

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11035	Date: October 13, 2021
	Change Request 12377

SUBJECT: Revisions to Chapters 3, 18, and 32 to Update Coding

I. SUMMARY OF CHANGES: This Change Request (CR) makes updates to chapters 3, 18, and 32 of the Medicare Claims Processing Manual Pub. 100-04.

EFFECTIVE DATE: November 17, 2021 - Unless otherwise specified, the effective date is the date of service

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: November 17, 2021 - Unless otherwise specified, the effective date is the date of service

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/90.3 - Stem Cell Transplantation
R	3/90.3.2 - Autologous Stem Cell Transplantation (AuSCT)
R	3/90.4.2 - Billing for Liver Transplant and Acquisition Services
R	18/230.3 – Diagnosis Code Reporting Requirements
R	18/230.4 – Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages
R	32/90 - Stem Cell Transplantation
R	32/90.2- HCPCS and Diagnosis Coding – ICD-9-CM Applicable
R	32/90.2.1 - HCPCS and Diagnosis Coding for Stem Cell Transplantation - ICD-10-CM Applicable
R	32/90.3 - Non-Covered Conditions
R	32/90.4 - Edits
R	32/90.5 - Suggested MSN and RA Messages
R	32/90.6 -Clinical Trials for Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndrome (MDS)
R	32/200.2- ICD-9 Diagnosis Codes for Vagus Nerve Stimulation (Covered since DOS on and after July 1, 1999)
R	32/200.5 - Medicare Summary Notice (MSN), Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) Messages
R	32/130.1 - Billing and Payment Requirements

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) constitutes an update to Pub. 100-04, Chapter 3, Sections 90.3, 90.3.2, and 90.4.2; Chapter 18, Sections 230.3, and 230.4; Chapter 32, Sections 90, 90.2, 90.2.1, 90.3, 90.4, 90.5, 90.6, 130.1, 200.2, and 200.5 for the Billing Requirements of the Medicare Claims Processing manual due to NCDs 110.23, 160.18, 210.6, and 260.1 in April 2021 CR 12027, and 20.20, in July 2021 CR 12124 update in International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs).

B. Policy: There are no regulatory, legislative or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
12377.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04 : Chapter 3, Sections 90.3, 90.3.2, and 90.4.2 Chapter 18, Sections 230.3, and 230.4 Chapter 32, Sections 90, 90.2, 90.2.1, 90.3, 90.4, 90.5, 90.6, 130.1, 200.2, and 200.5	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kajol Balani, 410-786-0878 or kajol.balani@cms.hhs.gov , Kajol Balani, Kajol.Balani@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

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(Rev.11035, Issued: 10-13-21)

90.3 - Stem Cell Transplantation

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

A. General

Stem cell transplantation is a process in which stem cells are harvested from either a patient's (autologous) or donor's (allogeneic) bone marrow or peripheral blood for intravenous infusion. Autologous stem cell transplantation (AuSCT) is a technique for restoring stem cells using the patient's own previously stored cells. AuSCT must be used to effect hematopoietic reconstitution following severely myelotoxic doses of chemotherapy (HDCT) and/or radiotherapy used to treat various malignancies. Allogeneic hematopoietic stem cell transplantation (HSCT) is a procedure in which a portion of a healthy donor's stem cell or bone marrow is obtained and prepared for intravenous infusion. Allogeneic HSCT may be used to restore function in recipients having an inherited or acquired deficiency or defect.

Hematopoietic stem cells are multi-potent stem cells that give rise to all the blood cell types; these stem cells form blood and immune cells. A hematopoietic stem cell is a cell isolated from blood or bone marrow that can renew itself, differentiate to a variety of specialized cells, can mobilize out of the bone marrow into circulating blood, and can undergo programmed cell death, called apoptosis - a process by which cells that are unneeded or detrimental will self-destruct.

The Centers for Medicare & Medicaid Services (CMS) is clarifying that bone marrow and peripheral blood stem cell transplantation is a process which includes mobilization, harvesting, and transplant of bone marrow or peripheral blood stem cells and the administration of high dose chemotherapy or radiotherapy prior to the actual transplant.

When bone marrow or peripheral blood stem cell transplantation is covered, all necessary steps are included in coverage. When bone marrow or peripheral blood stem cell transplantation is non-covered, none of the steps are covered.

Allogeneic and autologous stem cell transplants are covered under Medicare for specific diagnoses. Effective October 1, 1990, these cases were assigned to MS-DRG 009, Bone Marrow Transplant.

The A/B MAC (A)'s Medicare Code Editor (MCE) will edit stem cell transplant procedure codes against diagnosis codes to determine which cases meet specified coverage criteria. Cases with a diagnosis code for a covered condition will pass (as covered) the MCE noncovered procedure edit. When a stem cell transplant case is selected for review based on the random selection of beneficiaries, the QIO will review the case on a post-payment basis to assure proper coverage decisions.

Bone marrow transplant codes that are reported with an ICD-9-CM that is "not otherwise specified" are returned to the hospital for a more specific procedure code. ICD-10-PCS codes are more precise and clearly identify autologous and nonautologous stem cells.

The A/B MAC (A) may choose to review if data analysis deems it a priority.

B. Nationally Covered Indications

I. Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)

a. General

Allogeneic stem cell transplantation (ICD-10-PCS codes *30230G2, 30230G3, 30230Y2, 30230Y3, 30233G2, 30233G3, 30233Y2, 30233Y3, 30240G2, 30240G3, 30240Y2, 30240Y3, 30243G2, 30243G3, 30243Y2, and 30243Y3*) is a procedure in which a portion of a healthy donor's stem cells are obtained and prepared for intravenous infusion to restore normal hematopoietic function in recipients having an inherited or acquired hematopoietic deficiency or defect. See Pub. 100-03, National Coverage Determinations (NCD) Manual, chapter 1, section 110.23, for further information about this policy, and Pub. 100-04, chapter 32, section 90, for information on coding.

Expenses incurred by a donor are a covered benefit to the recipient/beneficiary but, except for physician services, are not paid separately. Services to the donor include physician services, hospital care in connection with screening the stem cell, and ordinary follow-up care.

b. Covered Conditions

I. Effective for services performed on or after August 1, 1978:

For the treatment of leukemia, leukemia in remission, or aplastic anemia when it is reasonable and necessary;

II. Effective for services performed on or after June 3, 1985:

For the treatment of severe combined immunodeficiency disease (SCID), and for the treatment of Wiskott-Aldrich syndrome;

III. Effective for services performed on or after August 4, 2010:

For the treatment of Myelodysplastic Syndromes (MDS) pursuant to Coverage with Evidence Development (CED) in the context of a Medicare- approved, prospective clinical study.

IV. Effective for claims with dates of service on or after January 27, 2016:

1. Allogeneic HSCT for multiple myeloma is covered by Medicare only for beneficiaries with Durie-Salmon Stage II or III multiple myeloma, or International Staging System (ISS) Stage II or Stage III multiple myeloma, and participating in an approved prospective clinical study.
2. Allogeneic HSCT for myelofibrosis (MF) is covered by Medicare only for beneficiaries with Dynamic International Prognostic Scoring System (DIPSSplus) intermediate-2 or High primary or secondary MF and participating in an approved prospective clinical study.
3. Allogeneic HSCT for sickle cell disease (SCD) is covered by Medicare only for beneficiaries with severe, symptomatic SCD who participate in an approved prospective clinical study.

II. Autologous Stem Cell Transplantation (AuSCT)

a. General

- Autologous stem cell transplantation (ICD-10-PCS codes *30230C0, 30230G0, 30230Y0, 30233G0, 30233C0, 30233Y0, 30240C0, 30240G0, 30240Y0, 30243C0, 30243G0, and 30243Y0*) is a technique for restoring stem cells using the patient's own previously stored cells. AuSCT must be used to effect hematopoietic reconstitution following severely myelotoxic doses of chemotherapy (high dose chemotherapy (HDCT)) and/or radiotherapy used to treat various malignancies. Refer to Pub. 100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy, and Pub. 100-04, chapter 32, section 90, for information on coding.

b. Covered Conditions

1. Effective for services performed on or after April 28, 1989:

Acute leukemia in remission who have a high probability of relapse and who have no human leucocyte antigens (HLA)-matched;

Resistant non-Hodgkin's lymphomas or those presenting with poor prognostic features following an initial response;

Recurrent or refractory neuroblastoma; or,

Advanced Hodgkin's disease who have failed conventional therapy and have no HLA-matched donor.

2. Effective for services performed on or after October 1, 2000:

Single AuSCT is only covered for Durie-Salmon Stage II or III patients that fit the following requirements:

- Newly diagnosed or responsive multiple myeloma. This includes those patients with previously untreated disease, those with at least a partial response to prior chemotherapy (defined as a 50% decrease either in measurable paraprotein [serum and/or urine] or in bone marrow infiltration, sustained for at least 1 month), and those in responsive relapse; and
- Adequate cardiac, renal, pulmonary, and hepatic function.

3. Effective for services performed on or after March 15, 2005:

When recognized clinical risk factors are employed to select patients for transplantation, high dose melphalan (HDM) together with AuSCT is reasonable and necessary for Medicare beneficiaries of any age group with primary amyloid light chain (AL) amyloidosis who meet the following criteria:

- Amyloid deposition in 2 or fewer organs; and,
- Cardiac left ventricular ejection fraction (EF) greater than 45%.

C. Nationally Non-Covered Indications

I. Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)

Effective for claims with dates of service on or after May 24, 1996, through January 26, 2016, allogeneic HSCT is not covered as treatment for multiple myeloma. Refer to Pub. 100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy, and Pub. 100-04, chapter 32, section 90, for information on coding.

II. Autologous Stem Cell Transplantation (AuSCT)

Insufficient data exist to establish definite conclusions regarding the efficacy of AuSCT for the following conditions:

- a) Acute leukemia not in remission;
- b) Chronic granulocytic leukemia;
- c) Solid tumors (other than neuroblastoma);
- d) Up to October 1, 2000, multiple myeloma;
- e) Tandem transplantation (multiple rounds of AuSCT) for patients with multiple myeloma;
- f) Effective October 1, 2000, non primary AL amyloidosis; and,
- g) Effective October 1, 2000, through March 14, 2005, primary AL amyloidosis for Medicare beneficiaries age 64 or older.

In these cases, AuSCT is not considered reasonable and necessary within the meaning of §1862(a)(1)(A) of the Act and is not covered under Medicare. Refer to Pub. 100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy, and Pub. 100-04, chapter 32, section 90, for information on coding.

D. Other

All other indications for stem cell transplantation not otherwise noted above as covered or non-covered remain at local Medicare Administrative Contractor discretion.

90.3.2 - Autologous Stem Cell Transplantation (AuSCT)

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

A. - General

Autologous stem cell transplantation (AuSCT) is a technique for restoring stem cells using the patient's own previously stored cells. AuSCT must be used to effect hematopoietic reconstitution following severely myelotoxic doses of chemotherapy (high dose chemotherapy (HDCT)) and/or radiotherapy used to treat various malignancies.

If ICD-10-PCS is applicable, use the following Procedure Codes and Descriptions -

<i>30230C0</i>	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Peripheral Vein, Open Approach</i>
<i>30230G0</i>	<i>Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach</i>
<i>30230Y0</i>	<i>Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach</i>
<i>30233G0</i>	<i>Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach</i>

30233C0	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Peripheral Vein, Percutaneous Approach</i>
30233Y0	<i>Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach</i>
30240C0	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Central Vein, Open Approach</i>
30240G0	<i>Transfusion of Autologous Bone Marrow into Central Vein, Open Approach</i>
30240Y0	<i>Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach</i>
30243C0	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Central Vein, Percutaneous Approach</i>
30243G0	<i>Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach</i>
30243Y0	<i>Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach</i>

B. - Covered Conditions

1. Effective for services performed on or after April 28, 1989:

For acute leukemia in remission for patients who have a high probability of relapse and who have no human leucocyte antigens (HLA)-matched, the following diagnosis codes are reported:

If ICD-10-CM is applicable, use the following Diagnosis Codes and Descriptions -

<i>Diagnosis Code</i>	<i>Description</i>
<i>C91.01</i>	<i>Acute lymphoblastic leukemia, in remission</i>
<i>C92.01</i>	<i>Acute myeloblastic leukemia, in remission</i>
<i>C92.41</i>	<i>Acute promyelocytic leukemia, in remission</i>
<i>C92.51</i>	<i>Acute myelomonocytic leukemia, in remission</i>
<i>C92.61</i>	<i>Acute myeloid leukemia with 11q23-abnormality in remission</i>

<i>C92.A1</i>	<i>Acute myeloid leukemia with multilineage dysplasia, in remission</i>
<i>C93.01</i>	<i>Acute monoblastic/monocytic leukemia, in remission</i>
<i>C94.01</i>	<i>Acute erythroid leukemia, in remission</i>
<i>C94.21</i>	<i>Acute megakaryoblastic leukemia, in remission</i>
<i>C95.01</i>	<i>Acute leukemia of unspecified cell type, in remission</i>

For resistant non-Hodgkin's lymphomas or those presenting with poor prognostic features following an initial response the following diagnosis codes are reported:

If ICD-10-CM is applicable use the following, code ranges *C82.01 - C85.29, C85.81 - C86.6, C96.4, and C96.Z - C96.9.*

Recurrent or refractory neuroblastoma (see ICD-10-CM codes Neoplasm by site, malignant for the appropriate diagnosis code)

following ranges are reported: C00 - C96, and D00 - D09 Resistant non-Hodgkin's lymphomas); or,

Advanced Hodgkin's disease who have failed conventional therapy and have no *HLA-matched donor (ICD-10-CM codes C81.01 - C81.99).*

2. Effective for services performed on or after October 1, 2000:

Durie-Salmon Stage II or III that fit the following requirement are covered: Newly diagnosed or responsive multiple myeloma (*if ICD-10-CM is applicable, diagnosis codes C90.00, C90.01, C90.02, and D47.Z9*). This includes those patients with previously untreated disease, those with at least a partial response to prior chemotherapy (defined as a 50% decrease either in measurable paraprotein [serum and/or urine] or in bone marrow infiltration, sustained for at least 1 month), and those in responsive relapse, and adequate cardiac, renal, pulmonary, and hepatic function.

3. Effective for Services On or After March 15, 2005

Effective for services performed on or after March 15, 2005, when recognized clinical risk factors are employed to select patients for transplantation, high-dose melphalan (HDM), together with AuSCT, in treating Medicare beneficiaries of any age group with primary amyloid light-chain (AL) amyloidosis who meet the following criteria:

- Amyloid deposition in 2 or fewer organs ; and,
- Cardiac left ventricular ejection fraction (EF) of 45% or greater.

C. – Non-covered Conditions

Insufficient data exist to establish definite conclusions regarding the efficacy of autologous stem cell transplantation for the following conditions:

- a) Acute leukemia not in remission prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C91.00, C92.00, C93.00, C94.00, and C95.00)*
- b) Chronic granulocytic leukemia prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM code C92.10);*
- c) Solid tumors prior to October 1, 2000 (other than neuroblastoma) (if ICD-10-CM is applicable, ICD-10-CM codes C00.0 – C80.2 and D00.0 – D09.9);*
- d) Multiple myeloma prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02 and D47.Z9);*
- e) Tandem transplantation, on or after October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02, and D47.Z9) ;*
- f) Non- primary amyloidosis on or after 10/01/00, for all Medicare beneficiaries*
- g) Primary AL amyloidosis effective October 1, 2000, through March 14, 2005 for Medicare beneficiaries age 64. (if ICD-10-CM is applicable, ICD-10-CM codes E85.4, E85.81, E85.9, and E85.89);*

NOTE: Coverage for conditions other than these specifically designated as covered or non- covered is left to the discretion of the A/B MAC (A).

D. Billing for Autologous Stem Cell Transplantation (AuSCT)

The hospital bills and shows all charges for autologous stem cell harvesting, processing, and transplant procedures based on the status of the patient (i.e., inpatient or outpatient) when the services are furnished. It shows charges for the actual transplant, in revenue center code 0362 or another appropriate cost center. ICD-9-CM or ICD-10-PCS codes are used to identify inpatient procedures.

The HCPCS codes describing autologous stem cell harvesting procedures may be billed and are separately payable under the OPPS when provided in the hospital outpatient setting of care. Autologous harvesting procedures are distinct from the

acquisition services described in Pub. 100-04, chapter 4, §231.11 and section 90.3.1-A above for allogeneic stem cell transplants, which include services provided when stem cells are obtained from a donor and not from the patient undergoing the stem cell transplant. The HCPCS codes describing autologous stem cell processing procedures also may be billed and are separately payable under the OPSS when provided to hospital outpatients.

Payment for autologous stem cell harvesting procedures performed in the hospital inpatient setting of care, with transplant also occurring in the inpatient setting of care, is included in the MS-DRG payment for the autologous stem cell transplant.

90.4.2 - Billing for Liver Transplant and Acquisition Services

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

The inpatient claim is completed in accordance with instructions in chapter 25 for the beneficiary who receives a covered liver transplant. Applicable standard liver acquisition charges are identified separately by revenue code 081X. Where interim bills are submitted, the standard acquisition charge appears on the billing form for the period during which the transplant took place. This charge is in addition to the hospital's charge for services furnished directly to the Medicare recipient.

The contractor deducts liver acquisition charges for IPPS hospitals prior to processing through Pricer. Costs of liver acquisition incurred by approved liver transplant facilities are **not** included in the liver transplant prospective payment. They are paid on a reasonable cost basis. This item is a "pass-through" cost for which interim payments are made. (See the Provider Reimbursement Manual, Part 1, §2802 B.8.) The contractor includes liver acquisition charges under revenue code 081X in the HUIP record that it sends to CWF and the QIO.

MCE Interface

The MCE contains a limited coverage edit for liver transplant procedures using below ICD-10-CM codes if ICD-10-CM is applicable.

Nationally Covered Diagnosis Codes

Diagnosis

<i>Code</i>	<i>Description</i>
<i>B16.0</i>	<i>Acute hepatitis B with delta-agent with hepatic coma</i>
<i>B16.1</i>	<i>Acute hepatitis B with delta-agent without hepatic coma</i>
<i>B16.2</i>	<i>Acute hepatitis B without delta-agent with hepatic coma</i>
<i>B16.9</i>	<i>Acute hepatitis B without delta-agent and without hepatic coma</i>

B17.0 *Acute delta-(super) infection of hepatitis B carrier*
B17.10 *Acute hepatitis C without hepatic coma*
B17.11 *Acute hepatitis C with hepatic coma*
B17.2 *Acute hepatitis E*
B17.8 *Other specified acute viral hepatitis*
B17.9 *Acute viral hepatitis, unspecified*
B18.0 *Chronic viral hepatitis B with delta-agent*
B18.1 *Chronic viral hepatitis B without delta-agent*
B18.2 *Chronic viral hepatitis C*
B18.8 *Other chronic viral hepatitis*
B18.9 *Chronic viral hepatitis, unspecified*
B19.0 *Unspecified viral hepatitis with hepatic coma*
B19.10 *Unspecified viral hepatitis B without hepatic coma*
B19.11 *Unspecified viral hepatitis B with hepatic coma*
B19.20 *Unspecified viral hepatitis C without hepatic coma*
B19.21 *Unspecified viral hepatitis C with hepatic coma*
B19.9 *Unspecified viral hepatitis without hepatic coma*
C22.0 *Liver cell carcinoma*
E70.1 *Other hyperphenylalaninemias*
E70.20 *Disorder of tyrosine metabolism, unspecified*
E70.21 *Tyrosinemia*
E70.29 *Other disorders of tyrosine metabolism*
E70.30 *Albinism, unspecified*
E70.310 *X-linked ocular albinism*
E70.311 *Autosomal recessive ocular albinism*
E70.318 *Other ocular albinism*
E70.319 *Ocular albinism, unspecified*
E70.320 *Tyrosinase negative oculocutaneous albinism*
E70.321 *Tyrosinase positive oculocutaneous albinism*
E70.328 *Other oculocutaneous albinism*
E70.329 *Oculocutaneous albinism, unspecified*
E70.330 *Chediak-Higashi syndrome*
E70.331 *Hermansky-Pudlak syndrome*
E70.338 *Other albinism with hematologic abnormality*
E70.339 *Albinism with hematologic abnormality, unspecified*
E70.39 *Other specified albinism*
E70.40 *Disorders of histidine metabolism, unspecified*
E70.41 *Histidinemia*
E70.49 *Other disorders of histidine metabolism*
E70.5 *Disorders of tryptophan metabolism*
E70.81 *Aromatic L-amino acid decarboxylase deficiency*
E70.89 *Other disorders of aromatic amino-acid metabolism*
E70.9 *Disorder of aromatic amino-acid metabolism, unspecified*
E71.0 *Maple-syrup-urine disease*
E71.110 *Isovaleric acidemia*
E71.111 *3-methylglutaconic aciduria*

E71.118 *Other branched-chain organic acidurias*
E71.120 *Methylmalonic acidemia*
E71.121 *Propionic acidemia*
E71.128 *Other disorders of propionate metabolism*
E71.19 *Other disorders of branched-chain amino-acid metabolism*
E71.2 *Disorder of branched-chain amino-acid metabolism, unspecified*
E71.30 *Disorder of fatty-acid metabolism, unspecified*
E71.310 *Long chain/very long chain acyl CoA dehydrogenase deficiency*
E71.311 *Medium chain acyl CoA dehydrogenase deficiency*
E71.312 *Short chain acyl CoA dehydrogenase deficiency*
E71.313 *Glutaric aciduria type II*
E71.314 *Muscle carnitine palmitoyltransferase deficiency*
E71.318 *Other disorders of fatty-acid oxidation*
E71.32 *Disorders of ketone metabolism*
E71.39 *Other disorders of fatty-acid metabolism*
E71.40 *Disorder of carnitine metabolism, unspecified*
E71.41 *Primary carnitine deficiency*
E71.42 *Carnitine deficiency due to inborn errors of metabolism*
E71.43 *Iatrogenic carnitine deficiency*
E71.440 *Ruvalcaba-Myhre-Smith syndrome*
E71.448 *Other secondary carnitine deficiency*
E71.50 *Peroxisomal disorder, unspecified*
E71.510 *Zellweger syndrome*
E71.511 *Neonatal adrenoleukodystrophy*
E71.518 *Other disorders of peroxisome biogenesis*
E71.520 *Childhood cerebral X-linked adrenoleukodystrophy*
E71.521 *Adolescent X-linked adrenoleukodystrophy*
E71.522 *Adrenomyeloneuropathy*
E71.528 *Other X-linked adrenoleukodystrophy*
E71.529 *X-linked adrenoleukodystrophy, unspecified type*
E71.53 *Other group 2 peroxisomal disorders*
E71.540 *Rhizomelic chondrodysplasia punctata*
E71.541 *Zellweger-like syndrome*
E71.542 *Other group 3 peroxisomal disorders*
E71.548 *Other peroxisomal disorders*
E72.00 *Disorders of amino-acid transport, unspecified*
E72.01 *Cystinuria*
E72.02 *Hartnup's disease*
E72.03 *Lowe's syndrome*
E72.04 *Cystinosis*
E72.09 *Other disorders of amino-acid transport*
E72.10 *Disorders of sulfur-bearing amino-acid metabolism, unspecified*
E72.11 *Homocystinuria*
E72.12 *Methylenetetrahydrofolate reductase deficiency*
E72.19 *Other disorders of sulfur-bearing amino-acid metabolism*
E72.20 *Disorder of urea cycle metabolism, unspecified*

E72.21 *Argininemia*
E72.22 *Arginosuccinic aciduria*
E72.23 *Citrullinemia*
E72.29 *Other disorders of urea cycle metabolism*
E72.3 *Disorders of lysine and hydroxylysine metabolism*
E72.4 *Disorders of ornithine metabolism*
E72.50 *Disorder of glycine metabolism, unspecified*
E72.51 *Non-ketotic hyperglycinemia*
E72.52 *Trimethylaminuria*
E72.53 *Primary hyperoxaluria*
E72.59 *Other disorders of glycine metabolism*
E72.81 *Disorders of gamma aminobutyric acid*
E72.89 *Other specified disorders of amino-acid metabolism*
E72.9 *Disorder of amino-acid metabolism, unspecified*
E80.0 *Hereditary erythropoietic porphyria*
E80.29 *Other porphyria*
E83.00 *Disorder of copper metabolism, unspecified*
E83.01 *Wilson's disease*
E83.09 *Other disorders of copper metabolism*
E83.110 *Hereditary hemochromatosis*
E83.111 *Hemochromatosis due to repeated red blood cell transfusions*
E83.118 *Other hemochromatosis*
E83.119 *Hemochromatosis, unspecified*
E85.0 *Non-neuropathic hereditary familial amyloidosis*
E85.1 *Neuropathic hereditary familial amyloidosis*
E85.2 *Hereditary familial amyloidosis, unspecified*
E85.3 *Secondary systemic amyloidosis*
E85.4 *Organ-limited amyloidosis*
E85.89 *Other amyloidosis*
E88.01 *Alpha-1-antitrypsin deficiency*
E88.02 *Plasminogen deficiency*
I82.0 *Budd-Chiari syndrome*
K70.0 *Alcoholic fatty liver*
K70.10 *Alcoholic hepatitis without ascites*
K70.11 *Alcoholic hepatitis with ascites*
K70.2 *Alcoholic fibrosis and sclerosis of liver*
K70.30 *Alcoholic cirrhosis of liver without ascites*
K70.31 *Alcoholic cirrhosis of liver with ascites*
K70.40 *Alcoholic hepatic failure without coma*
K70.41 *Alcoholic hepatic failure with coma*
K70.9 *Alcoholic liver disease, unspecified*
K71.0 *Toxic liver disease with cholestasis*
K71.10 *Toxic liver disease with hepatic necrosis, without coma*
K71.11 *Toxic liver disease with hepatic necrosis, with coma*
K71.2 *Toxic liver disease with acute hepatitis*
K71.3 *Toxic liver disease with chronic persistent hepatitis*

K71.4 Toxic liver disease with chronic lobular hepatitis
K71.50 Toxic liver disease with chronic active hepatitis without ascites
K71.51 Toxic liver disease with chronic active hepatitis with ascites
K71.6 Toxic liver disease with hepatitis, not elsewhere classified
K71.7 Toxic liver disease with fibrosis and cirrhosis of liver
K71.8 Toxic liver disease with other disorders of liver
K72.00 Acute and subacute hepatic failure without coma
K72.01 Acute and subacute hepatic failure with coma
K72.10 Chronic hepatic failure without coma
K72.11 Chronic hepatic failure with coma
K72.90 Hepatic failure, unspecified without coma
K72.91 Hepatic failure, unspecified with coma
K73.1 Chronic lobular hepatitis, not elsewhere classified
K73.2 Chronic active hepatitis, not elsewhere classified
K73.8 Other chronic hepatitis, not elsewhere classified
K73.9 Chronic hepatitis, unspecified
K74.01 Hepatic fibrosis, early fibrosis
K74.02 Hepatic fibrosis, advanced fibrosis
K74.1 Hepatic sclerosis
K74.2 Hepatic fibrosis with hepatic sclerosis
K74.3 Primary biliary cirrhosis
K74.4 Secondary biliary cirrhosis
K74.5 Biliary cirrhosis, unspecified
K74.60 Unspecified cirrhosis of liver
K74.69 Other cirrhosis of liver
K75.0 Abscess of liver
K75.1 Phlebitis of portal vein
K75.2 Nonspecific reactive hepatitis
K75.3 Granulomatous hepatitis, not elsewhere classified
K75.4 Autoimmune hepatitis
K75.81 Nonalcoholic steatohepatitis (NASH)
K75.89 Other specified inflammatory liver diseases
K75.9 Inflammatory liver disease, unspecified
K76.0 Fatty (change of) liver, not elsewhere classified
K76.1 Chronic passive congestion of liver
K76.2 Central hemorrhagic necrosis of liver
K76.3 Infarction of liver
K76.4 Peliosis hepatis
K76.5 Hepatic veno-occlusive disease
K76.6 Portal hypertension
K76.7 Hepatorenal syndrome
K76.81 Hepatopulmonary syndrome
K76.89 Other specified diseases of liver
K77 Liver disorders in diseases classified elsewhere
K83.01 Primary sclerosing cholangitis
K83.09 Other cholangitis

K83.1 *Obstruction of bile duct*
K83.5 *Biliary cyst*
K83.8 *Other specified diseases of biliary tract*
K83.9 *Disease of biliary tract, unspecified*
K91.82 *Postprocedural hepatic failure*
Q44.1 *Other congenital malformations of gallbladder*
Q44.2 *Atresia of bile ducts*
Q44.3 *Congenital stenosis and stricture of bile ducts*
Q44.4 *Choledochal cyst*
Q44.6 *Cystic disease of liver*
T86.40 *Unspecified complication of liver transplant*
T86.41 *Liver transplant rejection*
T86.42 *Liver transplant failure*
T86.43 *Liver transplant infection*
T86.49 *Other complications of liver transplant*

Local Discretion Covered Diagnosis Codes

C24.0 *Malignant neoplasm of extrahepatic bile duct*
C7B.02 *Secondary carcinoid tumors of liver*
D37.6 *Neoplasm of uncertain behavior of liver, gallbladder and bile ducts*

Nationally NON-Covered Diagnosis Codes

C22.1 *Intrahepatic bile duct carcinoma*
C22.3 *Angiosarcoma of liver*
C22.7 *Other specified carcinomas of liver*
C78.7 *Secondary malignant neoplasm of liver and intrahepatic bile duct*
C7A.1 *Malignant poorly differentiated neuroendocrine tumors*
C7A.8 *Other malignant neuroendocrine tumors*
C7B.8 *Other secondary neuroendocrine tumors*
D01.5 *Carcinoma in situ of liver, gallbladder and bile ducts*
D18.00 *Hemangioma unspecified site*
D18.01 *Hemangioma of skin and subcutaneous tissue*
D18.02 *Hemangioma of intracranial structures*
D18.03 *Hemangioma of intra-abdominal structures*
D18.09 *Hemangioma of other sites*
D3A.8 *Other benign neuroendocrine tumors*

The MCE contains a limited coverage edit for liver transplant procedures using *ICD-10-PCS codes, if ICD-10-PCS code is applicable.*

0FY00Z0- Transplantation of Liver, Allogeneic, Open Approach

0FY00Z1-Transplantation of Liver, Syngeneic, Open Approach

Where a liver transplant procedure code is identified by the MCE, the contractor shall check the provider number and effective date to determine if the provider is an approved liver transplant facility at the time of the transplant. Contractors shall use claims data to determine that the coverage criteria specified in Publication 100-03, Section 260.1 have been met. If payment is appropriate (i.e., the facility is approved, the service is furnished on or after the approval date, and the beneficiary has a covered condition), the contractor sends the claim to Grouper and Pricer.

If none of the diagnosis's codes are for a covered condition, or if the provider is not an approved liver transplant facility, the contractor denies the claim.

NOTE: Some noncovered conditions are included in the covered diagnostic codes. (The diagnostic codes are broader than the covered conditions. Do not pay for noncovered conditions.

Grouper

If the bill shows a discharge date before March 8, 1990, the liver transplant procedure is not covered. If the discharge date is March 8, 1990 or later, the contractor processes the bill through Grouper and Pricer. If the discharge date is after March 7, 1990, and before October 1, 1990, Grouper assigned CMS DRG 191 or 192. The contractor sent the bill to Pricer with review code 08. Pricer would then overlay CMS DRG 191 or 192 with CMS DRG 480 and the weights and thresholds for CMS DRG 480 to price the bill. If the discharge date is after September 30, 1990, Grouper assigns CMS DRG 480 and Pricer is able to price without using review code 08. If the discharge date is after September 30, 2007, Grouper assigns MS-DRG 005 or 006 (Liver transplant with MCC or Intestinal Transplant or Liver transplant without MCC, respectively) and Pricer is able to price without using review code 08.

Liver Transplant Billing From Non-approved Hospitals

Where a liver transplant and covered services are provided by a non-approved hospital, the bill data processed through Grouper and Pricer must exclude transplant procedure codes and related charges.

When CMS approves a hospital to furnish liver transplant services, it informs the hospital of

the effective date in the approval letter. The contractor will receive a copy of the letter.

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

Table of Contents

230.3 – Diagnosis Code Reporting Requirements

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

For claims with dates of service on or after September 28, 2016, CMS will allow coverage for HBV screening, HCPCS G0499, only when services are reported with both of the following diagnosis codes denoting high risk:

Z11.59 Encounter for screening for other viral disease,
and,

Z72.89 Other Problems related to life style

For claims with dates of service on or after September 28, 2016, CMS will allow coverage for HBV screening, HCPCS G0499, for subsequent visits only when services are reported with the following diagnosis codes:

Z11.59, **and**, one of the high risk diagnosis codes below:

- F11.10 Opioid abuse, uncomplicated*
- F11.11 Opioid abuse, in remission*
- F11.120 Opioid abuse with intoxication, uncomplicated*
- F11.121 Opioid abuse with intoxication delirium*
- F11.122 Opioid abuse with intoxication with perceptual disturbance*
- F11.13 Opioid abuse with withdrawal*
- F11.14 Opioid abuse with opioid-induced mood disorder*
- F11.150 Opioid abuse with opioid-induced psychotic disorder with delusions*
- F11.151 Opioid abuse with opioid-induced psychotic disorder with hallucinations*
- F11.181 Opioid abuse with opioid-induced sexual dysfunction*
- F11.182 Opioid abuse with opioid-induced sleep disorder*
- F11.188 Opioid abuse with other opioid-induced disorder*
- F11.20 Opioid dependence, uncomplicated*
- F11.21 Opioid dependence, in remission*
- F11.220 Opioid dependence with intoxication, uncomplicated*
- F11.221 Opioid dependence with intoxication delirium*

F11.222 Opioid dependence with intoxication with perceptual disturbance

F11.23 Opioid dependence with withdrawal

F11.24 Opioid dependence with opioid-induced mood disorder

F11.250 Opioid dependence with opioid-induced psychotic disorder with delusions

F11.251 Opioid dependence with opioid-induced psychotic disorder with hallucinations

F11.259 Opioid dependence with opioid-induced psychotic disorder, unspecified

F11.281 Opioid dependence with opioid-induced sexual dysfunction

F11.282 Opioid dependence with opioid-induced sleep disorder

F11.288 Opioid dependence with other opioid-induced disorder

F11.90 Opioid use, unspecified, uncomplicated

F11.920 Opioid use, unspecified with intoxication, uncomplicated

F11.921 Opioid use, unspecified with intoxication delirium

F11.922 Opioid use, unspecified with intoxication with perceptual disturbance

F11.929 Opioid use, unspecified with intoxication, unspecified

F11.93 Opioid use, unspecified with withdrawal

F11.94 Opioid use, unspecified with opioid-induced mood disorder

F11.950 Opioid use, unspecified with opioid-induced psychotic disorder with delusions

F11.951 Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations

F11.959 Opioid use, unspecified with opioid-induced psychotic disorder, unspecified

F11.981 Opioid use, unspecified with opioid-induced sexual dysfunction

F11.982 Opioid use, unspecified with opioid-induced sleep disorder

F11.988 Opioid use, unspecified with other opioid-induced disorder

F13.10 Sedative, hypnotic or anxiolytic abuse, uncomplicated

F13.11 Sedative, hypnotic or anxiolytic abuse, in remission

F13.120 Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated

F13.121 Sedative, hypnotic or anxiolytic abuse with intoxication delirium

F13.129 Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified

F13.130 Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated

F13.131 Sedative, hypnotic or anxiolytic abuse with withdrawal delirium

F13.132 Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance

F13.14 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder

F13.150 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder

F13.151 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder

F13.159 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder

F13.180 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder

F13.181 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction

F13.182 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder

F13.188 Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder

F13.20 Sedative, hypnotic or anxiolytic dependence, uncomplicated

F13.21 Sedative, hypnotic or anxiolytic dependence, in remission

F13.220 Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated

F13.221 Sedative, hypnotic or anxiolytic dependence with intoxication delirium

F13.229 Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230 Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231 Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232 Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239 Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.250 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychosis
Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychosis
F13.251 hallucinations
F13.259 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychosis
F13.26 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persistent delirium
F13.27 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persistent delirium
F13.280 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288 Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.90 Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F13.920 Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13.921 Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium
F13.929 Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F13.930 Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931 Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13.932 Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939 Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
F13.94 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychosis
F13.950 delusions
Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychosis
F13.951 hallucinations
F13.959 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychosis
F13.96 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persistent delirium
F13.97 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persistent delirium
F13.980 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.981 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.982 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.988 Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F14.10 Cocaine abuse, uncomplicated
F14.11 Cocaine abuse, in remission
F14.120 Cocaine abuse with intoxication, uncomplicated
F14.121 Cocaine abuse with intoxication with delirium
F14.122 Cocaine abuse with intoxication with perceptual disturbance
F14.129 Cocaine abuse with intoxication, unspecified
F14.13 Cocaine abuse, unspecified with withdrawal
F14.14 Cocaine abuse with cocaine-induced mood disorder

F14.150 Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151 Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159 Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180 Cocaine abuse with cocaine-induced anxiety disorder
F14.181 Cocaine abuse with cocaine-induced sexual dysfunction
F14.182 Cocaine abuse with cocaine-induced sleep disorder
F14.188 Cocaine abuse with other cocaine-induced disorder
F14.20 Cocaine dependence, uncomplicated
F14.21 Cocaine dependence, in remission
F14.220 Cocaine dependence with intoxication, uncomplicated
F14.221 Cocaine dependence with intoxication delirium
F14.222 Cocaine dependence with intoxication with perceptual disturbance
F14.229 Cocaine dependence with intoxication, unspecified
F14.23 Cocaine dependence with withdrawal
F14.24 Cocaine dependence with cocaine-induced mood disorder
F14.250 Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251 Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259 Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280 Cocaine dependence with cocaine-induced anxiety disorder
F14.281 Cocaine dependence with cocaine-induced sexual dysfunction
F14.282 Cocaine dependence with cocaine-induced sleep disorder
F14.288 Cocaine dependence with other cocaine-induced disorder
F14.90 Cocaine use, unspecified, uncomplicated
F14.920 Cocaine use, unspecified with intoxication, uncomplicated
F14.921 Cocaine use, unspecified with intoxication delirium
F14.922 Cocaine use, unspecified with intoxication with perceptual disturbance
F14.929 Cocaine use, unspecified with intoxication, unspecified
F14.93 Cocaine use, unspecified with withdrawal
F14.94 Cocaine use, unspecified with cocaine-induced mood disorder
F14.950 Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951 Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14.959 Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980 Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981 Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.982 Cocaine use, unspecified with cocaine-induced sleep disorder
F14.988 Cocaine use, unspecified with other cocaine-induced disorder
F15.10 Other stimulant abuse, uncomplicated
F15.11 Other stimulant abuse, in remission
F15.120 Other stimulant abuse with intoxication, uncomplicated
F15.121 Other stimulant abuse with intoxication delirium
F15.122 Other stimulant abuse with intoxication with perceptual disturbance
F15.129 Other stimulant abuse with intoxication, unspecified
F15.13 Other stimulant abuse with withdrawal
F15.14 Other stimulant abuse with stimulant-induced mood disorder

F15.150 Other stimulant abuse with stimulant-induced psychotic disorder with delusions
F15.151 Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15.159 Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180 Other stimulant abuse with stimulant-induced anxiety disorder
F15.181 Other stimulant abuse with stimulant-induced sexual dysfunction
F15.182 Other stimulant abuse with stimulant-induced sleep disorder
F15.188 Other stimulant abuse with other stimulant-induced disorder
F15.20 Other stimulant dependence, uncomplicated
F15.21 Other stimulant dependence, in remission
F15.220 Other stimulant dependence with intoxication, uncomplicated
F15.221 Other stimulant dependence with intoxication delirium
F15.222 Other stimulant dependence with intoxication with perceptual disturbance
F15.229 Other stimulant dependence with intoxication, unspecified
F15.23 Other stimulant dependence with withdrawal
F15.24 Other stimulant dependence with stimulant-induced mood disorder
F15.250 Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251 Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259 Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280 Other stimulant dependence with stimulant-induced anxiety disorder
F15.281 Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282 Other stimulant dependence with stimulant-induced sleep disorder
F15.288 Other stimulant dependence with other stimulant-induced disorder
F15.90 Other stimulant use, unspecified, uncomplicated
F15.920 Other stimulant use, unspecified with intoxication, uncomplicated
F15.921 Other stimulant use, unspecified with intoxication delirium
F15.922 Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.929 Other stimulant use, unspecified with intoxication, unspecified
F15.93 Other stimulant use, unspecified with withdrawal
F15.94 Other stimulant use, unspecified with stimulant-induced mood disorder
F15.950 Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951 Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959 Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980 Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981 Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F15.982 Other stimulant use, unspecified with stimulant-induced sleep disorder
F15.988 Other stimulant use, unspecified with other stimulant-induced disorder
Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.5 Contact with and (suspected) exposure to viral hepatitis
Z72.52 High risk homosexual behavior
Z72.53 High risk bisexual behavior

For claims with dates of service on or after September 28, 2016, CMS will allow coverage for HBV screening (CPT codes 86704, 86706, 87340 and 87341) in pregnant women only when services are reported with the following diagnosis codes:

Z11.59 - Encounter for screening for other viral diseases, and one of the following diagnosis codes *below*:

Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01 Encounter for supervision of normal first pregnancy, first trimester
Z34.02 Encounter for supervision of normal first pregnancy, second trimester
Z34.03 Encounter for supervision of normal first pregnancy, third trimester
Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81 Encounter for supervision of other normal pregnancy, first trimester
Z34.82 Encounter for supervision of other normal pregnancy, second trimester
Z34.83 Encounter for supervision of other normal pregnancy, third trimester
Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91 Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92 Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93 Encounter for supervision of normal pregnancy, unspecified, third trimester

For claims with dates of service on or after September 28, 2016, CMS will allow coverage for HBV screening (CPT codes 86704, 86706, 87340 and 87341) in pregnant women at high risk only when services are reported *with the* following diagnosis codes:

Z11.59 - Encounter for screening for other viral diseases, **and**,

Z72.89 - Other problems related to lifestyle, **and**, also one of the following diagnosis codes *below*:

009.90 Supervision of high risk pregnancy, unspecified, unspecified trimester

009.91 Supervision of high risk pregnancy, unspecified, first trimester

009.92 Supervision of high risk pregnancy, unspecified, second trimester

009.93 Supervision of high risk pregnancy, unspecified, third trimester

230.4 – Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARC)s, Group Codes, and Medicare Summary Notice (MSN) Messages

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

Contractors shall use the appropriate claim adjustment reason codes (CARCs), remittance advice remark codes (RARCs), group codes, or Medicare summary notice (MSN) messages when rejecting payment for HBV screening:

- Rejecting services submitted on a TOB other than 13X, 14X, 72X, or 85X:

CARC 170 - Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N95 – This provider type/provider specialty may not bill this service.

MSN 21.25: This service was denied because Medicare only covers this service in certain settings.

Spanish Version: “El servicio fue denegado porque Medicare solamente lo cubre en ciertas situaciones.”

Group Code CO (Contractual Obligation) assigning financial liability to the provider

- c. Denying services where previous HBV screening, HCPCS G0499, is paid in history for claims with dates of service on and after September 28, 2016, or if the beneficiary’s claim history shows claim lines containing CPT codes 86704, 86706, 87340 and 87341 submitted in the previous 11 full *months*:

CARC 119: “Benefit maximum for this time period or occurrence has been reached.”

RARC N386: “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.”

Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32 with or without GA modifier or a claim –line is received with a GA modifier indicating a signed ABN is on file).

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim line-item is received with a GZ modifier indicating no signed ABN is on file and occurrence code 32 is not present).

(Part A only) MSN 15.19: “Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800MEDICARE (1-800-633-4227) for a copy of the LCD”.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1800-633-4227).

MSN 15.20: “The following policies NCD 210.6 were used when we made this decision.”

Spanish Version – “Las siguientes políticas NCD 210.6 fueron utilizadas cuando se tomó esta decisión.”

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

- Denying services for HBV screening, HCPCS G0499, when ICD-10 diagnosis code Z72.89 and Z11.59 are not present on the *claim*:

CARC 167 – “This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.”

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

(Part A only) MSN 15.19: “Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD”.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

MSN 15.20: “The following policies NCD 210.6 were used when we made this decision.” Spanish Version – “Las siguientes políticas NCD 210.6 fueron utilizadas cuando se tomó esta decisión.”

Group Code: CO (Contractual Obligation)

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

- Denying services for HBV screening, HCPCS G0499, for subsequent visits, when ICD-10 diagnosis code Z11.59, and one of the appropriate high-risk *ICD-10 diagnosis codes noted in section 230.3 are not present on the claim:*

CARC 167 – “This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.”

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

(Part A only) MSN 15.19: “Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD”.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

MSN 15.20: “The following policies NCD 210.6 were used when we made this decision.” Spanish Version – “Las siguientes políticas NCD 210.6 fueron utilizadas cuando se tomó esta decisión.”

Group Code: CO (Contractual Obligation)

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

- Denying claim lines for HBV screening, HCPCS G0499, without the appropriate POS *code:*

CARC 171 – Payment is denied when performed by this type of provider on this type of facility. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N428 - Not covered when performed in certain settings.

Group Code: CO (Contractual Obligation)

MSN 21.25 - This service was denied because Medicare only covers this service in certain settings.

Spanish Version: “El servicio fue denegado porque Medicare solamente lo cubre en ciertas situaciones.”

- Denying claim lines for HBV screening, HCPCS G0499, that are not submitted from the appropriate provider *specialties*:

CARC 184 - The prescribing/ordering provider is not eligible to prescribe/order the service billed. NOTE: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N386 - “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp on the CMS website. If you do not have web access, you may contact the contractor to request a copy of the NCD.”

MSN 21.18 - This item or service is not covered when performed or ordered by this provider.

Spanish Version: “Este servicio no esta cubierto cuando es ordenado o rendido por este proveedor.”

MSN 15.20: “The following policies NCD 210.6 were used when we made this decision.”

Spanish Version – “Las siguientes políticas NCD 210.6 fueron utilizadas cuando se tomó esta decisión.”

Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed ABN is on file).

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim line-item is received with a GZ modifier indicating no signed ABN is on file).

NOTE: For modifier GZ, use CARC 50 and MSN 8.81.

- *Denying* services where previous HBV screening, HCPCS 86704, 86706, 87340 or 87341, is paid during the same pregnancy period or more than two screenings are paid to women that are at high *risk*:

CARC 119: “Benefit maximum for this time period or occurrence has been reached.”

RARC N362: “The number of days or units of service exceeds our acceptable maximum.”

RARC N386 – “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is

covered. A copy of this policy is available at www.cms.gov/mcd/search.asp on the CMS website. If you do not have web access, you may contact the contractor to request a copy of the NCD.”

(Part A Only) MSN 15.19: “Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD”.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed ABN is on file and occurrence code 32 is not present)

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with occurrence code 32 with or without a GZ modifier indicating no signed ABN is on file).

- d.** Denying services for HBV screening, HCPCS G0499, when ICD-10 diagnosis code Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, or O09.93 is present on the claim:

CARC 167 – “This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.”

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code: CO (Contractual Obligation)

(Part A only) MSN 15.19: “Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD”.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico

si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

MSN 15.20: “The following policies NCD 210.6 were used when we made this decision.” Spanish Version – “Las siguientes políticas NCD 210.6 fueron utilizadas cuando se tomó esta decisión.”

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

- Denying claim lines for HBV screening, HCPCS G0499 for a subsequent HBV screening test for non-pregnant, high risk beneficiary when a claim line for an initial HBV screening has not yet been posted in *history*:

CARC B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N386 – “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code: CO (Contractual Obligation).

MSN 21.21: This service was denied because Medicare only covers this service under certain circumstances.

Spanish Version - Este servicio fue denegado porque Medicare solamente lo cubre bajo ciertas circunstancias.

(Part A only) MSN 15.19: “Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD”.

Spanish Version - Las Determinaciones Locales de Cobertura (LCDs en inglés) le ayudan a decidir a Medicare lo que está cubierto. Un LCD se usó para su reclamación. Usted puede comparar su caso con la determinación y enviar información de su médico si piensa que puede cambiar nuestra decisión. Para obtener una copia del LCD, llame al 1-800-MEDICARE (1-800-633-4227).

MSN 15.20: “The following policies NCD 210.6 were used when we made this decision.”

Spanish Version – “Las siguientes políticas NCD 210.6 fueron utilizadas cuando se tomó esta decisión.”

NOTE: Due to system requirement, FISS has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents

90 - Stem Cell Transplantation

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

A. General

Stem cell transplantation is a process in which stem cells are harvested from either a patient’s (autologous) or donor’s (allogeneic) bone marrow or peripheral blood for intravenous infusion.

Allogeneic and autologous stem cell transplants are covered under Medicare for specific diagnoses. See Pub. 100-03, National Coverage Determinations Manual, section 110.23, for a complete description of covered and noncovered conditions. For Part A hospital inpatient claims processing instructions, refer to Pub. 100-04, chapter 3, section 90. The following sections contain claims processing instructions for all other claims.

B. Nationally Covered Indications

C. Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)

ICD-10-PCS Procedure Codes

<i>30230G2</i>	<i>Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Open Approach</i>
<i>30230G3</i>	<i>Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Open Approach</i>
<i>30230Y2</i>	<i>Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Open Approach</i>
<i>30230Y3</i>	<i>Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Open Approach</i>
<i>30233G2</i>	<i>Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach</i>
<i>30233G3</i>	<i>Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach</i>
<i>30233Y2</i>	<i>Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach</i>
<i>30233Y3</i>	<i>Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach</i>

30240G2	<i>Transfusion of Allogeneic Related Bone Marrow into Central Vein, Open Approach</i>
30240G3	<i>Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Open Approach</i>
30240Y2	<i>Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Open Approach</i>
30240Y3	<i>Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Open Approach</i>
30243G2	<i>Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach</i>
30243G3	<i>Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach</i>
30243Y2	<i>Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach</i>
30243Y3	<i>Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach</i>

HCPCS Code 38240

See below table for ICD-10-DX Codes:

a. Effective for services performed on or after August 1, 1978:

- a.** For the treatment of leukemia, leukemia in remission; *see table below for ICD-10-CM codes:*

<i>C91.00</i>	<i>Acute lymphoblastic leukemia not having achieved remission</i>
C91.01	Acute lymphoblastic leukemia, in remission
<i>C91.02</i>	<i>Acute lymphoblastic leukemia, in relapse</i>
<i>C91.10</i>	<i>Chronic lymphocytic leukemia of B-cell type not having achieved remission</i>
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
<i>C91.12</i>	<i>Chronic lymphocytic leukemia of B-cell type in relapse</i>
<i>C91.30</i>	<i>Prolymphocytic leukemia of B-cell type not having achieved remission</i>
C91.31	Prolymphocytic leukemia of B-cell type, in remission
<i>C91.32</i>	<i>Prolymphocytic leukemia of B-cell type, in relapse</i>
<i>C91.50</i>	<i>Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission</i>
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
<i>C91.52</i>	<i>Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse</i>
<i>C91.60</i>	<i>Prolymphocytic leukemia of T-cell type not having achieved remission</i>
C91.61	Prolymphocytic leukemia of T-cell type, in remission
<i>C91.62</i>	<i>Prolymphocytic leukemia of T-cell type, in relapse</i>
<i>C91.90</i>	<i>Lymphoid leukemia, unspecified not having achieved remission</i>
C91.91	Lymphoid leukemia, unspecified, in remission
<i>C91.92</i>	<i>Lymphoid leukemia, unspecified, in relapse</i>
<i>C91.A0</i>	<i>Mature B-cell leukemia Burkitt-type not having achieved remission</i>

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

C93.91	Monocytic leukemia, unspecified in remission
<i>C93.92</i>	<i>Monocytic leukemia, unspecified in relapse</i>
<i>C93.Z0</i>	<i>Other monocytic leukemia, not having achieved remission</i>
C93.Z1	Other monocytic leukemia, in remission
<i>C93.Z2</i>	<i>Other monocytic leukemia, in relapse</i>
<i>C94.00</i>	<i>Acute erythroid leukemia, not having achieved remission</i>
C94.01	Acute erythroid leukemia, in remission
<i>C94.02</i>	<i>Acute erythroid leukemia, in relapse</i>
<i>C94.20</i>	<i>Acute megakaryoblastic leukemia not having achieved remission</i>
C94.21	Acute megakaryoblastic leukemia, in remission
<i>C94.22</i>	<i>Acute megakaryoblastic leukemia, in relapse</i>
<i>C94.30</i>	<i>Mast cell leukemia not having achieved remission</i>
C94.31	Mast cell leukemia, in remission
<i>C94.32</i>	<i>Mast cell leukemia, in relapse</i>
<i>C94.80</i>	<i>Other specified leukemias not having achieved remission</i>
C94.81	Other specified leukemias, in remission
<i>C94.82</i>	<i>Other specified leukemias, in relapse</i>
<i>C95.00</i>	<i>Acute leukemia of unspecified cell type not having achieved remission</i>
C95.01	Acute leukemia of unspecified cell type, in remission
<i>C95.02</i>	<i>Acute leukemia of unspecified cell type, in relapse</i>
<i>C95.10</i>	<i>Chronic leukemia of unspecified cell type not having achieved remission</i>
C95.11	Chronic leukemia of unspecified cell type, in remission
<i>C95.12</i>	<i>Chronic leukemia of unspecified cell type, in relapse</i>
<i>C95.90</i>	<i>Leukemia, unspecified not having achieved remission</i>
C95.91	Leukemia, unspecified, in remission
<i>C95.92</i>	<i>Leukemia, unspecified, in relapse</i>
<i>D45</i>	<i>Polycythemia vera</i>

ii. For the treatment of aplastic anemia; *see table below for ICD-10-CM codes)*

ICD-10	Description
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis

D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified

b. Effective for services performed on or after June 3, 1985:

- c.** For the treatment of severe combined immunodeficiency disease (SCID) (*ICD-10-CM codes D81.0, D81.1, D81.2, D81.6, D81.7, D81.89, and D81.9*)
- d.** For the treatment of Wiskott-Aldrich syndrome (*ICD-10-CM code D82.0*)

c. Effective for services performed on or after August 4, 2010:

For the treatment of Myelodysplastic Syndromes (MDS) (*ICD-10-CM codes D46.A, D46.B, D46.C, D46.Z, D46.0, D46.1, D46.4, D46.9, D46.20, D46.21, D46.22, and Z00.6*) pursuant to Coverage with Evidence Development (CED) in the context of a Medicare-approved, prospective clinical study. Refer to Pub. 100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy. See section F below for billing instructions.

d. Effective for services performed on or after January 27, 2016:

- b.** *Allogeneic HSCT for multiple myeloma (ICD-10-CM codes C90.00, C90.01, C90.02, and Z00.6)* is covered by Medicare only for beneficiaries with Durie-Salmon Stage II or III multiple myeloma, or International Staging

System (ISS) Stage II or Stage III multiple myeloma, and participating in an approved prospective clinical study. Refer to Pub. 100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy. See section F below for billing instructions.

- e.** Allogeneic HSCT for myelofibrosis (MF) (ICD-10-CM codes C94.40, C94.41, C94.42, *D47.1*, D47.4, D75.81, *and Z00.6*) is covered by Medicare only for beneficiaries with Dynamic International Prognostic Scoring System (DIPSSplus) intermediate-2 or High primary or secondary MF and participating in an approved prospective clinical study. Refer to Pub. 100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy. See section F below for billing instructions.
- f.** Allogeneic HSCT for sickle cell disease (SCD) (ICD-10-CM codes D57.00, D57.01, D57.02, *D57.03, D57.09*, D57.1, D57.20, D57.211, D57.212, *D57.213, D57.218*, D57.219, D57.40, D57.411, D57.412, *D57.413, D57.418*, D57.419,

D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, D57.459, D57.80, D57.811, D57.812, D57.813, D57.818, D57.819, and Z00.6) is covered by Medicare only for beneficiaries with severe, symptomatic SCD who participate in an approved prospective clinical study. Refer to Pub.100-03, NCD Manual, chapter 1, section 110.23, for further information about this policy. See section F below for billing instructions.

II. Autologous Stem Cell Transplantation (AuSCT)

HCPCS Code 38241

ICD-10-PCS Procedure Codes:

<i>30230C0</i>	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Peripheral Vein, Open Approach</i>
<i>30230G0</i>	<i>Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach</i>
<i>30230Y0</i>	<i>Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach</i>
<i>30233G0</i>	<i>Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach</i>
<i>30233C0</i>	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Peripheral Vein, Percutaneous Approach</i>
<i>30233Y0</i>	<i>Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach</i>
<i>30240C0</i>	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Central Vein, Open Approach</i>
<i>30240G0</i>	<i>Transfusion of Autologous Bone Marrow into Central Vein, Open Approach</i>
<i>30240Y0</i>	<i>Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach</i>
<i>30243C0</i>	<i>Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Central Vein, Percutaneous Approach</i>
<i>30243G0</i>	<i>Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach</i>
<i>30243Y0</i>	<i>Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach</i>

Below ICD-10 CM codes Cover autologous SCT (38241) no trial for acute leukemia in remission, resistant non-Hodgkins lymphomas, recurrent/refractory neuroblastoma, advanced Hodgkins Disease on or after 4/28/89, and Cover autologous SCT (38241) no trial for Durie-Salmon stage II/III responsive multiple myeloma and responsive relapse on or after 10/1/00 over autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05

<i>C81.01</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
<i>C81.02</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes</i>
<i>C81.03</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes</i>
<i>C81.04</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
<i>C81.05</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C81.06</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes</i>
<i>C81.07</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, spleen</i>
<i>C81.08</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites</i>
<i>C81.09</i>	<i>Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites</i>
<i>C81.11</i>	<i>Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
<i>C81.12</i>	<i>Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes</i>
<i>C81.13</i>	<i>Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes</i>
<i>C81.14</i>	<i>Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
<i>C81.15</i>	<i>Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C81.16</i>	<i>Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes</i>
<i>C81.17</i>	<i>Nodular sclerosis Hodgkin lymphoma, spleen</i>
<i>C81.18</i>	<i>Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites</i>
<i>C81.19</i>	<i>Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites</i>
<i>C81.21</i>	<i>Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
<i>C81.22</i>	<i>Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes</i>
<i>C81.23</i>	<i>Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes</i>

C81.24	<i>Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
C81.25	<i>Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
C81.26	<i>Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes</i>
C81.27	<i>Mixed cellularity Hodgkin lymphoma, spleen</i>
C81.28	<i>Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites</i>
C81.29	<i>Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites</i>
C81.31	<i>Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
C81.32	<i>Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes</i>
C81.33	<i>Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes</i>
C81.34	<i>Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
C81.35	<i>Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
C81.36	<i>Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes</i>
C81.37	<i>Lymphocyte depleted Hodgkin lymphoma, spleen</i>
C81.38	<i>Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites</i>
C81.39	<i>Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites</i>
C81.41	<i>Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
C81.42	<i>Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes</i>
C81.43	<i>Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes</i>
C81.44	<i>Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
C81.45	<i>Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
C81.46	<i>Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes</i>
C81.47	<i>Lymphocyte-rich Hodgkin lymphoma, spleen</i>
C81.48	<i>Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites</i>
C81.49	<i>Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites</i>
C81.71	<i>Other Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
C81.72	<i>Other Hodgkin lymphoma, intrathoracic lymph nodes</i>
C81.73	<i>Other Hodgkin lymphoma, intra-abdominal lymph nodes</i>

C81.74	<i>Other Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
C81.75	<i>Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
C81.76	<i>Other Hodgkin lymphoma, intrapelvic lymph nodes</i>
C81.77	<i>Other Hodgkin lymphoma, spleen</i>
C81.78	<i>Other Hodgkin lymphoma, lymph nodes of multiple sites</i>
C81.91	<i>Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck</i>
C81.92	<i>Hodgkin lymphoma, unspecified, intrathoracic lymph nodes</i>
C81.93	<i>Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes</i>
C81.94	<i>Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb</i>
C81.95	<i>Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb</i>
C81.96	<i>Hodgkin lymphoma, unspecified, intrapelvic lymph nodes</i>
C81.97	<i>Hodgkin lymphoma, unspecified, spleen</i>
C81.98	<i>Hodgkin lymphoma, unspecified, lymph nodes of multiple sites</i>
C81.99	<i>Hodgkin lymphoma, unspecified, extranodal and solid organ sites</i>
C82.01	<i>Follicular lymphoma grade I, lymph nodes of head, face, and neck</i>
C82.02	<i>Follicular lymphoma grade I, intrathoracic lymph nodes</i>
C82.03	<i>Follicular lymphoma grade I, intra-abdominal lymph nodes</i>
C82.04	<i>Follicular lymphoma grade I, lymph nodes of axilla and upper limb</i>
C82.05	<i>Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb</i>
C82.06	<i>Follicular lymphoma grade I, intrapelvic lymph nodes</i>
C82.07	<i>Follicular lymphoma grade I, spleen</i>
C82.08	<i>Follicular lymphoma grade I, lymph nodes of multiple sites</i>
C82.09	<i>Follicular lymphoma grade I, extranodal and solid organ sites</i>
C82.11	<i>Follicular lymphoma grade II, lymph nodes of head, face, and neck</i>
C82.12	<i>Follicular lymphoma grade II, intrathoracic lymph nodes</i>
C82.13	<i>Follicular lymphoma grade II, intra-abdominal lymph nodes</i>
C82.14	<i>Follicular lymphoma grade II, lymph nodes of axilla and upper limb</i>
C82.15	<i>Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb</i>
C82.16	<i>Follicular lymphoma grade II, intrapelvic lymph nodes</i>
C82.17	<i>Follicular lymphoma grade II, spleen</i>
C82.18	<i>Follicular lymphoma grade II, lymph nodes of multiple sites</i>
C82.19	<i>Follicular lymphoma grade II, extranodal and solid organ sites</i>
C82.21	<i>Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck</i>

C82.22	<i>Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes</i>
C82.23	<i>Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes</i>
C82.24	<i>Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb</i>
C82.25	<i>Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb</i>
C82.26	<i>Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes</i>
C82.27	<i>Follicular lymphoma grade III, unspecified, spleen</i>
C82.28	<i>Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites</i>
C82.29	<i>Follicular lymphoma grade III, unspecified, extranodal and solid organ sites</i>
C82.31	<i>Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck</i>
C82.32	<i>Follicular lymphoma grade IIIa, intrathoracic lymph nodes</i>
C82.33	<i>Follicular lymphoma grade IIIa, intra-abdominal lymph nodes</i>
C82.34	<i>Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb</i>
C82.35	<i>Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb</i>
C82.36	<i>Follicular lymphoma grade IIIa, intrapelvic lymph nodes</i>
C82.37	<i>Follicular lymphoma grade IIIa, spleen</i>
C82.38	<i>Follicular lymphoma grade IIIa, lymph nodes of multiple sites</i>
C82.39	<i>Follicular lymphoma grade IIIa, extranodal and solid organ sites</i>
C82.41	<i>Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck</i>
C82.42	<i>Follicular lymphoma grade IIIb, intrathoracic lymph nodes</i>
C82.43	<i>Follicular lymphoma grade IIIb, intra-abdominal lymph nodes</i>
C82.44	<i>Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb</i>
C82.45	<i>Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb</i>
C82.46	<i>Follicular lymphoma grade IIIb, intrapelvic lymph nodes</i>
C82.47	<i>Follicular lymphoma grade IIIb, spleen</i>
C82.48	<i>Follicular lymphoma grade IIIb, lymph nodes of multiple sites</i>
C82.49	<i>Follicular lymphoma grade IIIb, extranodal and solid organ sites</i>
C82.51	<i>Diffuse follicle center lymphoma, lymph nodes of head, face, and neck</i>
C82.52	<i>Diffuse follicle center lymphoma, intrathoracic lymph nodes</i>
C82.53	<i>Diffuse follicle center lymphoma, intra-abdominal lymph nodes</i>
C82.54	<i>Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb</i>

C82.55	<i>Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb</i>
C82.56	<i>Diffuse follicle center lymphoma, intrapelvic lymph nodes</i>
C82.57	<i>Diffuse follicle center lymphoma, spleen</i>
C82.58	<i>Diffuse follicle center lymphoma, lymph nodes of multiple sites</i>
C82.59	<i>Diffuse follicle center lymphoma, extranodal and solid organ sites</i>
C82.61	<i>Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck</i>
C82.62	<i>Cutaneous follicle center lymphoma, intrathoracic lymph nodes</i>
C82.63	<i>Cutaneous follicle center lymphoma, intra-abdominal lymph nodes</i>
C82.64	<i>Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb</i>
C82.65	<i>Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb</i>
C82.66	<i>Cutaneous follicle center lymphoma, intrapelvic lymph nodes</i>
C82.67	<i>Cutaneous follicle center lymphoma, spleen</i>
C82.68	<i>Cutaneous follicle center lymphoma, lymph nodes of multiple sites</i>
C82.69	<i>Cutaneous follicle center lymphoma, extranodal and solid organ sites</i>
C82.81	<i>Other types of follicular lymphoma, lymph nodes of head, face, and neck</i>
C82.82	<i>Other types of follicular lymphoma, intrathoracic lymph nodes</i>
C82.83	<i>Other types of follicular lymphoma, intra-abdominal lymph nodes</i>
C82.84	<i>Other types of follicular lymphoma, lymph nodes of axilla and upper limb</i>
C82.85	<i>Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb</i>
C82.86	<i>Other types of follicular lymphoma, intrapelvic lymph nodes</i>
C82.87	<i>Other types of follicular lymphoma, spleen</i>
C82.88	<i>Other types of follicular lymphoma, lymph nodes of multiple sites</i>
C82.89	<i>Other types of follicular lymphoma, extranodal and solid organ sites</i>
C82.91	<i>Follicular lymphoma, unspecified, lymph nodes of head, face, and neck</i>
C82.92	<i>Follicular lymphoma, unspecified, intrathoracic lymph nodes</i>
C82.93	<i>Follicular lymphoma, unspecified, intra-abdominal lymph nodes</i>
C82.94	<i>Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb</i>
C82.95	<i>Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb</i>
C82.96	<i>Follicular lymphoma, unspecified, intrapelvic lymph nodes</i>

C82.97	<i>Follicular lymphoma, unspecified, spleen</i>
C82.98	<i>Follicular lymphoma, unspecified, lymph nodes of multiple sites</i>
C82.99	<i>Follicular lymphoma, unspecified, extranodal and solid organ sites</i>
C83.01	<i>Small cell B-cell lymphoma, lymph nodes of head, face, and neck</i>
C83.02	<i>Small cell B-cell lymphoma, intrathoracic lymph nodes</i>
C83.03	<i>Small cell B-cell lymphoma, intra-abdominal lymph nodes</i>
C83.04	<i>Small cell B-cell lymphoma, lymph nodes of axilla and upper limb</i>
C83.05	<i>Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
C83.06	<i>Small cell B-cell lymphoma, intrapelvic lymph nodes</i>
C83.07	<i>Small cell B-cell lymphoma, spleen</i>
C83.08	<i>Small cell B-cell lymphoma, lymph nodes of multiple sites</i>
C83.09	<i>Small cell B-cell lymphoma, extranodal and solid organ sites</i>
C83.11	<i>Mantle cell lymphoma, lymph nodes of head, face, and neck</i>
C83.12	<i>Mantle cell lymphoma, intrathoracic lymph nodes</i>
C83.13	<i>Mantle cell lymphoma, intra-abdominal lymph nodes</i>
C83.14	<i>Mantle cell lymphoma, lymph nodes of axilla and upper limb</i>
C83.15	<i>Mantle cell lymphoma, lymph nodes of inguinal region and lower limb</i>
C83.16	<i>Mantle cell lymphoma, intrapelvic lymph nodes</i>
C83.17	<i>Mantle cell lymphoma, spleen</i>
C83.18	<i>Mantle cell lymphoma, lymph nodes of multiple sites</i>
C83.19	<i>Mantle cell lymphoma, extranodal and solid organ sites</i>
C83.31	<i>Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck</i>
C83.32	<i>Diffuse large B-cell lymphoma, intrathoracic lymph nodes</i>
C83.33	<i>Diffuse large B-cell lymphoma, intra-abdominal lymph nodes</i>
C83.34	<i>Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb</i>
C83.35	<i>Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
C83.36	<i>Diffuse large B-cell lymphoma, intrapelvic lymph nodes</i>
C83.37	<i>Diffuse large B-cell lymphoma, spleen</i>
C83.38	<i>Diffuse large B-cell lymphoma, lymph nodes of multiple sites</i>
C83.39	<i>Diffuse large B-cell lymphoma, extranodal and solid organ sites</i>
C83.51	<i>Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck</i>
C83.52	<i>Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes</i>
C83.53	<i>Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes</i>
C83.54	<i>Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb</i>
C83.55	<i>Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb</i>

C83.56	<i>Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes</i>
C83.57	<i>Lymphoblastic (diffuse) lymphoma, spleen</i>
C83.58	<i>Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites</i>
C83.59	<i>Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites</i>
C83.71	<i>Burkitt lymphoma, lymph nodes of head, face, and neck</i>
C83.72	<i>Burkitt lymphoma, intrathoracic lymph nodes</i>
C83.73	<i>Burkitt lymphoma, intra-abdominal lymph nodes</i>
C83.74	<i>Burkitt lymphoma, lymph nodes of axilla and upper limb</i>
C83.75	<i>Burkitt lymphoma, lymph nodes of inguinal region and lower limb</i>
C83.76	<i>Burkitt lymphoma, intrapelvic lymph nodes</i>
C83.77	<i>Burkitt lymphoma, spleen</i>
C83.78	<i>Burkitt lymphoma, lymph nodes of multiple sites</i>
C83.79	<i>Burkitt lymphoma, extranodal and solid organ sites</i>
C83.81	<i>Other non-follicular lymphoma, lymph nodes of head, face, and neck</i>
C83.82	<i>Other non-follicular lymphoma, intrathoracic lymph nodes</i>
C83.83	<i>Other non-follicular lymphoma, intra-abdominal lymph nodes</i>
C83.84	<i>Other non-follicular lymphoma, lymph nodes of axilla and upper limb</i>
C83.85	<i>Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb</i>
C83.86	<i>Other non-follicular lymphoma, intrapelvic lymph nodes</i>
C83.87	<i>Other non-follicular lymphoma, spleen</i>
C83.88	<i>Other non-follicular lymphoma, lymph nodes of multiple sites</i>
C83.89	<i>Other non-follicular lymphoma, extranodal and solid organ sites</i>
C83.91	<i>Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck</i>
C83.92	<i>Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes</i>
C83.93	<i>Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes</i>
C83.94	<i>Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb</i>
C83.95	<i>Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb</i>
C83.96	<i>Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes</i>
C83.97	<i>Non-follicular (diffuse) lymphoma, unspecified, spleen</i>
C83.98	<i>Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites</i>
C83.99	<i>Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites</i>
C84.01	<i>Mycosis fungoides, lymph nodes of head, face, and neck</i>

C84.02	<i>Mycosis fungoides, intrathoracic lymph nodes</i>
C84.03	<i>Mycosis fungoides, intra-abdominal lymph nodes</i>
C84.04	<i>Mycosis fungoides, lymph nodes of axilla and upper limb</i>
C84.05	<i>Mycosis fungoides, lymph nodes of inguinal region and lower limb</i>
C84.06	<i>Mycosis fungoides, intrapelvic lymph nodes</i>
C84.07	<i>Mycosis fungoides, spleen</i>
C84.08	<i>Mycosis fungoides, lymph nodes of multiple sites</i>
C84.09	<i>Mycosis fungoides, extranodal and solid organ sites</i>
C84.11	<i>Sezary disease, lymph nodes of head, face, and neck</i>
C84.12	<i>Sezary disease, intrathoracic lymph nodes</i>
C84.13	<i>Sezary disease, intra-abdominal lymph nodes</i>
C84.14	<i>Sezary disease, lymph nodes of axilla and upper limb</i>
C84.15	<i>Sezary disease, lymph nodes of inguinal region and lower limb</i>
C84.16	<i>Sezary disease, intrapelvic lymph nodes</i>
C84.17	<i>Sezary disease, spleen</i>
C84.18	<i>Sezary disease, lymph nodes of multiple sites</i>
C84.19	<i>Sezary disease, extranodal and solid organ sites</i>
C84.41	<i>Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck</i>
C84.42	<i>Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes</i>
C84.43	<i>Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes</i>
C84.44	<i>Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb</i>
C84.45	<i>Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb</i>
C84.46	<i>Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes</i>
C84.47	<i>Peripheral T-cell lymphoma, not classified, spleen</i>
C84.48	<i>Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites</i>
C84.49	<i>Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites</i>
C84.61	<i>Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck</i>
C84.62	<i>Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes</i>
C84.63	<i>Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes</i>
C84.64	<i>Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb</i>
C84.65	<i>Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb</i>

C84.66	<i>Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes</i>
C84.67	<i>Anaplastic large cell lymphoma, ALK-positive, spleen</i>
C84.68	<i>Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites</i>
C84.69	<i>Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites</i>
C84.71	<i>Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck</i>
C84.72	<i>Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes</i>
C84.73	<i>Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes</i>
C84.74	<i>Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb</i>
C84.75	<i>Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb</i>
C84.76	<i>Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes</i>
C84.77	<i>Anaplastic large cell lymphoma, ALK-negative, spleen</i>
C84.78	<i>Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites</i>
C84.79	<i>Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites</i>
C84.91	<i>Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck</i>
C84.92	<i>Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes</i>
C84.93	<i>Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes</i>
C84.94	<i>Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb</i>
C84.95	<i>Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb</i>
C84.96	<i>Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes</i>
C84.97	<i>Mature T/NK-cell lymphomas, unspecified, spleen</i>
C84.98	<i>Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites</i>
C84.99	<i>Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites</i>
C84.A1	<i>Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck</i>
C84.A2	<i>Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes</i>

<i>C84.A3</i>	<i>Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes</i>
<i>C84.A4</i>	<i>Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb</i>
<i>C84.A5</i>	<i>Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb</i>
<i>C84.A6</i>	<i>Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes</i>
<i>C84.A7</i>	<i>Cutaneous T-cell lymphoma, unspecified, spleen</i>
<i>C84.A8</i>	<i>Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites</i>
<i>C84.A9</i>	<i>Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites</i>
<i>C84.Z1</i>	<i>Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck</i>
<i>C84.Z2</i>	<i>Other mature T/NK-cell lymphomas, intrathoracic lymph nodes</i>
<i>C84.Z3</i>	<i>Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes</i>
<i>C84.Z4</i>	<i>Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb</i>
<i>C84.Z5</i>	<i>Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb</i>
<i>C84.Z6</i>	<i>Other mature T/NK-cell lymphomas, intrapelvic lymph nodes</i>
<i>C84.Z7</i>	<i>Other mature T/NK-cell lymphomas, spleen</i>
<i>C84.Z8</i>	<i>Other mature T/NK-cell lymphomas, lymph nodes of multiple sites</i>
<i>C84.Z9</i>	<i>Other mature T/NK-cell lymphomas, extranodal and solid organ sites</i>
<i>C85.11</i>	<i>Unspecified B-cell lymphoma, lymph nodes of head, face, and neck</i>
<i>C85.12</i>	<i>Unspecified B-cell lymphoma, intrathoracic lymph nodes</i>
<i>C85.13</i>	<i>Unspecified B-cell lymphoma, intra-abdominal lymph nodes</i>
<i>C85.14</i>	<i>Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb</i>
<i>C85.15</i>	<i>Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C85.16</i>	<i>Unspecified B-cell lymphoma, intrapelvic lymph nodes</i>
<i>C85.17</i>	<i>Unspecified B-cell lymphoma, spleen</i>
<i>C85.18</i>	<i>Unspecified B-cell lymphoma, lymph nodes of multiple sites</i>
<i>C85.19</i>	<i>Unspecified B-cell lymphoma, extranodal and solid organ sites</i>
<i>C85.21</i>	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck</i>
<i>C85.22</i>	<i>Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes</i>

C85.23	<i>Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes</i>
C85.24	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb</i>
C85.25	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
C85.26	<i>Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes</i>
C85.27	<i>Mediastinal (thymic) large B-cell lymphoma, spleen</i>
C85.28	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites</i>
C85.29	<i>Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites</i>
C85.81	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
C85.82	<i>Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes</i>
C85.83	<i>Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes</i>
C85.84	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
C85.85	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
C85.86	<i>Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes</i>
C85.87	<i>Other specified types of non-Hodgkin lymphoma, spleen</i>
C85.88	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites</i>
C85.89	<i>Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites</i>
C85.91	<i>Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck</i>
C85.92	<i>Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes</i>
C85.93	<i>Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes</i>
C85.94	<i>Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb</i>
C85.95	<i>Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb</i>
C85.96	<i>Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes</i>
C85.97	<i>Non-Hodgkin lymphoma, unspecified, spleen</i>
C85.98	<i>Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites</i>
C85.99	<i>Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites</i>

<i>C86.0</i>	<i>Extranodal NK/T-cell lymphoma, nasal type</i>
<i>C86.1</i>	<i>Hepatosplenic T-cell lymphoma</i>
<i>C86.2</i>	<i>Enteropathy-type (intestinal) T-cell lymphoma</i>
<i>C86.3</i>	<i>Subcutaneous panniculitis-like T-cell lymphoma</i>
<i>C86.4</i>	<i>Blastic NK-cell lymphoma</i>
<i>C86.5</i>	<i>Angioimmunoblastic T-cell lymphoma</i>
<i>C86.6</i>	<i>Primary cutaneous CD30-positive T-cell proliferations</i>
<i>C88.0</i>	<i>Waldenstrom macroglobulinemia</i>
<i>C88.2</i>	<i>Heavy chain disease</i>
<i>C88.3</i>	<i>Immunoproliferative small intestinal disease</i>
<i>C88.4</i>	<i>Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]</i>
<i>C88.8</i>	<i>Other malignant immunoproliferative diseases</i>
<i>C88.9</i>	<i>Malignant immunoproliferative disease, unspecified</i>
<i>C90.00</i>	<i>Multiple myeloma not having achieved remission</i>
<i>C90.01</i>	<i>Multiple myeloma in remission</i>
<i>C90.02</i>	<i>Multiple myeloma in relapse</i>
<i>C90.10</i>	<i>Plasma cell leukemia not having achieved remission</i>
<i>C90.11</i>	<i>Plasma cell leukemia in remission</i>
<i>C90.20</i>	<i>Extramedullary plasmacytoma not having achieved remission</i>
<i>C90.21</i>	<i>Extramedullary plasmacytoma in remission</i>
<i>C90.22</i>	<i>Extramedullary plasmacytoma in relapse</i>
<i>C90.30</i>	<i>Solitary plasmacytoma not having achieved remission</i>
<i>C90.31</i>	<i>Solitary plasmacytoma in remission</i>
<i>C90.32</i>	<i>Solitary plasmacytoma in relapse</i>
<i>C91.01</i>	<i>Acute lymphoblastic leukemia, in remission</i>
<i>C91.11</i>	<i>Chronic lymphocytic leukemia of B-cell type in remission</i>
<i>C91.31</i>	<i>Prolymphocytic leukemia of B-cell type, in remission</i>
<i>C91.51</i>	<i>Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission</i>
<i>C91.61</i>	<i>Prolymphocytic leukemia of T-cell type, in remission</i>
<i>C91.91</i>	<i>Lymphoid leukemia, unspecified, in remission</i>
<i>C91.A1</i>	<i>Mature B-cell leukemia Burkitt-type, in remission</i>
<i>C91.Z1</i>	<i>Other lymphoid leukemia, in remission</i>
<i>C92.01</i>	<i>Acute myeloblastic leukemia, in remission</i>
<i>C92.11</i>	<i>Chronic myeloid leukemia, BCR/ABL-positive, in remission</i>
<i>C92.21</i>	<i>Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission</i>
<i>C92.31</i>	<i>Myeloid sarcoma, in remission</i>
<i>C92.41</i>	<i>Acute promyelocytic leukemia, in remission</i>
<i>C92.51</i>	<i>Acute myelomonocytic leukemia, in remission</i>
<i>C92.61</i>	<i>Acute myeloid leukemia with 11q23-abnormality in remission</i>
<i>C92.91</i>	<i>Myeloid leukemia, unspecified in remission</i>
<i>C92.A1</i>	<i>Acute myeloid leukemia with multilineage dysplasia, in remission</i>
<i>C92.Z1</i>	<i>Other myeloid leukemia, in remission</i>

<i>C93.01</i>	<i>Acute monoblastic/monocytic leukemia, in remission</i>
<i>C93.11</i>	<i>Chronic myelomonocytic leukemia, in remission</i>
<i>C93.31</i>	<i>Juvenile myelomonocytic leukemia, in remission</i>
<i>C93.91</i>	<i>Monocytic leukemia, unspecified in remission</i>
<i>C93.Z1</i>	<i>Other monocytic leukemia, in remission</i>
<i>C94.01</i>	<i>Acute erythroid leukemia, in remission</i>
<i>C94.21</i>	<i>Acute megakaryoblastic leukemia, in remission</i>
<i>C94.31</i>	<i>Mast cell leukemia, in remission</i>
<i>C94.81</i>	<i>Other specified leukemias, in remission</i>
<i>C95.01</i>	<i>Acute leukemia of unspecified cell type, in remission</i>
<i>C95.11</i>	<i>Chronic leukemia of unspecified cell type, in remission</i>
<i>C95.91</i>	<i>Leukemia, unspecified, in remission</i>
<i>C96.0</i>	<i>Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis</i>
<i>C96.20</i>	<i>Malignant mast cell neoplasm, unspecified</i>
<i>C96.21</i>	<i>Aggressive systemic mastocytosis</i>
<i>C96.22</i>	<i>Mast cell sarcoma</i>
<i>C96.29</i>	<i>Other malignant mast cell neoplasm</i>
<i>C96.4</i>	<i>Sarcoma of dendritic cells (accessory cells)</i>
<i>C96.5</i>	<i>Multifocal and unisystemic Langerhans-cell histiocytosis</i>
<i>C96.6</i>	<i>Unifocal Langerhans-cell histiocytosis</i>
<i>C96.9</i>	<i>Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified</i>
<i>C96.A</i>	<i>Histiocytic sarcoma</i>
<i>C96.Z</i>	<i>Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue</i>
<i>D45</i>	<i>Polycythemia vera</i>
<i>D47.Z9</i>	<i>Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue</i>
<i>E85.4</i>	<i>Organ-limited amyloidosis</i>
<i>E85.81</i>	<i>Light chain (AL) amyloidosis</i>
<i>E85.89</i>	<i>Other amyloidosis</i>
<i>E85.9</i>	<i>Amyloidosis, unspecified</i>

a. Effective for services performed on or after April 28, 1989:

Acute leukemia in remission who have a high probability of relapse and who have no human leucocyte antigens (HLA)-matched (ICD-10-CM diagnosis codes *C91.01, C92.01, C92.41, C92.51, C92.61, C92.A1, C93.01, C94.01, C94.21, C94.41, C95.01*);

Resistant non-Hodgkin's lymphomas or those presenting with poor prognostic features following an initial response (ICD-

10-CM diagnosis codes *C82.01-C85.29, C85.81-C86.6, C96.4, and C96.Z-C96.9*);

Recurrent or refractory neuroblastoma (see ICD-10-CM codes Neoplasm by site, malignant for the appropriate diagnosis code) following ranges are reported: C00 - C96, and D00 - D09 Resistant non- Hodgkin's lymphomas); or, Advanced Hodgkin's disease who have failed conventional therapy and have no HLA-matched donor (ICD-10-CM codes *C81.01 - C81.99*).

a. Effective for services performed on or after October 1, 2000:

Single AuSCT is only covered for Durie-Salmon Stage II or III multiple myeloma patients (*ICD-10-CM codes C90.00, C90.01, C90.02 and D47.Z9*) that fit the following requirements:

- Newly diagnosed or responsive multiple myeloma. This includes those patients with previously untreated disease, those with at least a partial response to prior chemotherapy (defined as a 50% decrease either in measurable paraprotein [serum and/or urine] or in bone marrow infiltration, sustained for at least 1 month), and those in responsive relapse; and
- Adequate cardiac, renal, pulmonary, and hepatic function.

b. Effective for services performed on or after March 15, 2005:

When recognized clinical risk factors are employed to select patients for transplantation, high dose melphalan (HDM) together with AuSCT is reasonable and necessary for Medicare beneficiaries of any age group with primary amyloid light chain (AL) amyloidosis (*ICD-10-CM codes E85.4, E85.81, E85.89 and E85.9*) who meet the following criteria:

- Amyloid deposition in 2 or fewer organs; and,
- Cardiac left ventricular ejection fraction (EF) greater than 45%.

E85.4 Organ-limited amyloidosis

E85.81 Light chain (AL) amyloidosis

E85.89 Other amyloidosis
E85.9 Amyloidosis, unspecified

As the applicable ICD-10 CM codes *E85.4, E85.81, E85.9, and E85.89* for amyloidosis do not differentiate between primary and non-primary, A/B MACs (B) should perform prepay reviews on all claims with a diagnosis of ICD-10-CM code *E85.4, E85.81, E85.9, and E85.89* to determine whether payment is appropriate.

C. Nationally Non-Covered Indications

I. Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)

Effective for claims with dates of service on or after May 24, 1996, through January 27, 2016, allogeneic HSCT is not covered as treatment for multiple myeloma (*if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02 and D47.Z9*).

II. Autologous Stem Cell Transplantation (AuSCT)

AuSCT is not considered reasonable and necessary within the meaning of §1862(a)(1)(A) of the Act and is not covered under Medicare for the following conditions:

- Acute leukemia not in remission *prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C91.00, C92.00, C93.00, C94.00, and C95.00)*
- Chronic granulocytic leukemia *prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM code C92.10);*
 - 2. Solid tumors prior to October 1, 2000 (other than neuroblastoma) (if ICD-10-CM is applicable, ICD-10-CM codes C00.0 – C80.2 and D00.0 – D09.9);*
 - 3. Multiple myeloma prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02 and D47.Z9);*
 - 4. Tandem transplantation, on or after October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02, and D47.Z9);*

5. Non- primary amyloidosis *on or after 10/01/00, for all Medicare beneficiaries*

6. *Primary AL amyloidosis effective October 1, 2000, through March 14, 2005 for Medicare beneficiaries age 64. (if ICD-10-CM is applicable, ICD-10-CM codes E85.4, E85.81, E85.9, and E85.89);*

As the ICD-10-CM is applicable, as the applicable ICD-10 CM codes E85.4, E85.81, E85.9, and E85.89 for amyloidosis do not differentiate between primary and non-primary, A/B MACs (B) should perform prepay reviews on all claims with a diagnosis of ICD-10-CM code E85.4, E85.81, E85.9, and E85.89 to determine whether payment is appropriate.

4. Other

All other indications for stem cell transplantation not otherwise noted above as covered or non-covered remain at local Medicare Administrative Contractor discretion.

5. Suggested MSN and RA Messages

The contractor shall use an appropriate MSN and CARC message such as the following:

MSN - 15.4, The information provided does not support the need for this service or item;

CARC - 150, Payment adjusted because the payer deems the information submitted does not support this level of service.

6. Clinical Trials for Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndrome (MDS), Multiple Myeloma, Myelofibrosis (MF), and for Sickle Cell Disease (SCD)

- **Background**

Effective for services performed on or after August 4, 2010, contractors shall pay for claims for allogeneic HSCT for the treatment of Myelodysplastic Syndromes (MDS) pursuant to Coverage with Evidence Development (CED) in the context of a Medicare-approved, prospective clinical study.

Effective for services performed on or after January 27, 2016, contractors shall pay for claims for allogeneic HSCT for the treatment of multiple myeloma, myelofibrosis (MF), and for sickle cell disease (SCD) pursuant to CED, in the context of a Medicare-approved, prospective clinical study.

Refer to Pub.100-03, National Coverage Determinations Manual, Chapter 1, section 110.23, for more information about this policy, and Pub. 100-04, Medicare Claims Processing Manual, Chapter 3, section 90.3, for information on inpatient billing of this CED.

- **Adjudication Requirements**

Payable Conditions. **For claims with dates of service on and after August 4, 2010**, contractors shall pay for claims for allogeneic HSCT for MDS when the service was provided pursuant to a Medicare-approved clinical study under CED; these services are paid only in the inpatient setting (Type of Bill (TOB) 11X), as outpatient Part B (TOB 13X), and in Method II critical access hospitals (TOB 85X).

Contractors shall require the following coding in order to pay for these claims:

- Existing Medicare-approved clinical trial coding conventions, as required in Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, section 69, and inpatient billing requirements regarding acquisition of stem cells in Pub. 100- 04, Medicare Claims Processing Manual, Chapter 3, section 90.3.1.
- If ICD-10-CM is applicable, ICD-10-PCS, procedure codes *30230G2, 30230G3, 30230Y2, 30230Y3, 30233G2, 30233G3, 30233Y2, 30233Y3, 30240G2, 30240G3, 30240Y2, 30240Y3, 30243G2, 30243G3, 30243Y2, and 30243Y3.*
- If Outpatient Hospital or Professional Claims: HCPCS procedure code 38240

- If ICD-10-CM is applicable, ICD-10-CM codes D46.A, D46.B, D46.C, *D46.Z, D46.0, D46.1, D46.4, D46.9, D46.20, D46.21, D46.22, and Z00.6.*
- Professional claims only: place of service codes 19, 21, or 22.

Payable Conditions. **For claims with dates of service on and after January 27, 2016**, contractors shall pay for claims for allogeneic HSCT for multiple myeloma, myelofibrosis (MF), and for sickle cell disease (SCD) when the service was provided pursuant to a Medicare-approved clinical study under CED; these services are paid only in the inpatient setting (Type of Bill (TOB) 11X), as outpatient Part B (TOB 13X), and in Method II critical access hospitals (TOB 85X).

Contractors shall require the following coding in order to pay for these claims:

- Existing Medicare-approved clinical trial coding conventions, as required in Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, section 69, and inpatient billing requirements regarding acquisition of stem cells in Pub. 100-04, Medicare Claims Processing Manual, Chapter 3, section 90.3.1.
- ICD-10-PCS codes *30230G2, 30230G3, 30230Y2, 30230Y3, 30233G2, 30233G3, 30233Y2, 30233Y3, 30240G2, 30240G3, 30240Y2, 30240Y3, 30243G2, 30243G3, 30243Y2, and 30243Y3.*
- *ICD-10-CM diagnosis codes C90.00, C90.01, C90.02, C94.40, C94.41, C94.42, D47.1, D47.4, D75.81, D57.00, D57.01, D57.02, D57.03, D57.09, D57.1, D57.20, D57.211, D57.212, D57.213, D57.218, D57.219, D57.40, D57.411, D57.412, D57.413, D57.418, D57.419, D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, and D57.459, D57.80, D57.811, D57.812, D57.813, D57.818, D57.819, and Z00.6.*
- If Outpatient Hospital or Professional Claims: HCPCS procedure code 38240
- Professional claims only: place of service codes 19, 21, or 22.

Denials. Contractors shall deny claims failing to meet any of the above criteria. In addition, contractors shall apply the following requirements:

- Providers shall issue a hospital issued notice of non-coverage (HINN) or advance beneficiary notice (ABN) to the beneficiary if the services performed are not provided in accordance with CED.
- Contractors shall deny claims that do not meet the criteria for coverage with the following messages:

CARC 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer.

NOTE: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service

Payment Information REF), if present.

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code – Patient Responsibility (PR) if HINN/ABN issued, otherwise Contractual Obligation (CO)

MSN 16.77 – This service/item was not covered because it was not provided as part of a qualifying trial/study. (Este servicio/artículo no fue cubierto porque no estaba incluido como parte de un ensayo clínico/estudio calificado.)

MSN 15.20 – The following policies [NCD 110.23] were used when we made this decision. (Las siguientes políticas [NCD 110.23] fueron utilizadas cuando se tomó esta decisión.)

90.2- HCPCS and Diagnosis Coding – ICD-10-CM Applicable
(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-21)

Allogeneic Stem Cell Transplantation

- *Effective for services performed on or after August 1, 1978:*

For the treatment of leukemia or leukemia in remission, providers shall use *appropriate ICD-10 diagnosis codes noted in section 90* and HCPCS code 38240.

For the treatment of aplastic anemia, providers shall use *appropriate ICD-10 diagnosis codes noted in section 90* and HCPCS code 38240.

- *Effective for services performed on or after June 3, 1985:*

For the treatment of severe combined immunodeficiency disease, providers shall use *appropriate ICD-10 diagnosis codes noted in section 90* and HCPCS code 38240.

For the treatment of Wiskott-Aldrich syndrome, providers shall use *appropriate ICD-10-CM code D82.0* and HCPCS code 38240.

Autologous Stem Cell Transplantation.--Is covered under the following circumstances effective for services performed on or after April 28, 1989:

For the treatment of patients with acute leukemia in remission who have a high probability of relapse and who have no human leucocyte antigens (HLA) matched, providers shall use *appropriate ICD-10 diagnosis codes noted in section 90 for lymphoid; myeloid; monocytic; acute erythremia; erythroleukemia;* unspecified cell type and HCPCS code 38241.

For the treatment of resistant non-Hodgkin's lymphomas for those patients presenting with poor prognostic features following an initial response, providers shall use *appropriate ICD-10 diagnosis codes noted in section 90* and HCPCS code 38241.

For the treatment of recurrent or refractory neuroblastoma, providers shall use ICD- *10*-CM codes Neoplasm by site, malignant, the appropriate HCPCS code and HCPCS code 38241.

For the treatment of advanced Hodgkin's disease for patients who have failed conventional therapy and have no HLA-matched donor, providers shall use *appropriate ICD-10 diagnosis codes* and HCPCS code 38241

Autologous Stem Cell Transplantation.--Is covered under the following circumstances effective for services furnished on or after October 1, 2000:

For the treatment of multiple myeloma (only for beneficiaries who are less than age 78, have Durie-Salmon stage II or III newly diagnosed or responsive multiple myeloma, and have adequate cardiac, renal, pulmonary and hepatic functioning), providers shall use *appropriate ICD-10-CM code and* HCPCS code 38241.

For the treatment of recurrent or refractory neuroblastoma, providers shall use appropriate code (see ICD-10-CM neoplasm by site, malignant) and HCPCS code 38241.

Effective for services performed on or after March 15, 2005, when recognized clinical risk factors are employed to select patients for transplantation, high-dose melphalan (HDM) together with autologous stem cell transplantation (HDM/AuSCT) is reasonable and necessary for Medicare beneficiaries of any age group for the treatment of primary amyloid light chain (AL) amyloidosis, *ICD-10- CM codes E85.4, E85.81, E85.9, and E85.89* who meet the following criteria:

Amyloid deposition in 2 or fewer organs; and,

Cardiac left ventricular ejection fraction (EF) greater than 45%.

**90.2.1 HCPCS and Diagnosis Coding for Stem Cell Transplantation
ICD-10-CM Applicable**

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

ICD-10 is applicable to services on and after the implementation of ICD-

For services provided use the appropriate code from the ICD-10 CM codes in the table below.. See §90.2 for a list of covered conditions

<i>ICD-10</i>	<i>Description</i>
<i>C91.00</i>	<i>Acute lymphoblastic leukemia not having achieved remission</i>
C91.01	Acute lymphoblastic leukemia, in remission
<i>C91.02</i>	<i>Acute lymphoblastic leukemia, in relapse</i>
<i>C91.10</i>	<i>Chronic lymphocytic leukemia of B-cell type not having achieved remission</i>
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
<i>C91.12</i>	<i>Chronic lymphocytic leukemia of B-cell type in relapse</i>

<i>C91.30</i>	<i>Prolymphocytic leukemia of B-cell type not having achieved remission</i>
C91.31	Prolymphocytic leukemia of B-cell type, in remission
<i>C91.32</i>	<i>Prolymphocytic leukemia of B-cell type, in relapse</i>
<i>C91.50</i>	<i>Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission</i>
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
<i>C91.52</i>	<i>Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse</i>
<i>C91.60</i>	<i>Prolymphocytic leukemia of T-cell type not having achieved remission</i>
C91.61	Prolymphocytic leukemia of T-cell type, in remission
<i>C91.62</i>	<i>Prolymphocytic leukemia of T-cell type, in relapse</i>
<i>C91.90</i>	<i>Lymphoid leukemia, unspecified not having achieved remission</i>
C91.91	Lymphoid leukemia, unspecified, in remission
<i>C91.92</i>	<i>Lymphoid leukemia, unspecified, in relapse</i>
<i>C91.A0</i>	<i>Mature B-cell leukemia Burkitt-type not having achieved remission</i>
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
<i>C91.A2</i>	<i>Mature B-cell leukemia Burkitt-type, in relapse</i>
<i>C91.Z0</i>	<i>Other lymphoid leukemia not having achieved remission</i>
C91.Z1	Other lymphoid leukemia, in remission
<i>C91.Z2</i>	<i>Other lymphoid leukemia, in relapse</i>
<i>C92.00</i>	<i>Acute myeloblastic leukemia, not having achieved remission</i>
C92.01	Acute myeloblastic leukemia, in remission
<i>C92.02</i>	<i>Acute myeloblastic leukemia, in relapse</i>
<i>C92.10</i>	<i>Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission</i>
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
<i>C92.12</i>	<i>Chronic myeloid leukemia, BCR/ABL-positive, in relapse</i>
<i>C92.20</i>	<i>Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission</i>
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
<i>C92.22</i>	<i>Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse</i>
<i>C92.30</i>	<i>Myeloid sarcoma, not having achieved remission</i>
C92.31	Myeloid sarcoma, in remission
<i>C92.32</i>	<i>Myeloid sarcoma, in relapse</i>
<i>C92.40</i>	<i>Acute promyelocytic leukemia, not having achieved remission</i>
C92.41	Acute promyelocytic leukemia, in remission
<i>C92.42</i>	<i>Acute promyelocytic leukemia, in relapse</i>
<i>C92.50</i>	<i>Acute myelomonocytic leukemia, not having achieved remission</i>
C92.51	Acute myelomonocytic leukemia, in remission
<i>C92.52</i>	<i>Acute myelomonocytic leukemia, in relapse</i>
<i>C92.60</i>	<i>Acute myeloid leukemia with 11q23-abnormality not having achieved remission</i>
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
<i>C92.62</i>	<i>Acute myeloid leukemia with 11q23-abnormality in relapse</i>
<i>C92.90</i>	<i>Myeloid leukemia, unspecified, not having achieved remission</i>
C92.91	Myeloid leukemia, unspecified in remission
<i>C92.92</i>	<i>Myeloid leukemia, unspecified in relapse</i>
<i>C92.A0</i>	<i>Acute myeloid leukemia with multilineage dysplasia, not having achieved remission</i>
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
<i>C92.A2</i>	<i>Acute myeloid leukemia with multilineage dysplasia, in relapse</i>

<i>C92.Z0</i>	<i>Other myeloid leukemia not having achieved remission</i>
C92.Z1	Other myeloid leukemia, in remission
<i>C92.Z2</i>	<i>Other myeloid leukemia, in relapse</i>
<i>C93.00</i>	<i>Acute monoblastic/monocytic leukemia, not having achieved remission</i>
C93.01	Acute monoblastic/monocytic leukemia, in remission
<i>C93.02</i>	<i>Acute monoblastic/monocytic leukemia, in relapse</i>
<i>C93.10</i>	<i>Chronic myelomonocytic leukemia not having achieved remission</i>
C93.11	Chronic myelomonocytic leukemia, in remission
<i>C93.12</i>	<i>Chronic myelomonocytic leukemia, in relapse</i>
<i>C93.30</i>	<i>Juvenile myelomonocytic leukemia, not having achieved remission</i>
C93.31	Juvenile myelomonocytic leukemia, in remission
<i>C93.32</i>	<i>Juvenile myelomonocytic leukemia, in relapse</i>
<i>C93.90</i>	<i>Monocytic leukemia, unspecified, not having achieved remission</i>
C93.91	Monocytic leukemia, unspecified in remission
<i>C93.92</i>	<i>Monocytic leukemia, unspecified in relapse</i>
<i>C93.Z0</i>	<i>Other monocytic leukemia, not having achieved remission</i>
C93.Z1	Other monocytic leukemia, in remission
<i>C93.Z2</i>	<i>Other monocytic leukemia, in relapse</i>
<i>C94.00</i>	<i>Acute erythroid leukemia, not having achieved remission</i>
C94.01	Acute erythroid leukemia, in remission
<i>C94.02</i>	<i>Acute erythroid leukemia, in relapse</i>
<i>C94.20</i>	<i>Acute megakaryoblastic leukemia not having achieved remission</i>
C94.21	Acute megakaryoblastic leukemia, in remission
<i>C94.22</i>	<i>Acute megakaryoblastic leukemia, in relapse</i>
<i>C94.30</i>	<i>Mast cell leukemia not having achieved remission</i>
C94.31	Mast cell leukemia, in remission
<i>C94.32</i>	<i>Mast cell leukemia, in relapse</i>
<i>C94.80</i>	<i>Other specified leukemias not having achieved remission</i>
C94.81	Other specified leukemias, in remission
<i>C94.82</i>	<i>Other specified leukemias, in relapse</i>
<i>C95.00</i>	<i>Acute leukemia of unspecified cell type not having achieved remission</i>
C95.01	Acute leukemia of unspecified cell type, in remission
<i>C95.02</i>	<i>Acute leukemia of unspecified cell type, in relapse</i>
<i>C95.10</i>	<i>Chronic leukemia of unspecified cell type not having achieved remission</i>
C95.11	Chronic leukemia of unspecified cell type, in remission
<i>C95.12</i>	<i>Chronic leukemia of unspecified cell type, in relapse</i>
<i>C95.90</i>	<i>Leukemia, unspecified not having achieved remission</i>
C95.91	Leukemia, unspecified, in remission
<i>C95.92</i>	<i>Leukemia, unspecified, in relapse</i>
D45	Polycythemia vera

ii. For the treatment of aplastic anemia; see table below for ICD-10-CM codes)

<i>ICD-10</i>	<i>Description</i>
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified

If ICD-10-CM is applicable, the following ranges of ICD-10-CM codes are also covered for AuSCT:

- Resistant non-Hodgkin's lymphomas, ICD-10-CM diagnosis codes *C82.01-C85.29*, *C85.81- C86.6*, *C96.4*, and *C96.Z-C96.9*.
- Tandem transplantation (multiple rounds of autologous stem cell transplantation) for patients with multiple myeloma, ICD-10-CM codes *C90.00*, *C90.01*, *C90.02* and *D47.Z9*

NOTE: The following conditions are not covered:

- Acute leukemia not in remission
- Chronic granulocytic leukemia
- Solid tumors (other than neuroblastoma)
- Multiple myeloma
- For Medicare beneficiaries age 64 or older, all forms of amyloidosis, primary and non-primary
- Non-primary amyloidosis

Also coverage for conditions other than those specifically designated as covered in

§90.2 or specifically designated as non-covered in this section or in §90.3 will be at the discretion of the individual contractor.

90.3 - Non-Covered Conditions

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

Autologous stem cell transplantation is not covered for the following conditions:

- a) Acute leukemia not in remission prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C91.00, C92.00, C93.00, C94.00, and C95.00)*
- b) Chronic granulocytic leukemia prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM code C92.10);*
- c) Solid tumors prior to October 1, 2000 (other than neuroblastoma) (if ICD-10-CM is applicable, ICD-10-CM codes C00.0 – C80.2 and D00.0 – D09.9);*
- d) Multiple myeloma prior to October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02 and D47.Z9);*
- e) Tandem transplantation, on or after October 1, 2000 (if ICD-10-CM is applicable, ICD-10-CM codes C90.00, C90.01, C90.02, and D47.Z9) ;*
- f) Non- primary amyloidosis on or after 10/01/00, for all Medicare beneficiaries*
- g) Primary AL amyloidosis effective October 1, 2000, through March 14, 2005 for Medicare beneficiaries age 64. (if ICD-10-CM is applicable, ICD-10-CM codes E85.4, E85.81, E85.9, and E85.89);*

NOTE: Coverage for conditions other than those specifically designated as covered in 90.2 or 90.2.1 or specifically designated as non-covered in this section will be at the discretion of the individual A/B MAC (B).

90.4 - Edits

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

NOTE: Coverage for conditions other than those specifically designated as covered in 80.2 or specifically designated as non-covered in this section will be at the discretion of the individual A/B MAC (B).

Appropriate diagnosis to procedure code edits should be implemented for the non-covered conditions and services in 90.2 90.2.1, and 90.3 as applicable

As the ICD-10-CM codes E85.4, E85.81, E85.89, and E85.9 amyloidosis does not differentiate between primary and non-primary, A/B MACs (B) should perform prepay reviews on all claims with a diagnosis *of ICD-10-CM codes E85.4, E85.81, E85.89, and E85.9* and a HCPCS procedure code of 38241 to determine whether payment is appropriate.

90.5 - Suggested MSN and RA Messages

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

The contractor shall use an appropriate MSN and CARC message

such as the following:

MSN - 15.4, The information provided does not support the need

for this service or item;

CARC - 150, Payment adjusted because the payer deems the information submitted does not support this level of service.

90.6 Clinical Trials for Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndrome (MDS)

90.7

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-21)

Background

Myelodysplastic Syndrome (MDS) refers to a group of diverse blood disorders in which the bone marrow does not produce enough healthy, functioning blood cells. These disorders are varied with regard to clinical characteristics, cytologic and pathologic features, and cytogenetics.

On August 4, 2010, the Centers for Medicare & Medicaid Services (CMS) issued a national coverage determination (NCD) stating that

CMS believes that the evidence does not demonstrate that the use of allogeneic hematopoietic stem cell transplantation (HSCT) improves health outcomes in Medicare beneficiaries with MDS. Therefore, allogeneic HSCT for MDS is not reasonable and necessary under §1862(a)(1)(A) of the Social Security Act (the Act). However, allogeneic HSCT for MDS is reasonable and necessary under §1862(a)(1)(E) of the Act and therefore covered by Medicare ONLY if provided pursuant to a Medicare-approved clinical study under Coverage with Evidence Development (CED). Refer to Pub.100-03, National Coverage Determinations Manual, Chapter 1, section 110.8.1, for more information about this policy, and Pub. 100-04, Medicare Claims Processing Manual, Chapter 3, section 90.3.1, for information on CED.

B Adjudication Requirements

Payable Conditions. For claims with dates of service on and after August 4, 2010, contractors shall pay for claims for HSCT for MDS when the service was provided pursuant to a Medicare-approved clinical study under CED; these services are paid only in the inpatient setting (Type of Bill (TOB) 11X), as outpatient Part B (TOB 13X), and in Method II critical access hospitals (TOB 85X). Contractors shall require the following coding in order to pay for these claims:

- Existing Medicare-approved clinical trial coding conventions, as required in Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, section 69, and inpatient billing requirements regarding acquisition of stem cells in Pub. 100-04, Medicare Claims Processing Manual, Chapter 3, section 90.3.3.
- If ICD-10-CM is applicable, ICD-10-PCS, procedure codes *30230C0, 30230G0, 30230Y0, 30233G0, 30233C0, 30233Y0, 30240C0, 30240G0, 30240Y0, 30243C0, 30243G0, and 30243Y0*
- If Outpatient Hospital or Professional Claims: HCPCS procedure code 38240
- If ICD-10-CM is applicable, ICD-10-CM diagnosis codes, *D46.A, D46.B, D46.C, D46.Z, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, and Z00.6*

- Professional claims only: place of service codes 21 or 22.

Denials. Contractors shall deny claims failing to meet any of the above criteria. In addition, contractors shall apply the following requirements:

- Providers shall issue a hospital issued notice of non-coverage (HINN) or advance beneficiary notice (ABN) to the beneficiary if the services performed are not provided in accordance with CED.
- Contractors shall deny claims that do not meet the criteria for coverage with the following messages:

CARC 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer.

NOTE: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code – Patient Responsibility (PR) if HINN/ABN issued, otherwise Contractual Obligation (CO)

MSN 16.77 – This service/item was not covered because it was not provided as part of a qualifying trial/study. (Este servicio/artículo no fue cubierto porque no estaba incluido como parte de un ensayo clínico/estudio calificado.)

130.1 - Billing and Payment Requirements

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

Effective for dates of service on or after January 1, 2000, use HCPCS code G0166 (External counterpulsation, per session) to report ECP services. The codes for external cardiac assist (92971), ECG rhythm strip and report (93040 or 93041), pulse oximetry (94760 or 94761) and plethysmography (93922 or 93923) or other monitoring tests for examining the effects of this treatment are not clinically necessary with this service and should not be paid

on the same day, unless they occur in a clinical setting not connected with the delivery of the ECP. Daily evaluation and management service, e.g., 99201-99205, 99211-99215, 99217-99220, 99241-99245, cannot be billed with the ECP treatments. Any evaluation and management service must be justified with adequate documentation of the medical necessity of the visit. Deductible and coinsurance apply.

Note: Please note that effective December 31, 2020 evaluation and management service code 99201 is end-dated.

200.2- ICD-10 Diagnosis Codes for Vagus Nerve Stimulation (Covered since DOS on and after July 1, 1999)

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

One of the following diagnosis codes must be reported as appropriate, when billing for Vagus Nerve Stimulation:

If ICD-10-CM is applicable:

- G40.011 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epileptic
- G40.019 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
- G40.111 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
- G40.119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
- G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
- G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
- *G40.833 Dravet syndrome, intractable, with status epilepticus*

- *G40.834 Dravet syndrome, intractable, without status epilepticus*

200.5 - Medicare Summary Notice (MSN), Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) Messages

(Rev.11035, Issued:10-13-21, Effective: 11-17-21; Implementation: 11-17-21)

The following messages are used by Medicare contractors when denying non-covered VNS services:

MSN: 16.10 "Medicare does not pay for this item or service."

CARC: 50 "These are non-covered services because this is not deemed a "medical necessity" by the payer."

The following RARC messages can be used depending on liability:

M27 Alert: The patient has been relieved of liability of payment of these items and services under the limitation of liability provision of the law. You, the provider, are ultimately liable for the patient's waived charges, including any charges for coinsurance, since the items or services were not reasonable and necessary or constituted custodial care, and you knew or could reasonably have been expected to know, that they were not covered. You may appeal this determination. You may ask for an appeal regarding both the coverage determination and the issue of whether you exercised due care. The appeal request must be filed within 120 days of the date you receive this notice. You must make the request through this office.

Or

M38 *Alert*: The patient is liable for the charges for this service as you informed the patient in writing before the service was furnished that we would not pay for it, and the patient agreed to pay. Contractors will also include group code CO (contractual obligation) or PR (patient responsibility) depending on liability.