behcet's Disease affecting mucocutaneous membranes, eyes, gastrointestinal tract or causing arthritis;

AND

B. Member meets ONE of the following:

a. Member previously received Otezla or a biologic indicated for the treatment of Behcet's disease;

OR

b. Member has had an inadequate response to a 3-month trial of at least one non-biologic medication for Behcet's disease (e.g., apremilast, colchicine, systemic glucocorticoids, azathioprine, methotrexate, mycophenolate mofetil, cyclosporine, tacrolimus, cyclophosphamide, interferon alfacyclosporine);

AND

C. Authorization is for no more than 12 months

17. Pyoderma gangrenosum [Enbrel, Humira]

A. Member meets ONE of the following:

a. Member previously received Otezla or a biologic indicated for the treatment of Pyoderma gangrenosum;

OR

b. Member has experienced an inadequate response to corticosteroids AND immunosuppressive agent for at least 3 months (unless intolerant or contraindicated);

AND

B. Authorization is for no more than 12 months

18. Moderately to severely active Crohn's disease (CD) [Cimzia, Humira, Skyrizi, Stelara]

A. Prescribed by or in consultation with a Gastroenterologist;

AND

B. Member meets ONE of the following:

a. Member previously received a biologic indicated for the treatment of Crohn's disease confirmed by clinical chart notes or claims history supporting previous medication(s);

OR

b. Member has experienced an inadequate response for at least 3 months to systemic corticosteroids, azathioprine, mercaptoupurine, or methotrexate;

OR

c. Member has fistulizing CD;

AND

C. Authorization is for no more than 12 months

19. Moderately to severely active ulcerative colitis (UC) [Humira, Simponi, Stelara]

A. Prescribed by or in consultation with a Gastroenterologist;

AND

B. Member meets ONE of the following:

a. Member previously received a biologic or targeted synthetic drug (e.g., Xeljanz) indicated for moderately to severely active ulcerative colitis confirmed by clinical chart notes or claims history supporting previous medication(s);

OR

b. Member has experienced an inadequate response for at least 3 months to ONE of the following:

i. Oral mesalamine (e.g., Asacol, Asacol HD, Lialda, Pentasa), balsalazide, olsalazine, Rectal mesalamine (e.g., Canasa, Rowasa), Rectal hydrocortisone (e.g., Colocort, Cortifoam, prednisone, azathioprine, mercaptopurine, sulfasalazine, balsalazide, olsalazine, cyclosporine IV or tacrolimus;

AND

C. Authorization is for no more than 12 months

20. Uveitis (non-infectious intermediate, posterior and panuveitis) [Humira]

A. Prescribed by or in consultation with a Rheumatologist or Opthalmologist;

AND

B. Member meets ONE of the following:

a. Members previously received a biologic indicated for non-infectious intermediate, posterior, or panuveitis;

OR

b. Member has a documented recent history (within 12 months) of taking at least one from each of the following treatment options (documentations **must** be submitted):
- **i.** Topical corticosteroid eye drops for 3 months
  - **1.** Prednisolone, Dexamethasone, fluorometholone
- **ii.** Oral Glucocorticoids for 3 months
  - **1.** Steroid equivalent to 40-60mg of prednisone
- **iii.** Calcineurin Antagonist for 3 months
  - **1.** Cyclosporine, Tacrolimus
- **iv.** Cytotoxic agents for 3 months
  - **1.** Methotrexate, Azathioprine, Mycophenolate;

AND

C. Authorization is for no more than 12 months

RENEWAL REQUEST:

1. **Moderately to severely active rheumatoid arthritis (RA) [Actemra, Cimzia, Enbrel, Humira, Simponi]**
   A. Initial conditions of coverage have been met;
   AND
   B. Member achieved or maintained a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability confirmed by clinical chart notes;
   AND
   C. Authorization is for no more than 12 months

2. **Psoriatic arthritis (PsA) [Cimzia, Enbrel, Humira, Simponi, Stelara, Tremfya]**
   A. Initial conditions of coverage have been met
   AND
   B. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline confirmed by clinical chart notes:
   - **a.** Number of swollen joints
   - **b.** Number of tender joints
   - **c.** Dactylitis
   - **d.** Enthesitis
   - **e.** Skin and/or nail involvement;

   AND
   C. Authorization is for no more than 12 months

3. **Moderate to severe plaque psoriasis (PsO) [Cimzia, Enbrel, Humira, Ilumya, Stelara, Tremfya]**
   - **A.** Initial conditions of coverage have been met;
   - **AND**
   - **B.** Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when ONE of the following is met confirmed by clinical chart notes:
     - **a.** Reduction in body surface area (BSA) affected from baseline;
     - **OR**
     - **b.** Improvement in signs and symptoms from baseline (e.g., itching, redness, flaking, scaling, burning, cracking, pain);
     - **AND**
   - **C.** Authorization is for no more than 12 months

4. **Active articular juvenile idiopathic arthritis [Actemra, Enbrel, Humira]**
   - **A.** Initial conditions of coverage have been met;
   - **AND**
   - **B.** Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline confirmed by clinical chart notes:
     - **a.** Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
     - **OR**
     - **b.** Number of joints with limitation of movement
     - **OR**
     - **c.** Functional ability;
   - **AND**
   - **C.** Authorization is for no more than 12 months

5. **Giant Cell Arteritis (GCA) [Actemra]**
   - **A.** Initial conditions of coverage have been met;
   - **AND**
   - **B.** Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline confirmed by clinical chart notes:
     - **a.** Headaches
     - **OR**
     - **b.** Scalp tenderness
     - **OR**

c. Tenderness and/or thickening of superficial temporal arteries
OR
d. Constitutional symptoms (e.g., weight loss, fever, fatigue, night sweats)
OR
e. Jaw and/or tongue claudication
OR
f. Acute visual symptoms (e.g., amaurosis fugax, acute visual loss, diplopia)
OR
g. Symptoms of polymyalgia rheumatica (e.g., shoulder and/or hip girdle pain)
OR
h. Limb claudication;

AND

C. Authorization is for no more than 12 months

6-11. Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD), Cytokine release syndrome*, Unicentric Castleman's Disease, Multicentric Castleman's Disease, Immunotherapy-related Inflammatory Arthritis [Actemra], Acute graft versus host disease [Actemra]**

A. Initial conditions of coverage have been met;
AND
B. Member achieved or maintained a positive clinical response with the requested medication as evidenced by low disease activity or improvement in signs and symptoms of the condition;
AND
C. There is no evidence of unacceptable toxicity or disease progression while on the current regimen;
AND
D. Authorization is for no more than 12 months for most conditions (*1 month for Cytokin release syndrome, **4 doses for acute graft versus host disease)

12. Chronic graft versus host disease [Enbrel]

A. Initial conditions of coverage have been met;
AND
B. Member achieved or maintained a positive clinical response with the requested medication as evidenced by low disease activity or improvement in signs and symptoms of the condition;
AND
C. Authorization is for no more than 12 months

13. Active ankylosing spondylitis (AS) and active axial spondylarthritis [Cimzia, Enbrel, Humira, Simponi]

A. Initial conditions of coverage have been met;

AND

B. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline confirmed by clinical chart notes:

a. Functional status

OR

b. Total spinal pain

OR

c. Inflammation (e.g. morning stiffness);

AND

C. Authorization is for no more than 12 months

14. Reactive arthritis [Enbrel]

A. Initial conditions of coverage have been met;

AND

B. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition (e.g., tender joint count, swollen joint count, or pain);

AND

C. Authorization is for no more than 12 months

15. Hidradenitis suppurativa [Enbrel, Humira]

A. Initial conditions of coverage have been met;

AND

B. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when ONE of the following is met:

a. Reduction in abscess and inflammatory nodule count from baseline

OR

b. Reduced formation of new sinus tracts and scarring

OR

c. Decrease in frequency of inflammatory lesions from baseline

OR

d. Reduction in pain from baseline

OR

e. Reduction in suppuration from baseline

OR

f. Improvement in frequency of relapses from baseline

OR

g. Improvement in quality of life from baseline

OR

h. Improvement on a disease severity assessment tool from baseline;

AND

C. Authorization is for no more than 12 months

16-17. Behcet's disease, Pyoderma gangrenosum [Enbrel, Humira]

A. Initial conditions of coverage have been met;

AND

B. Member achieved or maintained a positive clinical response with the requested medication as evidenced by low disease activity or improvement in signs and symptoms of the condition;

AND

C. Authorization is for no more than 12 months

18. Moderately to severely active Crohn's Disease (CD) [Cimzia, Humira, Skyrizi, Stelara]

A. Initial conditions of coverage have been met;

AND

B. ONE of the following:

a. Member achieved or maintained remission;

OR

b. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline confirmed by clinical chart notes:

i. Abdominal pain or tenderness;

OR

ii. Diarrhea;

OR

iii. Body weight;

OR

iv. Abdominal mass;

OR

v. Hematocrit;

OR

vi. Endoscopic appearance of the mucosa;

OR

vii. Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI] score);

AND

C. Authorization is for no more than 12 months

19. Moderately to severely active ulcerative colitis [Humira, Stelara]

A. Initial conditions of coverage have been met;

AND

B. ONE of the following:

a. Member achieved or maintained remission;

OR

b. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ONE of the following from baseline:

i. Stool frequency;

OR

ii. Rectal bleeding;

OR

iii. Urgency of defecation;

OR

iv. C-reactive protein (CRP);

OR

v. Fecal calprotectin (FC);

OR

vi. Endoscopic appearance of the mucosa;

vii. Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score);

AND

C. Authorization is for no more than 12 months

20. Uveitis (non-infectious intermediate, posterior and panuveitis) [Humira]

A. Initial conditions of coverage has been met;

AND

B. Member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when the Member meets ONE of the following:

a. Reduced frequency of disease flares compared to baseline;

OR

b. Stability or improvement in anterior chamber (AC) cell grade compared to baseline;

OR

c. Stability or improvement in vitreous haze (VH) grade compared to baseline;

OR

d. Stability or improvement in visual acuity compared to baseline;

OR

e. Reduction in glucocorticoid requirements from baseline;

OR

f. No new active inflammatory chorioretinal and/or inflammatory retinal vascular lesions relative to baseline;

AND

C. Authorization is for no more than 12 months

V. LIMITATIONS/ EXCLUSIONS:

Autoimmune agents is considered to be experimental and investigational if prescribed for indications that have not been approved by the FDA and will not be covered under this policy.

Member is not using the requested medication concomitantly with any other biologic drug or targeted synthetic drug.

VI. APPLICABLE PROCEDURE CODES:

CPT	Description
J0135	Injection, adalimumab, 20mg (Humira)
J0717	Injection, Certolizumab pegol, 1mg (Cimzia)
J1438	Injection, entanercept, 25mg (Enbrel)
J1602	Injection, golimumab, 1 mg (Simponi)
J1628	Injection, guselkumab, 1 mg (Tremfya)
J2327	Injection, risankizumab-rzaa, 1mg (Skyrizi)
J3245	Injection, tildrakizumab, 1 mg (Ilumya)
J3262	Injection, tocilizumab, 1mg (Actemra)
J3357	Ustekinumab, for subcutaneous injection, 1 mg (Stelara)
J3358	Ustekinumab, for intravenous injection, 1 mg (Stelara)

VII. APPLICABLE DIAGNOSIS CODES:

CODE	Description
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.831	Cytokine release syndrome, grade 1
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4

D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
H44.111	Panuveitis, right eye
H44.112	Panuveitis, left eye
H44.113	Panuveitis, bilateral
H44.119	Panuveitis, unspecified eye
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding

K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula

K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L73.2	Hidradenitis suppurativa
M02.9	Reactive arthropathy, unspecified
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems

M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement

M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.7A	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder

M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.8A	Other Rheumatoid Arthritis With Rheumatoid Factor Of Other Specified Site
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand

M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.0A	Rheumatoid arthritis without rheumatoid factor, other specified site
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.811	Other specified rheumatoid arthritis, right shoulder
M06.812	Other specified rheumatoid arthritis, left shoulder
M06.819	Other specified rheumatoid arthritis, unspecified shoulder
M06.821	Other specified rheumatoid arthritis, right elbow
M06.822	Other specified rheumatoid arthritis, left elbow
M06.829	Other specified rheumatoid arthritis, unspecified elbow
M06.831	Other specified rheumatoid arthritis, right wrist
M06.832	Other specified rheumatoid arthritis, left wrist
M06.839	Other specified rheumatoid arthritis, unspecified wrist
M06.841	Other specified rheumatoid arthritis, right hand
M06.842	Other specified rheumatoid arthritis, left hand
M06.849	Other specified rheumatoid arthritis, unspecified hand
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.859	Other specified rheumatoid arthritis, unspecified hip
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M06.869	Other specified rheumatoid arthritis, unspecified knee
M06.871	Other specified rheumatoid arthritis, right ankle and foot
M06.872	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites
M06.8A	Other specified rheumatoid arthritis, other specified site

M06.9	Rheumatoid arthritis, unspecified
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist
M08.041	Unspecified juvenile rheumatoid arthritis, right hand
M08.042	Unspecified juvenile rheumatoid arthritis, left hand
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand
M08.051	Unspecified juvenile rheumatoid arthritis, right hip
M08.052	Unspecified juvenile rheumatoid arthritis, left hip
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M08.0A	Unspecified Juvenile Rheumatoid Arthritis, Other Specified Site
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand

M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites
M08.2A	Juvenile Rheumatoid Arthritis With Systemic Onset, Other Specified Site
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot

M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae
M08.4A	Pauciarticular juvenile rheumatoid arthritis, other specified site
M08.80	Other juvenile arthritis, unspecified site
M08.811	Other juvenile arthritis, right shoulder
M08.812	Other juvenile arthritis, left shoulder
M08.819	Other juvenile arthritis, unspecified shoulder
M08.821	Other juvenile arthritis, right elbow
M08.822	Other juvenile arthritis, left elbow
M08.829	Other juvenile arthritis, unspecified elbow
M08.831	Other juvenile arthritis, right wrist
M08.832	Other juvenile arthritis, left wrist
M08.839	Other juvenile arthritis, unspecified wrist
M08.841	Other juvenile arthritis, right hand
M08.842	Other juvenile arthritis, left hand
M08.849	Other juvenile arthritis, unspecified hand
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.869	Other juvenile arthritis, unspecified knee
M08.871	Other juvenile arthritis, right ankle and foot
M08.872	Other juvenile arthritis, left ankle and foot
M08.879	Other juvenile arthritis, unspecified ankle and foot
M08.88	Other juvenile arthritis, vertebrae
M08.89	Other juvenile arthritis, multiple sites
M08.90	Juvenile arthritis, unspecified, unspecified site
M08.911	Juvenile arthritis, unspecified, right shoulder
M08.912	Juvenile arthritis, unspecified, left shoulder
M08.919	Juvenile arthritis, unspecified, unspecified shoulder
M08.921	Juvenile arthritis, unspecified, right elbow
M08.922	Juvenile arthritis, unspecified, left elbow
M08.929	Juvenile arthritis, unspecified, unspecified elbow
M08.931	Juvenile arthritis, unspecified, right wrist
M08.932	Juvenile arthritis, unspecified, left wrist
M08.939	Juvenile arthritis, unspecified, unspecified wrist
M08.941	Juvenile arthritis, unspecified, right hand

M08.942	Juvenile arthritis, unspecified, left hand
M08.949	Juvenile arthritis, unspecified, unspecified hand
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M08.969	Juvenile arthritis, unspecified, unspecified knee
M08.971	Juvenile arthritis, unspecified, right ankle and foot
M08.972	Juvenile arthritis, unspecified, left ankle and foot
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot
M08.98	Juvenile arthritis, unspecified, vertebrae
M08.99	Juvenile arthritis, unspecified, multiple sites
M08.9A	Juvenile arthritis, unspecified, other specified site
M31.5	Giant cell arteritis with polymyalgia rheumatica
M31.6	Other giant cell arteritis
M34.81	Systemic sclerosis with lung involvement
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T80.82XA	Complication of immune effector cellular therapy, initial encounter
T80.82XD	Complication of immune effector cellular therapy, subsequent encounter
T86.5	Complications of stem cell transplant
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy

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REVISION LOG:

REVISIONS	INITIAL	DATE
Creation date	SC	4/28/2023
Annual review	JL	3/4/2026

Approved:	**Date:**	**Approved:**	**Date:**
Suzana Patel	3/12/2026		03.12.2026
Suzana Patel, PharmD **Senior Director of Pharmacy**		**Sanjiv Shah, MD** **Chief Medical Officer**	

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the Member meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical

review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered andor paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.

MetroPlus HealthPlan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.