Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid			
Original Issue Date	**Next Annual Review**		**Effective Date**
10/01/2026			**10/01/2026**
Policy Name			**Policy Number**
Skyrizi® (risankizumab-rzaa)			**ABHLA-RP-0010**
Policy Type			
Medical	**Administrative**	**Pharmacy**	**Reimbursement**

Aetna Better Health of Louisiana implements comprehensive and robust policies and procedures to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met.

Aetna Better Health of Louisiana administrative policies & procedures are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions within Aetna Better Health of Louisiana.

CONTENTS OF POLICY:

A. Policy

This policy is provided as a guide to medical coding and editing guidelines for reporting of Skyrizi® (risankizumab-rzaa) when being used to treat adult patients with a diagnosis of regional enteritis or ulcerative colitis. This guidance aligns with the approved U.S. Food and Drug Administration (FDA) prescribing information.

B. Overview

Skyrizi® (risankizumab-rzaa) is an FDA approved interleukin-23 antagonist indicated for the treatment of moderate to severely active Crohn's Disease and Ulcerative Colitis in adults. This policy outlines the coding and editing guidelines for reporting intravenous (IV) treatment of patients with that align with FDA approved prescribing criteria of this medication.

C. Definitions

Term	Definition
Aetna Better Health of Louisiana (ABHLA)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Louisiana Medicaid program.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Food and Drug Administration (FDA)	The U.S. federal agency responsible for regulating drugs, biological products, medical devices and food to ensure the safety, efficacy and security.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as Ambulance Services, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
International Statistical Classification of Diseases (ICD-10)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

Skyrizi® (risankizumab-rzaa)	A U.S. Food and Drug Administration (FDA) approved interleukin-23 antagonist indicated for the treatment of moderate to severely active Crohn's Disease and Ulcerative Colitis in adults.

D. Reimbursement Guidelines

ABH LA will only reimburse for Skyrizi® (risankizumab-rzaa) treatment cycles when

- A diagnosis of regional enteritis or ulcerative colitis is reported for an adult -*and*-
- Liver function testing has been billed within the past 27 days by any provider
    a) At least one of the CPT codes listed in section E will need to be reported within the past 27 days by any provider

Claims that are submitted for Skyrizi® (risankizumab-rzaa) will be denied when the requirements listed above are not met.

E. Codes/Condition of Coverage

ICD-10 Diagnosis Codes

K50.00	Crohn's disease of small intestine without complications
K50.01X	Crohn's disease of small intestine with complications
K50.10	Crohn's disease of large intestine without complications
K50.11X	Crohn's disease of large intestine with complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.81X	Crohn's disease of both small and large intestine with complications
K50.90	Crohn's disease, unspecified, without complications
K50.91X	Crohn's disease, unspecified, with complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.01X	Ulcerative (chronic) pancolitis with complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.21X	Ulcerative (chronic) proctitis with complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.31X	Ulcerative (chronic) rectosigmoiditis with complications
K51.50	Left sided colitis without complications
K51.51X	Left sided colitis with complications
K51.80	Other ulcerative colitis without complications
K51.81X	Other ulcerative colitis with complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.91X	Ulcerative colitis, unspecified, with complications

CPT Codes

80050	General health panel
80053	Comprehensive metabolic panel
80076	Hepatic function panel

82977	Glutamyltransferase, gamma (GGT)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	Transferase; alanine amino (ALT) (SGPT)

HCPCS Codes

J2327	Injection, risankizumab-rzaa, intravenous, 1 mg

F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Date Issued		
Date Revised		
Effective Date	10/01/2026	

H. Resources

1. Skyrizi [package insert]. North Chicago, IL; AbbVie, Inc.; September 2025. Accessed September 2025. https://www.rxabbvie.com/pdf/skyrizi_pi.pdf