



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Medical Utilization Management (MED UM) & Pharmacy Prior Authorization Policy

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Policy Number: 033

BCBSA Reference Number: N/A

Related Policies

- Quality Care Dosing guidelines may apply to the following medications and can be found in Medical Policy #[621](#)
- The complete Medication list is available and can be found in Medical Policy #[034](#)
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Prior Authorization Information

Policy	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Step Therapy <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Administrative	Reviewing Department	Pharmacy Operations: Tel: 1-800-366-7778 Fax: 1-800-583-6289
		Policy Effective Date	5/2024
Pharmacy (Rx) or Medical (MED) benefit coverage	<input checked="" type="checkbox"/> Rx <input checked="" type="checkbox"/> MED	To request for coverage: Providers may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.	
Policy applies to Commercial Members: <ul style="list-style-type: none"> • Managed Care (HMO and POS), • PPO and Indemnity • MEDEX with Rx plan • Managed Major Medical with Custom BCBSMA Formulary • Comprehensive Managed Major Medical with Custom BCBSMA Formulary • Managed Blue for Seniors with Custom BCBSMA Formulary Policy does NOT apply to: <ul style="list-style-type: none"> • Medicare Advantage 		Blue Cross Blue Shield of Massachusetts Pharmacy Operations Department 25 Technology Place Hingham, MA 02043 Tel: 1-800-366-7778 Fax: 1-800-583-6289 Individual Consideration for the atypical patient: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration	

Summary

This is a comprehensive policy covering prior authorization requirements for various medications.

Please refer to the chart below for the formulary status/requirements of the medications affected by this policy:

Drug	Formulary Status (BCBSMA Commercial Plan)	Requirement
Aralast/NP (alpha-1 antitrypsin) *	Covered, PA	PA required. See below for criteria.
Amvuttra ™ (vutrisiran) *	Covered, PA	
Berinert ® (C1 Esterase Inhibitor [Human])	Covered, PA	
Briumvi ™ (ublituximab)	Covered, PA	
Cerezyme ® (imiglucerase) *	Covered, PA	
Cinryze ™ (C1 Inhibitor [Human])	Covered, PA	
Dupixent ® (dupilumab) ^	Covered, PA	
Elelyso ® (taliglucerase) *	Covered, PA	
Enjaymo ™ (sutimlimab)	Covered, PA	
Evenity ™ (romosozumab-aqqg)	Covered, PA, QCD	
Firazyr ® (icatibant)	Covered, PA	
Forteo ® (teriparatide) ^	Covered, PA, QCD	
Galafold ™ (migalastat)	Covered, PA	
Gamifant ® (emapalumab)	Covered, PA	
Glassia (alpha-1 antitrypsin) *	Covered, PA	
Granix ® (tbo-filgrastim)	Covered, PA, QCD	
Haegarda ® (C1 Esterase Inhibitor [Human])	Covered, PA	
Ibandronate syringe	Covered, PA	
icatibant	Covered, PA	
Jetrea ® (ocriplasmin)	Covered, PA	
Kalbitor ® (ecallantide)	Covered, PA	
Kanuma ™ (sebelipase alfa)	Covered, PA	
Lamzedo ® (velmanase alfa-tycv) *	Covered, PA	
Lemtrada ® (alemtuzumab)	NCNF, PA	
Myalept ™ (metreleptin)	Covered, PA	
Neulasta; Neulasta Onpro ® (pegfilgrastim)	Covered, PA, QCD	
Nivestym ™ (filgrastim-aafi)	Covered, PA, QCD	
Neupogen ® (filgrastim)	NCNF, PA, QCD	
Nulibry ™ (fosdenopterin)	Covered, PA	
Ocrevus (ocrelizumab)	Covered, PA	
Onpattro ™ (patisiran)	Covered, PA	
Oxlumo ® (lumasiran)	Covered, PA	
Prolastin C (alpha-1 antitrypsin) *	Covered, PA	
Prolia ™ (denosumab) ^	Covered, PA	
Reclast ® (zoledronic acid) *	Covered, PA	
Regranex ® (becaplermin)	Covered, PA	
Ruconest ® (C1 Esterase Inhibitor [recombinant])	Covered, PA	
Sajazir ™ (icatibant)	Covered, PA	
Takhzyro ™ (lanadelumab-flyo)	Covered, PA	
Tegsedi ™ (inotersen) ^	Covered, PA, QCD	
Tepezza ™ (teprotumumab)	Covered, PA	
Teriparatide ^	NCNF, PA, QCD	
Tymlos ™ (abaloparatide) ^	Covered, PA, QCD	
Tysabri ® (natalizumab)	Covered, PA	
Tzield ™ (teplizumab)	Covered, PA	
Veopoz ™ (pozelimab)	Covered, PA	
Vyjuvek ™ (beremagene geperpavec-svdt)	Covered, PA	
VPRIV ® (velaglucerase) *	Covered, PA	
Wainua ™ (eplontersen)	Covered, PA	
Xenpozyme ™ (olipudase alfa)	Covered, PA	
Xgeva ™ (denosumab) ^	Covered, PA	

Xiaflex[®] (clostridial collagenase)	Covered, PA
Zarxio[®] (filgrastim- sndz)	Covered, PA, QCD
Zemaira[®] (alpha-1 antitrypsin) *	Covered, PA
Zoledronic Acid *	Covered, PA
Zometa[®] (zoledronic acid) *	Covered, PA

PA – Prior Authorization; NFNC – Non-formulary, Non-Covered; QCD (Quality Care Dosing – refer to Policy [621b](#))

* This medication is excluded from the pharmacy benefit. It may be covered by the medical benefit.

^This medication is covered ONLY under the pharmacy benefit.

Policy

Length of Approval	12 months, unless otherwise specified in the criteria
Formulary Status	All requests must meet the Prior Authorizations requirement and for non-covered medications, the member must also have had a previous treatment failure with, or contraindication to, at least two covered formulary alternatives when available. See section on individual consideration for more information if you require an exception to any of these criteria requirements for an atypical patient.
Member cost share consideration	For those drugs that may be covered under the pharmacy benefit, a higher non-preferred cost share may be applied if an exception request is approved for coverage of a non-preferred or a non-formulary/non-covered drug.

Prior Authorization Criteria

Aralast/NP, Glassia, Prolastin C, or Zemaira

Aralast/NP, Glassia, Prolastin C, or Zemaira (alpha-1 antitrypsin) may be considered **MEDICALLY NECESSARY** when **ALL** of the following criteria are met:

1. Diagnosis of emphysema (must have CT scan showing significant emphysema disease); **AND**
2. Age ≥ 18 years; **AND**
3. Documented alpha-1 antitrypsin deficiency, as demonstrated by blood levels less than 80mg/dL (11umol/L); **AND**
4. Plasma levels less than 80 mg/dL (11umol/L); **AND**
5. FEV1/FVC <70%; **AND**
6. Current non-smoker.

Amvuttra™

Amvuttra™ (vutrisiran) may be considered **MEDICALLY NECESSARY** when **ALL** of the following criteria are met:

1. Age ≥ 18 years; **AND**
2. Confirmed diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN) with documentation of a mutation in the TTR gene; **AND**
3. Baseline polyneuropathy disability (PND) score <IIIb; **AND**
4. Prescribed by a board-certified or board eligible geneticist OR board-certified or board eligible Neurologist; **AND**

5. NO dual therapy with another TTR-Lowering agent such as Onpattro[®] (patisiran) **OR** with Tegsedi[™] (inotersen).

Berinert[®]

Berinert (C1 Esterase Inhibitor [Human]) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary angioedema (HAE); **AND**
2. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE).

Briumvi[™]

Briumvi[™] (ublituximab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults; **AND**
2. Prescribed by a board-certified or board eligible Neurologist; **AND**
3. Age 18 years or older

Cerezyme[®], Elelyso[®], VPRIV[®]

Cerezyme (imiglucerase), **Elelyso** (taliglucerase), or **VPRIV** (velaglucerase) may be considered **MEDICALLY NECESSARY** and covered when the following criteria is met:

1. Diagnosis of Type 1 Gaucher disease.

Cinryze[™]

Hereditary Angioedema

Cinryze (C1 Inhibitor (Human)) may be considered **MEDICALLY NECESSARY** and may be covered when ALL the following criteria are met:

1. Confirmed diagnosis of Hereditary Angioedema (HAE); **AND**
2. Age \geq 6 years; **AND**
3. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE)

If the above criteria are met, the initial authorization will be approved for up to 12 months.

Short-Term Prophylaxis

Cinryze (C1 Inhibitor (Human)) used for **Short-Term Prophylaxis** may be covered when ALL the following criteria are met:

1. Confirmed diagnosis of Hereditary Angioedema (HAE); **AND**
2. The patient will be undergoing dental or surgical procedures that put them at risk for a severe attack; **AND**
3. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE).

If the above criteria are met, the authorization will be approved for one treatment per procedure.

Dupixent[®]

Dupixent[®] (dupilumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

Moderate to Severe Asthma

1. Add-on maintenance treatment of patients with moderate-to-severe asthma; **AND**
2. Patient is ≥ 6 years old, **AND**
3. Patient is diagnosed with an eosinophilic phenotype **OR** Patient has oral corticosteroid dependent asthma.

Moderate to Severe Atopic Dermatitis

1. The patient has moderate-to-severe atopic dermatitis (eczema); **AND**
2. The patient is ≥ 6 months of age; **AND**
3. The patient has demonstrated inadequate response to at least ONE topical immunosuppressant therapy (e.g., topical formulations of corticosteroids, calcineurin inhibitors, PDE4 inhibitor, and JAK inhibitors) or contraindication to topical therapy.

Chronic Rhinosinusitis with Nasal Polyps

1. The patient has inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); **AND**
2. The patient uses for add-on maintenance treatment; **AND**
3. The patient is ≥ 18 years old.

Eosinophilic Esophagitis

1. The patient has a diagnosis of eosinophilic esophagitis (EoE); **AND**
2. The patient weighs at least 33 pounds (15 kg); **AND**
3. The patient is ≥ 1 years old.

Prurigo Nodularis

1. The patient has a diagnosis of prurigo nodularis (PN); **AND**
2. The patient is ≥ 18 years old.

Enjaymo[™]

Enjaymo (sutimlimab) may be considered **MEDICALLY NECESSARY** and covered when the following criteria is met:

1. Confirmed diagnosis of cold agglutinin disease (CAD).

Evenity[™]

Evenity (romosozumab-aqqg) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of osteoporosis; **AND**
2. Considered as high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture **OR** patients who have failed or are intolerant to other available osteoporosis therapy.

The treatment duration of Evenity is limited to 12 monthly doses due to reduced anabolic effect.

Icatibant Acetate Injection, Firazyr[®], and Sajazir[®]

Icatibant acetate injection may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary angioedema (HAE); **AND**
2. Being used for the treatment of acute attacks of HAE; **AND**
3. Age \geq 18 years; **AND**
4. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE); **AND**
5. For **Firazyr** or **Sajazir** previous treatment with Firazyr or Sajir or prior use of icatibant acetate injection.

Forteo[®] (Teriparatide), Teriparatide

Forteo (Teriparatide) may be considered **MEDICALLY NECESSARY** may be covered when ALL the following criteria are met:

1. Diagnosis of osteoporosis in post-menopausal women OR primary or hypogonadal osteoporosis in men OR glucocorticoid-induced osteoporosis; **AND**
2. Age \geq 18 years; **AND**
3. Considered high risk of fractures, determined by having multiple risk factors or having a history of fractures; **AND**
4. For **Teriparatide**, previous use of Forteo.

If the above criteria are met, the authorization will be approved for 24 months ONLY. Continuation beyond 2 years can be considered if the member remains at, or has returned to, having a high risk for fracture. If the continuation is approved, then up to one year authorization will be granted.

We do NOT cover **Forteo[®]** (Teriparatide) or **Teriparatide** for other conditions not listed above, including but not limited to:

- Prevention of osteoporosis (women and men). Teriparatide has not been studied in this patient population and the benefits of building bone in a condition in which substantial bone loss has not occurred have not been investigated.
- Patients with Paget's disease as these patients have an increased baseline risk of osteosarcoma.
- Patients < 18 years of age. **Forteo[®]** (Teriparatide) or **Teriparatide** has not been studied in the pediatric population and it should not be used in those with open epiphyses.
- Patients that have received prior radiation therapy involving the skeleton. These patients may have an increased baseline risk of osteosarcoma.
- Patients with bone metastases, a history of skeletal malignancies, and/or metabolic bone diseases other than osteoporosis.
- Patients with hypercalcemia. Teriparatide may exacerbate hypercalcemia

Galafold™

Galafold (migalastat) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Confirmed diagnosis of Fabry disease; **AND**
2. Age ≥ 18 years; **AND**
3. Lab testing showing an amenable galactosidase alpha gene (GLA) variant; **AND**
4. Prescribed by a board-certified or board eligible Geneticist, or a Physician which specializes in the treatment of Fabry disease.

Gamifant®

Gamifant (emapalumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy; **AND**
2. HLH diagnosis was confirmed by molecular diagnosis OR five out of eight conventional criteria:
 - a. Low or absent Natural killer (NK) cell function
 - b. Fever ≥ 38.5 °C (101.3 °F)
 - c. Splenomegaly,
 - d. Elevated ferritin (≥ 500 µg/L)
 - e. Elevated sCD25 (≥ 2,400 U/mL) - may vary by age and should be compared with age-related norms
 - f. Triglycerides ≥ 265 mg/dL or fibrinogen ≤ 1.5 g/L
 - g. Hemophagocytosis in bone marrow, spleen, or lymph nodes
 - h. Cytopenia affecting at least 2 of 3 lineages in the peripheral blood: [Hemoglobin < 9 g/dL {< 10 g/dL in infants < 4 weeks of age} , Platelets < 100 x 10⁹/L, Neutrophils < 1.0 x 10⁹/L]; **AND**
3. Receiving prophylaxis for Herpes Zoster, Pneumocystis jirovecii, and fungal infections.

Granix® (tbo-filgrastim) and Zarxio® (filgrastim-sndz)

Symptomatic Congenital Neutropenia, cyclic neutropenia, and Idiopathic Neutropenia

Granix (tbo-filgrastim) or **Zarxio** (filgrastim-sndz) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of symptomatic congenital neutropenia OR cyclic neutropenia OR idiopathic neutropenia; **AND**
2. Used to reduce the incidence and duration of sequelae of neutropenia (e.g. fever, infections, oropharyngeal ulcers).

Autologous Hematopoietic Progenitor cells

Zarxio (filgrastim-sndz) may be considered **MEDICALLY NECESSARY** and covered for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.

Other Covered Indications

Please see policy [#105 Supportive Care Treatments for Patients with Cancer](#) for other covered indications.

We do not cover **Zarxio**[®] (filgrastim- sndz) or **Granix** (tbo-filgrastim) for other conditions not listed above or in related policy #105.

Haegarda[®] (C1 Esterase Inhibitor [Human])

Haegarda[®] (C1 Esterase Inhibitor [Human]) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary angioedema (HAE); **AND**
2. Age ≥ 6 years; **AND**
3. Being used for the prevention of HAE attacks; **AND**
4. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE).

Jetrea[®] (ocriplasmin)

Jetrea (ocriplasmin) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Age ≥ 18 years; **AND**
2. Diagnosis of vitreomacular adhesion.

Kalbitor[®] (ecallantide)

Kalbitor (ecallantide) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary angioedema (HAE); **AND**
2. Age ≥ 12 years; **AND**
3. Being used for the treatment of acute HAE attacks; **AND**
4. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE).

Kanuma[™] (sebelipase alfa)

Kanuma[™] (sebelipase alfa) may be considered **MEDICALLY NECESSARY** and covered when the following criteria is met:

1. Diagnosis of Lysosomal Acid Lipase (LAL) deficiency.

Lamzede® (velmanase alfa-tycv)

Lamzede (velmanase alfa-tycv) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of Alpha- Mannosidosis (AM) confirmed by enzyme assay demonstrating alpha-mannosidase activity <10% of normal activity; **AND**
2. Provider attests that the patient has signs and symptoms consistent with mild or moderate AM (e.g., absence of neurological manifestations, able to ambulate independently); **AND**
3. Prescribed by a board-certified or board eligible specialist familiar with the treatment of lysosomal storage disorders.

For Continuation:

Requires documentation of clinical response to therapy, attested by the provider (i.e., improvement or stabilization in motor function, FVC, reduction in frequency of infections, etc.).

Lemtrada® (alemtuzumab)

Lemtrada® (alemtuzumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of relapsing forms of multiple sclerosis (MS) or active secondary progressive disease
2. An inadequate response to two (2) or more drugs indicated for the treatment of MS. See related [Medical Policy 839](#) for a non-exhaustive list of drugs.

Myalept™ (metreleptin)

Myalept (metreleptin) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of congenital or acquired generalized lipodystrophy; **AND**
2. HIV negative; **AND**
3. Documented leptin deficiency; **AND**
4. Enroll in, and comply with and satisfy the Myalept (REMS) Prescription Authorization requirements.

Neulasta® / Neulasta Onpro® (pegfilgrastim)

Neulasta or **Neulasta Onpro** (pegfilgrastim) may be considered **MEDICALLY NECESSARY** and covered when the following criteria is met:

1. Used to increase survival in patients acutely exposed to myelosuppressive doses of radiation.

Other Covered Indications

Please see related policy [#105 Supportive Care Treatments for Patients with Cancer](#) for other covered indications.

We do not cover **Neulasta** or **Neulasta Onpro** for other conditions not listed above or in related policy #105

Neupogen® (filgrastim)

Neupogen (filgrastim) may be considered **MEDICALLY NECESSARY** and covered for the following indications when ALL the corresponding criteria are met:

Symptomatic Congenital Neutropenia, cyclic neutropenia, and Idiopathic Neutropenia

1. Diagnosis of symptomatic congenital neutropenia OR cyclic neutropenia OR idiopathic neutropenia; **AND**
2. Used to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers); **AND**
3. Previous treatment failure with filgrastim biosimilars Zarxio® **AND** Granix®.

Autologous Hematopoietic Progenitor Cells

1. Used for the mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis; **AND**
2. Previous treatment failure with filgrastim biosimilars Zarxio® **AND** Granix®.

Exposure to Myelosuppressive Doses of Radiation

1. To increase survival in patients acutely exposed to myelosuppressive doses of radiation.
(NOTE: The biosimilars are not approved for this indication and therefore would not be required).

Other Covered Indications

Please see related policy [#105 Supportive Care Treatments for Patients with Cancer](#) for other covered indications. We do not cover **Neupogen** for other conditions not listed above or in related policy #105.

Nivestym™ (filgrastim-aafi)

Nivestym (filgrastim-aafi) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of severe chronic neutropenia; **AND**
2. Previous treatment failure with filgrastim biosimilars Zarxio AND Granix.

Other Covered Indications

Please see related policy [#105 Supportive Care Treatments for Patients with Cancer](#) for other covered indications.

We do not cover **Nivestym** for other conditions not listed above or in related policy #105

Nulibry™ (fosdenopterin)

Nulibry (fosdenopterin) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Confirmed diagnosis of Molybdenum cofactor deficiency type A (MoCD Type A); **AND**
2. Confirmed MOCS1 mutation; **AND**
3. Prescribed by a board-certified or board eligible Geneticist or Neonatologist;

Ocrevus®

Ocrevus® (ocrelizumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults; **OR** Primary progressive MS, in adults; **AND**
2. Prescribed by a board-certified or board eligible Neurologist; **AND**
3. Age 18 years or older

Onpattro™ (patisiran)

Onpattro (patisiran) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Age ≥ 18 years; **AND**
2. Diagnosis of hereditary transthyretin-mediated amyloidosis in adults (hATTR); **AND**
3. Tissue biopsy showing amyloid deposition OR gene test confirming hATTR Mutation; **AND**
4. Polyneuropathy characterized by ONE of the following; **AND**
 - a. Baseline polyneuropathy disability (PND) IIIb or lower; **OR**
 - b. Baseline FAP Stage one or two; **AND**
5. Prescribed by a board-certified or board eligible Neurologist, Geneticist, or a Physician which specializes in the treatment of Amyloidosis.

Oxlumo™ (lumasiran)

Oxlumo® (lumasiran) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Confirmed diagnosis of primary hyperoxaluria type 1 (PH1); **AND**
2. Confirmed AGXT mutation; **AND**
3. No history of kidney or liver transplant; **AND**
4. No clinical evidence of systemic oxalosis; **AND**
5. Documentation that the patient has made efforts to increase fluid intake to at least 3 L/m² BSA per day; **AND**
6. Concurrent use of pyridoxine OR previous trial of at least 3 months of pyridoxine with no significant improvement observed (e.g. <30% reduction in urine oxalate concentration after at least 3 months of therapy).

Prolia™ (denosumab)

Prolia (denosumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of osteoporosis OR glucocorticoid-induced osteoporosis, **AND**
2. Documented Dose and Frequency must be submitted and must be within the FDA approved Dosing and Frequency, **AND**
3. Previous treatment failure with one (1) or more oral bisphosphonates (ex: alendronate, Fosamax, Actonel, risedronate) resulting in intolerability to the oral product **OR** one of the following:
 - a. Inability to swallow
 - b. Inability to remain in an upright position during post oral bisphosphonate administration

- c. Being used to increase bone mass in adults with osteoporosis at high risk for fracture
- d. Initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for at least 6 months.

Other Covered Indications

- 1. Being used for the treatment of androgen deprivation-induced bone loss in men with prostate cancer **AND** Documented Dose and Frequency must be submitted and must be within the FDA approved Dosing and Frequency.
- OR**
- 2. Being used for the treatment of aromatase inhibitor-induced bone loss in women with breast cancer **AND** Documented Dose and Frequency must be submitted and must be within the FDA approved Dosing and Frequency.

Reclast® (zoledronic acid), Zoledronic acid, Ibandronate

Ibandronate or **zoledronic acid** may be considered **MEDICALLY NECESSARY** and covered for the following indications when ALL the corresponding criteria are met:

Osteoporosis

- 1. Diagnosis of osteoporosis; **AND**
- 2. Previous treatment failure with one (1) or more oral bisphosphonates (ex: alendronate, Fosamax, Actonel) resulting in intolerability to the oral product **OR** one of the following:
 - a. Inability to swallow; **OR**
 - b. Inability to remain in an upright position during post oral bisphosphonate administration; **AND**
- 3. For **Reclast®** (zoledronic acid), may be covered after previous treatment failure of or contraindication to zoledronic acid.

Zoledronic acid for Paget's Disease

- 1. Diagnosis of Paget's disease of the bone; **OR**
- 2. Being used for prevention of osteoporosis/osteopenia.
- 3. For **Reclast®** (zoledronic acid), may be covered after previous treatment failure of or contraindication to zoledronic acid

Regranex® (becaplermin)

Regranex (becaplermin) may be considered **MEDICALLY NECESSARY** and covered for the following indications when ALL the corresponding criteria are met:

Diabetic Ulcers

- 1. Confirmed lower extremity neuropathic diabetic ulcer(s); **AND**
- 2. Documentation of full-thickness ulcer(s) (Stage III or IV), extending through the dermis into subcutaneous tissues; **AND**
- 3. There is adequate tissue oxygenation, as measured by a transcutaneous partial pressure of oxygen of 30 mm Hg (millimeters of mercury) or greater on the foot dorsum or at the margin of the ulcer; **AND**
- 4. There is participation in a wound-management program, which includes sharp debridement, pressure relief (non-weight bearing), and infection control.

Pressure Ulcers

- 1. Confirmed pressure ulcer(s); **AND**

2. Documentation of full-thickness ulcer(s) (Stage III or IV), extending through dermis into subcutaneous; **AND**
3. The ulcer(s) is/are in an anatomic location that can be off-loaded or completely relieved for the duration of treatment; **AND**
4. Albumin level is greater than 2.5 g/dL; **AND**
5. Total lymphocyte count is greater than 1,000; **AND**
6. Normal values of vitamins A and C.

Ruconest[®] (C1 Esterase Inhibitor [recombinant])

Ruconest (C1 Esterase Inhibitor [recombinant]) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary angioedema (HAE); **AND**
2. Age \geq 13 years; **AND**
3. Being used for the treatment of acute HAE attacks; **AND**
4. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE).

Takhzyro[™] (lanadelumab-flyo)

Takhzyro (lanadelumab-flyo) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary angioedema (HAE); **AND**
2. Age \geq 2 years; **AND**
3. Being used for the prevention of HAE attacks; **AND**
4. Prescribed by a board-certified or board eligible Allergy & Immunology, Geneticist, or a Physician which specializes in the treatment of hereditary angioedema (HAE).

Tegsedi[™] (inotersen)

Tegsedi (inotersen) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary transthyretin-mediated amyloidosis (hATTR); **AND**
2. Age \geq 18 years; **AND**
3. Tissue biopsy showing amyloid deposition; **AND**
4. Documented polyneuropathy characterized by ONE (1) of the following:
 - a. Baseline polyneuropathy disability (PND) IIIb or lower; **OR**
 - b. Baseline FAP Stage one or two**AND**
5. Prescribed by a board-certified or board eligible Neurologist, Geneticist, or a Physician which specializes in the treatment of Amyloidosis; **AND**
6. Previous treatment failure with, or contraindication to, Onpattro[™] (patisiran).

Tepezza[™] (teprotumumab)

Tepezza[™] (teprotumumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Confirmed diagnosis of Graves' disease; **AND**
2. Documentation of active moderate to severe Thyroid Eye Disease (TED); **AND**
3. Age \geq 18 years; **AND**
4. Prescribed by a board-certified or board eligible ophthalmologist; **AND**
5. Documented Dose and Frequency must be submitted and must be within the FDA approved Dosing and Frequency, **AND**
6. Submission of laboratory results indicating that the patient is euthyroid prior to starting therapy; **AND**
7. Documentation of one (1) or more of the following:
 - a. Lid retraction of >2 mm
 - b. Moderate or severe soft-tissue involvement
 - c. Proptosis >3 mm above normal values for race and sex
 - d. Periodic or constant diplopia

Tepezza will be covered for one course of therapy (8 doses). There is an ongoing trial evaluating patients re-treated with Tepezza. Criteria for retreatment should be considered based on the results of this trial when available.

Tymlos™ (abaloparatide)

Tymlos™ (abaloparatide) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of osteoporosis in a postmenopausal woman; **AND**
2. Considered at high risk for fracture, defined as a history of osteoporotic fracture, multiple risk factors for fracture OR have failed or are intolerant to other available osteoporosis therapy.

If approved, authorization may be granted for up to 24 months. The total 24 months shall be aggregated to include the use of both teriparatide and abaloparatide and to not exceed the 24 months of therapy over the patient's lifetime.

Tysabri® (natalizumab)

Tysabri® (Natalizumab) may be considered **MEDICALLY NECESSARY** and covered for the below indications when ALL the corresponding criteria are met:

Multiple Sclerosis

1. Diagnosis of relapsing forms of Multiple Sclerosis – including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease; **AND**
2. Age \geq 18 years; **AND**
3. Treatment failure with, or contraindication to, one (1) of the following medications: Avonex®, Betaseron®, Copaxone® or Rebif® within the past 6 months; **AND**
4. Prescribed by a board-certified or board eligible neurologist.

Crohn's Disease

1. Diagnosis of moderately to severely active Crohn's Disease; **AND**
2. Age \geq 18 years; **AND**
3. Treatment failure with, or contraindication to, one (1) Tumor Necrosis Factor (TNF) blocking agent (i.e., Cimzia®, Enbrel®, Humira® or Remicade®); **AND**
4. Prescribed by a board-certified or board gastroenterologist; **AND**

5. Not used in combination with other Integrin Inhibitors (e.g., vedolizumab)

Tzielid™ (teplizumab)

Tzielid (teplizumab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of stage 2 Type 1 Diagnosis; **AND**
2. Age ≥ 8 years; **AND**
3. There is presence of at least two (2) or more positive pancreatic autoantibodies; **AND**
4. Laboratory testing indicating dysglycemia[#]; **AND**
5. Prescribed by or in consultation with a board-certified or board eligible endocrinologist.

If approved the auth will be valid for a one time, one-month authorization per lifetime.

- According to the American Diabetes Association (ADA) 2023 Standards of Medical Care in Diabetes, dysglycemia may be diagnosed based on one of the following:

- 2-hour plasma glucose (2h-PG) level of 140-199 mg/dL (7.8-11.0 mmol/L) during OGTT
- A fasting plasma glucose (FPG) level of 100-125 mg/dL (5.6-6.9 mmol/L)
- Hemoglobin A1C of 5.7%-6.4% (39-47 mmol/mol) OR ≥10% increase in A1C

Veopoz™ (pozelimab)

Veopoz (pozelimab) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of CHAPLE disease with confirmed CD55 loss of function mutation; **AND**
2. Age ≥ 1 year; **AND**
3. Not receiving Soliris and Veopoz together; **AND**
4. Prescribed by a board-certified or board eligible hematologist, or a board-certified or board eligible gastroenterologist or a specialist in rare genetic diseases.

If approved the auth will be valid for a one time, one-month authorization per lifetime.

Vyjuvek™ (beremagene geperpavec-svdt)

Vyjuvek (beremagene geperpavec-svdt) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of dystrophic epidermolysis bullosa (DEB); **AND**
2. Documented mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene; **AND**
3. Age ≥ 6 months; **AND**
4. The dosing is within the weekly maximum per age: 0.8 mLs per week for patients under three (3) years of age and 1.6 mLs per week for patients three (3) years of age and over; **AND**
5. The patient is only receiving the treatment under one benefit (Pharmacy or Medical).

Vyjuvek Dosing Information

Maximum Weekly Dose by Age

Age Range	Maximum Weekly Dose (plaque forming units; PFU)	Maximum Weekly Volume (milliliter; mL) [*]
6 months to <3 years old	1.6 × 10 ⁹	0.8
≥ 3 years old	3.2 × 10 ⁹	1.6
* Maximum weekly volume after mixing VYJUVEK biological suspension with excipient gel.		

Wainua™ (eplontersen)

Wainua (eplontersen) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of hereditary transthyretin-mediated amyloidosis (hATTR), **AND**
 2. Age ≥ 18 years, **AND**
 3. Tissue biopsy showing amyloid deposition **OR** gene test confirming hATTR Mutation, **AND**
 4. Documented polyneuropathy characterized by ONE (1) of the following:
 - a. Baseline polyneuropathy disability (PND) IIIb or lower, **OR**
 - b. Baseline FAP Stage one or two
- AND**
5. Prescribed by a board-certified or board eligible Neurologist, Geneticist, or a Physician which specializes in the treatment of Amyloidosis.
 6. Does not have Prior or planned liver transplant, New York Heart Association (NYHA) heart failure classification >2 or Concomitant use of another TTR silencer, including Amvuttra, Tegsedi, and Onpattro

Xenpozyme™ (olipudase alfa)

Xenpozyme (olipudase alfa) may be considered **MEDICALLY NECESSARY** and covered when ALL the following criteria are met:

1. Diagnosis of acid sphingomyelinase deficiency, confirmed via enzyme assay, and judged by the provider to be ASMD type B or type A/B; **AND**
2. There are no central nervous system manifestations; **AND**
3. Prescribed by, or in consultation with, a specialist familiar with the treatment of lysosomal storage disorder; **AND**
4. For adults, diffusion capacity of the lungs for carbon monoxide (DLco) ≤70% of predicted normal.

Xgeva™ (denosumab)

Xgeva™ (denosumab) may be considered **MEDICALLY NECESSARY** and covered for the below indications when criterion 1 and a single other corresponding criterion is met:

1. Documented Dose and Frequency must be submitted and must be within the FDA approved Dosing and Frequency, **AND**
2. Prevention of skeletal related events in bone metastases from solid tumors; **OR**
3. Prevention of skeletal related events in Multiple Myeloma; **OR**
4. Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity; **OR**
5. Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

Xiaflex® (clostridial collagenase)

Xiaflex (clostridial collagenase) may be considered **MEDICALLY NECESSARY** and covered for the below indications when ALL the corresponding criteria are met:

Dupuytren's Contracture

1. Documented diagnosis of Dupuytren's contracture; **AND**
2. Age ≥ 18 years; **AND**
3. There is a palpable cord; **AND**
4. There is functional impairment; **AND**
5. There are fixed-flexion contractures of the metacarpophalangeal joint or proximal interphalangeal joint of 20 degrees or more (excluding the thumb); **AND**
6. The injection is administered only by a physician credentialed in hand surgery (e.g., Orthopedics, Plastic Surgery), or by a board-certified Rheumatologist experienced in injection procedures of the hand and in the treatment of patients with Dupuytren's contracture.

If approved, authorization will be granted for up to 3 injections at 4-week intervals per lesion.

Peyronie's Disease

1. Documented diagnosis of Peyronie's disease; **AND**
2. Age ≥ 18 years; **AND**
3. There is a palpable plaque causing the curvature; **AND**
4. There is curvature deformity of at least 30 degrees or more at the start of therapy, **AND**
5. The injection is administered only by a physician board certified or board eligible in urology.

If approved, authorization will be granted up to 8 injections at 6-week intervals per lesion.

Zometa® (zoledronic acid) and Zoledronic Acid

Zoledronic acid may be considered **MEDICALLY NECESSARY** and covered for any of the following indications:

1. Hypercalcemia of malignancy; **OR**
2. Multiple myeloma; **OR**
3. Documented bone metastases from solid tumors; **AND**
4. For **Zometa** (zoledronic acid), previous treatment failure with or contraindication to zoledronic acid.

Other Information

Blue Cross Blue Shield of Massachusetts (BCBSMA*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) obtaining the medication from the Pharmacy benefit instead of the Medical benefit will be required to fill their prescriptions for medications listed as specialty at one of the providers in our retail specialty pharmacy network, see link below:

[Link to Specialty Pharmacy List](#)

Provider Documentation Requirements

Documentation from the provider to support a reason preventing trial of formulary alternative(s) must

include the name and strength of alternatives tried and failed (if alternatives were tried, including dates if available) and specifics regarding the treatment failure. Documentation to support clinical basis preventing switch to formulary alternative should also provide specifics around clinical reason.

Individual Consideration (For Atypical Patients)

Our medical policies are written for most people with a given condition. Each policy is based on peer reviewed clinical evidence. We also take into consideration the needs of atypical patient populations and diagnoses.

If the coverage criteria outlined is unlikely to be clinically effective for the prescribed purpose, the health care provider may request an exception to cover the requested medication based on an individual's unique clinical circumstances. This is also referred to as "individual consideration" or an "exception request."

Some reasons why you may need us to make an exception include: therapeutic contraindications; history of adverse effects; expected to be ineffective or likely to cause harm (physical, mental, or adverse reaction).

To facilitate a thorough and prompt review of an exception request, we encourage the provider to include additional supporting clinical documentation with their request. This may include:

- Clinical notes or supporting clinical statements;
- The name and strength of formulary alternatives tried and failed (if alternatives were tried) and specifics regarding the treatment failure, if applicable;
- Clinical literature from reputable peer reviewed journals;
- References from nationally recognized and approved drug compendia such as American Hospital Formulary Service® Drug Information (AHFS-DI), Lexi-Drug, Clinical Pharmacology, Micromedex or Drugdex®; and
- References from consensus documents and/or nationally sanctioned guidelines.

Providers may call, fax or mail relevant clinical information, including clinical references for individual patient consideration, to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Phone: 1-800-366-7778
Fax: 1-800-583-6289

We may also use prescription claims records to establish prior use of formulary alternatives or to show if step therapy criteria has been met. We will require the provider to share additional information when prescription claims data is either not available or the medication fill history fails to establish use of preferred formulary medications or that step therapy criteria has been met.

Policy History

Date	Action
5/2024	Updated to add Wainua to the policy and Med UM.
4/2024	Updated age with Dupixent for EoE diagnosis with new FDA limits.

3/2024	Updated to include dose & frequency requirement for Tepezza, Prolia and Xgeva to coincide with the Medical claim edits and to add Aphexda to the policy and a note for Outcomes-based contracts for Vyjuvek.
1/2024	Updated to add Veopoz™ to the policy.
1/1/2024	Updated to add Ocrevus and Briumvi to Med UM and Pharmacy PA. Also, to add Pharmacy PA to Tysabri.
12/2023	Reformatted policy. Removed Clinical Activity Score report (CAS) with score ≥ 4 from Tepezza to match updated FDA label. Updated criteria for Tysabri to exclude concurrent use with other integrin inhibitors for Crohn's Disease
9/2023	Updated to add Vyjuvek™ to the policy and updated IC to align with 118E MGL § 51A.
7/2023	Updating step therapy requirements to require use of a steroid and (tacrolimus or pimecrolimus) before covering Dupixent® when used to treat atopic dermatitis (eczema). Added links for Ibandronate and Zoledronic acid. Also, clarified coding for Teriparatide and added Lamzede® to the policy.
4/2023	Updated to change the age for Takhzyro.
2/2023	Updated to add Oxlumio® new update, label expansion of Enjaymo™ and to add Tzield™ to the policy.
1/2023	Updated to add Xenpozyme™ to the policy and Med UM.
11/2022	Updated to remove Probuphine as it was removed from the market and to clarify coding for Autologous Peripheral Blood Progenitor Cell Collection. Also, to add Amvuttra™ to the policy and new indication for Dupixent®.
8/2022	Updated to add new EoE indication for Dupixent® and age change for Atopic Dermatitis plus clarifying note for Lemtrada®.
7/2022	Updated to Neulasta to a preferred status.
6/2022	Updated to add Enjaymo™ to the policy and clarify previous treatment for applicable medications.
2/2022	Updated age change for Some indications of Dupixent®.
10/2021	Updated to include new brand for icatibant named Sajazir™
8/2021	Updated to allow Tysabri to be filled at Specialty Pharmacy.
7/2021	Updated to move oncology diagnoses for Neulasta, Neupogen, Nivestym and Ziextenzo to policy 105 and to move Vectibix and Erbitux to policy 099. Also to add Nulibry to Med UM.
4/2021	Updated Evenity to include duration of therapy.
2/2021	Updated to add Oxlumio to the policy and modified Onpattro criteria.
1/2021	Updated to add Ziextenzo to the policy and change Nivestym criteria plus to add PPO to the UM program.
12/2020	Updated Haegarda® age indication.
10/2020	Clarified coding information
7/2020	Updated to change criteria for Neulasta® & Neulasta® Onpro®. Clarified coding information
4/2020	Updated to add Tepezza and Teriparatide to the Med UM Program and Policy.
2/2020	Updated to include active secondary progressive disease diagnosis for Lemtrada®
1/2020	Updated to add Nivestym™ as non-preferred and to add Ziextenzo™ as a biosimilar to Neulasta®
9/2019	Updated to include new indication for Dupixent® and Add Evenity to Med Um.
7/2019	The following Medications will have Prior Authorization requirements and be part of the Med UM program – Berinert®, Cinqair®, Fasentra™, Firazyf®, Haegarda®, Kalbitor®, Neulasta®, Neupogen®, Nucala®, Gamifant®, and Ruconest®.
4/2019	Updated to add age change for Dupixent for Topical Indication.
2/2019	Updated to Include Tegsedi™ & Takhzyro™ to the policy & to Med UM and to just add Galafold™ to the policy after P & T review.

1/2019	Clarified coding information.
11/2018	Updated to add after P & T review Onpattro™ and to clarify Cerezyme criteria and to add additional indications for Prolia. Also moved Dupixent from policy 010 into this policy.
6/2018	Updated to include new indication for Prolia and to insert Specialty Pharmacy Link.
5/2018	Updated to include new indication for Xgeva.
1/2018	Clarified coding information
11/2017	Updated to include Tymlos™ to this policy and update Walgreens Specialty.
9/1/2017	Implementation of this new policy.

Forms

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<https://www.bluecrossma.org/medical-policies/sites/g/files/cspkws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>

OR

Print and fax, Massachusetts Standard Form for Medication Prior Authorization Requests [#434](#)

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg [Aralast, Aralast NP, Prolastin C, Zemaira]
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
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E88.01	Alpha-1-antitrypsin deficiency
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

HCPCS Codes

HCPCS codes:	Code Description
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
D84.1	Defects in the complement system

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (i.e., Dupuytren's contracture)
26341	Manipulation, palmar fascial cord (i.e., Dupuytren's cord), post enzyme injection (e.g., collagenase), single cord

HCPCS Codes

HCPCS codes:	Code Description
J0775	Injection, collagenase clostridium histolyticum, 0.01 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT and HCPCS codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
N48.6	Induration penis plastic
M72.0	Palmar fascial fibromatosis [Dupuytren]
M75.00	Adhesive capsulitis of unspecified shoulder
M75.01	Adhesive capsulitis of right shoulder
M75.02	Adhesive capsulitis of left shoulder

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J0800	Injection, corticotropin, up to 40 units [H. P. Acthar gel]

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT and HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
D86.0	Sarcoidosis of lung
A17.0	Tuberculous meningitis
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck

C81.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen

C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen

C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites

C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites

C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb

C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb

C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse

C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse

C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D45	Polycythemia vera
D59.0	Drug-induced autoimmune hemolytic anemia
D59.10	Autoimmune hemolytic anemia, unspecified
D59.11	Warm autoimmune hemolytic anemia
D59.12	Cold autoimmune hemolytic anemia
D59.13	Mixed type autoimmune hemolytic anemia
D59.19	Other autoimmune hemolytic anemia
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.83	Sarcoid iridocyclitis
D86.84	Sarcoid pyelonephritis
D86.85	Sarcoid myocarditis
D86.86	Sarcoid arthropathy
D86.87	Sarcoid myositis
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
E27.0	Other adrenocortical overactivity

E83.52	Hypercalcemia
G35	Multiple sclerosis
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.419	Chronic giant papillary conjunctivitis, unspecified eye
H10.45	Other chronic allergic conjunctivitis
H20.00	Unspecified acute and subacute iridocyclitis
H20.011	Primary iridocyclitis, right eye
H20.012	Primary iridocyclitis, left eye
H20.013	Primary iridocyclitis, bilateral
H20.019	Primary iridocyclitis, unspecified eye
H20.021	Recurrent acute iridocyclitis, right eye
H20.022	Recurrent acute iridocyclitis, left eye
H20.023	Recurrent acute iridocyclitis, bilateral
H20.029	Recurrent acute iridocyclitis, unspecified eye
H20.031	Secondary infectious iridocyclitis, right eye
H20.032	Secondary infectious iridocyclitis, left eye
H20.033	Secondary infectious iridocyclitis, bilateral
H20.039	Secondary infectious iridocyclitis, unspecified eye
H20.041	Secondary noninfectious iridocyclitis, right eye
H20.042	Secondary noninfectious iridocyclitis, left eye
H20.043	Secondary noninfectious iridocyclitis, bilateral
H20.049	Secondary noninfectious iridocyclitis, unspecified eye
H20.051	Hypopyon, right eye
H20.052	Hypopyon, left eye
H20.053	Hypopyon, bilateral
H20.059	Hypopyon, unspecified eye
H20.10	Chronic iridocyclitis, unspecified eye
H20.11	Chronic iridocyclitis, right eye
H20.12	Chronic iridocyclitis, left eye
H20.13	Chronic iridocyclitis, bilateral
H20.20	Lens-induced iridocyclitis, unspecified eye
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H20.811	Fuchs' heterochromic cyclitis, right eye
H20.812	Fuchs' heterochromic cyclitis, left eye
H20.813	Fuchs' heterochromic cyclitis, bilateral
H20.819	Fuchs' heterochromic cyclitis, unspecified eye
H20.821	Vogt-Koyanagi syndrome, right eye
H20.822	Vogt-Koyanagi syndrome, left eye
H20.823	Vogt-Koyanagi syndrome, bilateral
H20.829	Vogt-Koyanagi syndrome, unspecified eye

H20.9	Unspecified iridocyclitis
H30.001	Unspecified focal chorioretinal inflammation, right eye
H30.002	Unspecified focal chorioretinal inflammation, left eye
H30.003	Unspecified focal chorioretinal inflammation, bilateral
H30.009	Unspecified focal chorioretinal inflammation, unspecified eye
H30.011	Focal chorioretinal inflammation, juxtapapillary, right eye
H30.012	Focal chorioretinal inflammation, juxtapapillary, left eye
H30.013	Focal chorioretinal inflammation, juxtapapillary, bilateral
H30.019	Focal chorioretinal inflammation, juxtapapillary, unspecified eye
H30.021	Focal chorioretinal inflammation of posterior pole, right eye
H30.022	Focal chorioretinal inflammation of posterior pole, left eye
H30.023	Focal chorioretinal inflammation of posterior pole, bilateral
H30.029	Focal chorioretinal inflammation of posterior pole, unspecified eye
H30.031	Focal chorioretinal inflammation, peripheral, right eye
H30.032	Focal chorioretinal inflammation, peripheral, left eye
H30.033	Focal chorioretinal inflammation, peripheral, bilateral
H30.039	Focal chorioretinal inflammation, peripheral, unspecified eye
H30.041	Focal chorioretinal inflammation, macular or paramacular, right eye
H30.042	Focal chorioretinal inflammation, macular or paramacular, left eye
H30.043	Focal chorioretinal inflammation, macular or paramacular, bilateral
H30.049	Focal chorioretinal inflammation, macular or paramacular, unspecified eye
H30.101	Unspecified disseminated chorioretinal inflammation, right eye
H30.102	Unspecified disseminated chorioretinal inflammation, left eye
H30.103	Unspecified disseminated chorioretinal inflammation, bilateral
H30.109	Unspecified disseminated chorioretinal inflammation, unspecified eye
H30.111	Disseminated chorioretinal inflammation of posterior pole, right eye
H30.112	Disseminated chorioretinal inflammation of posterior pole, left eye
H30.113	Disseminated chorioretinal inflammation of posterior pole, bilateral
H30.119	Disseminated chorioretinal inflammation of posterior pole, unspecified eye
H30.121	Disseminated chorioretinal inflammation, peripheral right eye
H30.122	Disseminated chorioretinal inflammation, peripheral, left eye
H30.123	Disseminated chorioretinal inflammation, peripheral, bilateral
H30.129	Disseminated chorioretinal inflammation, peripheral, unspecified eye
H30.131	Disseminated chorioretinal inflammation, generalized, right eye
H30.132	Disseminated chorioretinal inflammation, generalized, left eye
H30.133	Disseminated chorioretinal inflammation, generalized, bilateral
H30.139	Disseminated chorioretinal inflammation, generalized, unspecified eye
H30.141	Acute posterior multifocal placoid pigment epitheliopathy, right eye
H30.142	Acute posterior multifocal placoid pigment epitheliopathy, left eye
H30.143	Acute posterior multifocal placoid pigment epitheliopathy, bilateral
H30.149	Acute posterior multifocal placoid pigment epitheliopathy, unspecified eye
H30.20	Posterior cyclitis, unspecified eye
H30.21	Posterior cyclitis, right eye
H30.22	Posterior cyclitis, left eye
H30.23	Posterior cyclitis, bilateral
H30.811	Harada's disease, right eye
H30.812	Harada's disease, left eye
H30.813	Harada's disease, bilateral
H30.819	Harada's disease, unspecified eye
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye

H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H30.90	Unspecified chorioretinal inflammation, unspecified eye
H30.91	Unspecified chorioretinal inflammation, right eye
H30.92	Unspecified chorioretinal inflammation, left eye
H30.93	Unspecified chorioretinal inflammation, bilateral
H46.8	Other optic neuritis
H46.9	Unspecified optic neuritis
J82.81	Chronic eosinophilic pneumonia
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified
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
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon 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
L10.0	Pemphigus vulgaris
L10.1	Pemphigus vegetans
L10.2	Pemphigus foliaceus
L10.3	Brazilian pemphigus [fogo selvagem]
L10.4	Pemphigus erythematosus
L10.5	Drug-induced pemphigus
L10.81	Paraneoplastic pemphigus
L10.89	Other pemphigus
L10.9	Pemphigus, unspecified
L13.8	Other specified bullous disorders
L13.9	Bullous disorder, unspecified
L14	Bullous disorders in diseases classified elsewhere
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
L51.0	Nonbullous erythema multiforme
L51.1	Stevens-Johnson syndrome
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
L51.8	Other erythema multiforme
L51.9	Erythema multiforme, unspecified
M05.00	Felty's syndrome, unspecified site
M05.011	Felty's syndrome, right shoulder
M05.012	Felty's syndrome, left shoulder
M05.019	Felty's syndrome, unspecified shoulder
M05.021	Felty's syndrome, right elbow
M05.022	Felty's syndrome, left elbow
M05.029	Felty's syndrome, unspecified elbow
M05.031	Felty's syndrome, right wrist
M05.032	Felty's syndrome, left wrist
M05.039	Felty's syndrome, unspecified wrist
M05.041	Felty's syndrome, right hand
M05.042	Felty's syndrome, left hand
M05.049	Felty's syndrome, unspecified hand
M05.051	Felty's syndrome, right hip
M05.052	Felty's syndrome, left hip
M05.059	Felty's syndrome, unspecified hip
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.069	Felty's syndrome, unspecified knee
M05.071	Felty's syndrome, right ankle and foot
M05.072	Felty's syndrome, left ankle and foot
M05.079	Felty's syndrome, unspecified ankle and foot
M05.09	Felty's syndrome, multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee

M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites

M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
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
M05.80	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
M05.9	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
M06.1	Adult-onset Still's disease
M06.20	Rheumatoid bursitis, unspecified site
M06.211	Rheumatoid bursitis, right shoulder
M06.212	Rheumatoid bursitis, left shoulder
M06.219	Rheumatoid bursitis, unspecified shoulder
M06.221	Rheumatoid bursitis, right elbow
M06.222	Rheumatoid bursitis, left elbow
M06.229	Rheumatoid bursitis, unspecified elbow
M06.231	Rheumatoid bursitis, right wrist
M06.232	Rheumatoid bursitis, left wrist
M06.239	Rheumatoid bursitis, unspecified wrist
M06.241	Rheumatoid bursitis, right hand
M06.242	Rheumatoid bursitis, left hand

M06.249	Rheumatoid bursitis, unspecified hand
M06.251	Rheumatoid bursitis, right hip
M06.252	Rheumatoid bursitis, left hip
M06.259	Rheumatoid bursitis, unspecified hip
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.269	Rheumatoid bursitis, unspecified knee
M06.271	Rheumatoid bursitis, right ankle and foot
M06.272	Rheumatoid bursitis, left ankle and foot
M06.279	Rheumatoid bursitis, unspecified ankle and foot
M06.28	Rheumatoid bursitis, vertebrae
M06.29	Rheumatoid bursitis, multiple sites
M06.30	Rheumatoid nodule, unspecified site
M06.311	Rheumatoid nodule, right shoulder
M06.312	Rheumatoid nodule, left shoulder
M06.319	Rheumatoid nodule, unspecified shoulder
M06.321	Rheumatoid nodule, right elbow
M06.322	Rheumatoid nodule, left elbow
M06.329	Rheumatoid nodule, unspecified elbow
M06.331	Rheumatoid nodule, right wrist
M06.332	Rheumatoid nodule, left wrist
M06.339	Rheumatoid nodule, unspecified wrist
M06.341	Rheumatoid nodule, right hand
M06.342	Rheumatoid nodule, left hand
M06.349	Rheumatoid nodule, unspecified hand
M06.351	Rheumatoid nodule, right hip
M06.352	Rheumatoid nodule, left hip
M06.359	Rheumatoid nodule, unspecified hip
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.369	Rheumatoid nodule, unspecified knee
M06.371	Rheumatoid nodule, right ankle and foot
M06.372	Rheumatoid nodule, left ankle and foot
M06.379	Rheumatoid nodule, unspecified ankle and foot
M06.38	Rheumatoid nodule, vertebrae
M06.39	Rheumatoid nodule, multiple sites
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
M06.9	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
M08.1	Juvenile ankylosing spondylitis
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
M08.3	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
M08.80	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, other specified site
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
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement

M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
M36.0	Dermato(poly)myositis in neoplastic disease
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
M48.8x1	Other specified spondylopathies, occipito-atlanto-axial region
M48.8x2	Other specified spondylopathies, cervical region
M48.8x3	Other specified spondylopathies, cervicothoracic region
M48.8x4	Other specified spondylopathies, thoracic region
M48.8x5	Other specified spondylopathies, thoracolumbar region
M48.8x6	Other specified spondylopathies, lumbar region
M48.8x7	Other specified spondylopathies, lumbosacral region
M48.8x8	Other specified spondylopathies, sacral and sacrococcygeal region
M48.8x9	Other specified spondylopathies, site unspecified

The above **medical necessity criteria** **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J0897	Injection, denosumab, 1 mg ((Prolia and Xgeva)
J1740	Injection, ibandronate sodium, 1 mg. (Boniva)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
E83.52	Hypercalcemia
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]

M81.8	Other osteoporosis without current pathological fracture
M85.9	Disorder of bone density and structure, unspecified
M88.0	Osteitis deformans of skull
M88.1	Osteitis deformans of vertebrae
M88.811	Osteitis deformans of right shoulder
M88.812	Osteitis deformans of left shoulder
M88.819	Osteitis deformans of unspecified shoulder
M88.821	Osteitis deformans of right upper arm
M88.822	Osteitis deformans of left upper arm
M88.829	Osteitis deformans of unspecified upper arm
M88.831	Osteitis deformans of right forearm
M88.832	Osteitis deformans of left forearm
M88.839	Osteitis deformans of unspecified forearm
M88.841	Osteitis deformans of right hand
M88.842	Osteitis deformans of left hand
M88.849	Osteitis deformans of unspecified hand
M88.851	Osteitis deformans of right thigh
M88.852	Osteitis deformans of left thigh
M88.859	Osteitis deformans of unspecified thigh
M88.861	Osteitis deformans of right lower leg
M88.862	Osteitis deformans of left lower leg
M88.869	Osteitis deformans of unspecified lower leg
M88.871	Osteitis deformans of right ankle and foot
M88.872	Osteitis deformans of left ankle and foot
M88.879	Osteitis deformans of unspecified ankle and foot
M88.88	Osteitis deformans of other bones
M88.89	Osteitis deformans of multiple sites
M88.9	Osteitis deformans of unspecified bone

The above medical necessity criteria **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
Z87.51	Personal history of pre-term labor
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J2323	Injection, natalizumab, 1 mg (Tysabri)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
G35	Multiple sclerosis
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

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
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J1786	Injection, imiglucerase, 10 units (Cerezyme)
J3060	Injection, taliglucerase alfa, 10 units (Elelyso)
J3385	Injection, velaglucerase alfa, 100 units (VPRIV)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
E75.22	Gaucher disease

The above medical necessity criteria **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J3110	Injection, teriparatide, 10 mcg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
M81.0	Age-related osteoporosis without current pathological fracture
M80.00xA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.00xD	Age-related osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with routine healing
M80.00xG	Age-related osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with delayed healing
M80.00xK	Age-related osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with nonunion
M80.00xP	Age-related osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with malunion
M80.00xS	Age-related osteoporosis with current pathological fracture, unspecified site, sequela
M80.0AXA	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.0AXD	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.0AXG	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.0AXK	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.0AXP	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.0AXS	Age-related osteoporosis with current pathological fracture, other site, sequela
M80.0AXA	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture

M80.011A	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.011D	Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with routine healing
M80.011G	Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with delayed healing
M80.011K	Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with nonunion
M80.011P	Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with malunion
M80.011S	Age-related osteoporosis with current pathological fracture, right shoulder, sequela
M80.012A	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.012D	Age-related osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with routine healing
M80.012G	Age-related osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with delayed healing
M80.012K	Age-related osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with nonunion
M80.012P	Age-related osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with malunion
M80.012S	Age-related osteoporosis with current pathological fracture, left shoulder, sequela
M80.019A	Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.019D	Age-related osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with routine healing
M80.019G	Age-related osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with delayed healing
M80.019K	Age-related osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with nonunion
M80.019P	Age-related osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with malunion
M80.019S	Age-related osteoporosis with current pathological fracture, unspecified shoulder, sequela
M80.021A	Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture
M80.021D	Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with routine healing
M80.021G	Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with delayed healing
M80.021K	Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with nonunion
M80.021P	Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with malunion
M80.021S	Age-related osteoporosis with current pathological fracture, right humerus, sequela
M80.022A	Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture
M80.022D	Age-related osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with routine healing
M80.022G	Age-related osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with delayed healing
M80.022K	Age-related osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with nonunion

M80.022P	Age-related osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with malunion
M80.022S	Age-related osteoporosis with current pathological fracture, left humerus, sequela
M80.029A	Age-related osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture
M80.029D	Age-related osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with routine healing
M80.029G	Age-related osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with delayed healing
M80.029K	Age-related osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with nonunion
M80.029P	Age-related osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with malunion
M80.029S	Age-related osteoporosis with current pathological fracture, unspecified humerus, sequela
M80.031A	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.031D	Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with routine healing
M80.031G	Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with delayed healing
M80.031K	Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with nonunion
M80.031P	Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with malunion
M80.031S	Age-related osteoporosis with current pathological fracture, right forearm, sequela
M80.032A	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.032D	Age-related osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with routine healing
M80.032G	Age-related osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with delayed healing
M80.032K	Age-related osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with nonunion
M80.032P	Age-related osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with malunion
M80.032S	Age-related osteoporosis with current pathological fracture, left forearm, sequela
M80.039A	Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.039D	Age-related osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with routine healing
M80.039G	Age-related osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with delayed healing
M80.039K	Age-related osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with nonunion
M80.039P	Age-related osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with malunion
M80.039S	Age-related osteoporosis with current pathological fracture, unspecified forearm, sequela
M80.041A	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.041D	Age-related osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with routine healing

M80.041G	Age-related osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with delayed healing
M80.041K	Age-related osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with nonunion
M80.041P	Age-related osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with malunion
M80.041S	Age-related osteoporosis with current pathological fracture, right hand, sequela
M80.042A	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.042D	Age-related osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with routine healing
M80.042G	Age-related osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with delayed healing
M80.042K	Age-related osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with nonunion
M80.042P	Age-related osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with malunion
M80.042S	Age-related osteoporosis with current pathological fracture, left hand, sequela
M80.049A	Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.049D	Age-related osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with routine healing
M80.049G	Age-related osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with delayed healing
M80.049K	Age-related osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with nonunion
M80.049P	Age-related osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with malunion
M80.049S	Age-related osteoporosis with current pathological fracture, unspecified hand, sequela
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.051D	Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with routine healing
M80.051G	Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with delayed healing
M80.051K	Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with nonunion
M80.051P	Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with malunion
M80.051S	Age-related osteoporosis with current pathological fracture, right femur, sequela
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.052D	Age-related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with routine healing
M80.052G	Age-related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with delayed healing
M80.052K	Age-related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with nonunion
M80.052P	Age-related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with malunion
M80.052S	Age-related osteoporosis with current pathological fracture, left femur, sequela
M80.059A	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture

M80.059D	Age-related osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with routine healing
M80.059G	Age-related osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with delayed healing
M80.059K	Age-related osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with nonunion
M80.059P	Age-related osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with malunion
M80.059S	Age-related osteoporosis with current pathological fracture, unspecified femur, sequela
M80.061A	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.061D	Age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with routine healing
M80.061G	Age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with delayed healing
M80.061K	Age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with nonunion
M80.061P	Age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with malunion
M80.061S	Age-related osteoporosis with current pathological fracture, right lower leg, sequela
M80.062A	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.062D	Age-related osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with routine healing
M80.062G	Age-related osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with delayed healing
M80.062K	Age-related osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with nonunion
M80.062P	Age-related osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with malunion
M80.062S	Age-related osteoporosis with current pathological fracture, left lower leg, sequela
M80.069A	Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.069D	Age-related osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with routine healing
M80.069G	Age-related osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with delayed healing
M80.069K	Age-related osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with nonunion
M80.069P	Age-related osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with malunion
M80.069S	Age-related osteoporosis with current pathological fracture, unspecified lower leg, sequela
M80.071A	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture
M80.071D	Age-related osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with routine healing
M80.071G	Age-related osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with delayed healing
M80.071K	Age-related osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with nonunion
M80.071P	Age-related osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with malunion

M80.071S	Age-related osteoporosis with current pathological fracture, right ankle and foot, sequela
M80.072A	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.072D	Age-related osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with routine healing
M80.072G	Age-related osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with delayed healing
M80.072K	Age-related osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with nonunion
M80.072P	Age-related osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with malunion
M80.072S	Age-related osteoporosis with current pathological fracture, left ankle and foot, sequela
M80.079A	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.079D	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with routine healing
M80.079G	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with delayed healing
M80.079K	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with nonunion
M80.079P	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with malunion
M80.079S	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, sequela
M80.08xA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.08xD	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.08xG	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.08xK	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with nonunion
M80.08xP	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with malunion
M80.08xS	Age-related osteoporosis with current pathological fracture, vertebra(e), sequela
M80.80xA	Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.80xD	Other osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with routine healing
M80.80xG	Other osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with delayed healing
M80.80xK	Other osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with nonunion
M80.80xP	Other osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with malunion
M80.80xS	Other osteoporosis with current pathological fracture, unspecified site, sequela
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.8AXD	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.8AXG	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing

M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXS	Other osteoporosis with current pathological fracture, other site, sequela
M80.811A	Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.811D	Other osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with routine healing
M80.811G	Other osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with delayed healing
M80.811K	Other osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with nonunion
M80.811P	Other osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with malunion
M80.811S	Other osteoporosis with current pathological fracture, right shoulder, sequela
M80.812A	Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.812D	Other osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with routine healing
M80.812G	Other osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with delayed healing
M80.812K	Other osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with nonunion
M80.812P	Other osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with malunion
M80.812S	Other osteoporosis with current pathological fracture, left shoulder, sequela
M80.819A	Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.819D	Other osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with routine healing
M80.819G	Other osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with delayed healing
M80.819K	Other osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with nonunion
M80.819P	Other osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with malunion
M80.819S	Other osteoporosis with current pathological fracture, unspecified shoulder, sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
Z87.310	Personal history of (healed) osteoporosis fracture

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS code:	Code Description
J7316	Injection, ocriplasmin, 0.125 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS code above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
H43.821	Vitreomacular adhesion, right eye
H43.822	Vitreomacular adhesion, left eye
H43.823	Vitreomacular adhesion, bilateral
H43.829	Vitreomacular adhesion, unspecified eye

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS code:	Code Description
C9050	Injection, emapalumab-lzsg, 1 mg

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS code above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
D76.1	Hemophagocytic lymphohistiocytosis

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS code:	Code Description
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
J0570	Buprenorphine implant, 74.2 mg

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS code:	Code Description
C9036	Injection, patisiran, 0.1 mg

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
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C9061	Injection, teprotumumab-trbw, 10 mg
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The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

References

1. Aralast™ [package insert]. Westlake Village, CA: Baxalta US, Inc.: 9/2016.
2. Glassia® [package insert]. Westlake Village, CA: Baxalta US, Inc.: 9/2016.
3. Prolastin® C [package insert]. Research Triangle Park, NC: Grifols Therapeutics, Inc.: 8/2016.
4. Zemaria® [package insert]. Kankakee, IL: CSL Behring LLC.: 9/2015.
5. Cinryze® [package insert]. Amsterdam, Netherlands: Sanquin Plasma Products B.V.: 2/2017.
6. Xiaflex® [package insert]. Malvern, PA: Endo Pharmaceuticals, Inc.: 1/2016.
7. H.P. Acthar® [package insert]. Hazelwood, MO: Mallinckrodt ARD, Inc.: 1/2017.
8. Boniva® [package insert]. South San Francisco, CA: Genentech USA, Inc.: 12/2016.
9. Prolia® [package insert]. Thousand Oaks, CA: Amgen, Inc.: 1/2017.
10. Reclast® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation: 4/2016.
11. Xgeva® [package insert]. Thousand Oaks, CA: Amgen, Inc.: 3/2016.
12. Zometa® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation: 12/2016.
13. Makena® [package insert]. Waltham, MA: AMAG Pharmaceuticals, Inc.: 9/2016.
14. Tysabri® [package insert]. Cambridge, MA: Biogen, Inc.: 12/2016.
15. Erbitux® [package insert]. Indianapolis, IN: Eli Lilly and Company: 10/2016.
16. Vectibix® [package insert]. Thousand Oaks, CA: Amgen, Inc.: 3/2015.
17. Cerezyme® [package insert]. Cambridge, MA: Genzyme Corporation: 3/2017.
18. Elelyso® [package insert]. New York, NY: Pfizer, Inc.: 1/2017.
19. VPRIV® [package insert]. Lexington, MA: Shire Human Genetic Therapies, Inc.: 4/2016.
20. Forteo® [package insert]. Indianapolis, IN: Eli Lilly and Company: 3/2017.
21. Myalept® [package insert]. Cambridge, MA: Aegerion Pharmaceuticals, Inc.: 9/2015.
22. Jetrea® [package insert]. Iselin, NJ: ThromboGenics, Inc.: 3/2016.
23. Regranex® [package insert]. Fort Worth, TX: Smith & Nephew, Inc.: 3/2016.
24. Kanuma™ [package insert]. Cheshire, CT: Alexion Pharmaceuticals, Inc.: 3/2016.
25. Lemtrada® [package insert]. Cambridge, MA: Genzyme Corporation: 6/2016.
26. Tymlos™ [package insert]. Waltham, MA: Radius Health, Inc.: 4/2017.
27. Onpattro™ [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.: 8/2018.
28. Dupixent® [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.: 10/2018.
29. Tegsedi™ [package insert]. Boston, MA: Akcea Therapeutics, Inc.: 10/2018.
30. Takhzyro™ [package insert]. Lexington, MA: Dyax Corp.: 11/2018.
31. Galafold™ [package insert]. Cranbury, NJ: Amicus Therapeutics U.S., Inc.: 8/2018.
32. Neulasta® [package insert]. Thousand Oaks, CA: Amgen, Inc.: 6/2018.
33. Neupogen® [package insert]. Thousand Oaks, CA: Amgen, Inc.: 6/2018.
34. Berinert® [package insert]. Kankakee, IL: CSL Behring LLC.: 10/2017.
35. Firazyr® [package insert]. Lexington, MA: Shire Orphan Therapies LLC.: 11/2017.
36. Haegarda® [package insert]. Kankakee, IL: CSL Behring LLC.: 10/2017
37. Kalbitor® [package insert]. Lexington, MA: Dyax Corp: 8/2018
38. Ruconest® [package insert]. Bridgewater, NJ: Pharming Healthcare Inc.: 8/2018

39. Gamifant[®] [package insert]. Waltham, MA: Sobi Inc.: 11/2018
40. Evenity[™] [package insert]. Thousand Oaks, CA: Amgen, Inc.: 4/2019.
41. Tepezza[™] [package insert]. Lake Forest, IL: Horizon Therapeutics USA, Inc.: 1/2020.
42. Oxlumo[®] [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.: 11/2020
43. Nulibry[™] [package insert]. Boston, MA: Origin Biosciences, Inc.: 3/2021.
44. Wang, M, Am Fam Physician. 2016;93(4):270-278 accessed at:
<https://www.aafp.org/pubs/afp/issues/2016/0215/p270.html>
45. Amvuttra[™] [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.: 6/2022.
46. Xenpozyme[™] [package insert]. Cambridge, MA: Genzyme Corporation: 8/2021.
47. Tzielid[™] [package insert]. Red Bank, NJ: Provention Bio, Inc.: 11/2022.
48. Vyjuvek[™] [package insert]. Pittsburgh, PA: Krystal Biotech, Inc.: 7/2023
49. Ocrevus[®] [package insert]. South San Francisco, CA: Genentech, Inc.: 8/2023
50. Briumvi[™] [package insert]. Morrisville, NC: TG Therapeutics, Inc.: 1/2023
51. Veopoz[™] [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.: 10/2023
52. Wainua[™] [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP.: 12/2023