

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12990	Date: December 13, 2024
	Change Request 13874

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32 Sections 90, 190.2 and 300.2 for Coding Revisions to the National Coverage Determinations (NCDs) - April 2025 (1 of 2) Change Request (CR) 13818

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make updates to chapter 32, sections 90, 190.2 and 300.2 of the Medicare Claims Processing Manual Pub. 100-04 to coincide with the NCD updates in CR 13818, "International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-April 2025 (1 of 2) CR 13818".

EFFECTIVE DATE: September 30, 2024 - See Individual Business Requirements for Effective Dates

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

IMPLEMENTATION DATE: March 13, 2025

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	32/90/Stem Cell Transplantation
R	32/190/190.2/Healthcare Common Procedural Coding System (HCPCS), Applicable Diagnosis Codes and Procedure Code
R	32/300/300.2/Claims Processing Requirements for OPT with Verteporfin Services on Professional Claims and Outpatient Facility Claims

III. FUNDING:

IV. 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.

V. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 12990	Date: December 13, 2024	Change Request: 13874
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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update Pub. 100-04, chapter 32, sections 90, 190.2 and 300.2 for the billing requirements of the Medicare Claims Processing Manual. The revisions listed below can be found in CR13818, International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)-April 2025, (CR 1 of 2) NCD 80.3.1 - Verteporfin, NCD 110.4 - Extracorporeal Photopheresis, and NCD 110.23 - Stem Cell Transplantation.

NCD 80.3.1 - Verteporfin: Revise descriptors for ICD-10 dx codes H44.2A3, H44.2B3, H44.2C3, H44.2D3, and H44.2E3, effective October 1, 2024. (IOM 100-04 Chapter 32, Section 300.2)

NCD 110.4 - Extracorporeal Photopheresis: Add ICD-10 dx codes C84.0A and C84.1A, effective October 1, 2024. (IOM 100-04 Chapter 32, Section 190.2)

NCD 110.23 - Stem Cell transplantation: Add ICD -10 dx codes C82.0A, C82.1A, C82.2A, C82.3A, C82.4A, C82.5A, C82.6A, C82.8A, C82.9A, C83.0A, C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C84.9A, C84AA, C84.ZA, C85.1A, C85.2A, C85.8A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, and C88.91 effective October 1, 2024.

End-date ICD-10 dx codes: C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, C88.8, and C88.9 effective September 30, 2024. (IOM 100-04 Chapter 32, Section 90)

B. Policy: This CR does not involve any changes to policy.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13874.1	<p>The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 32, Section 90.</p> <p>Note: Add ICD-10 dx codes C82.0A, C82.1A, C82.2A, C82.3A, C82.4A, C82.5A, C82.6A, C82.8A, C82.9A, C83.0A, C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C84.9A, C84.AA, C84.ZA, C85.1A, C85.2A, C85.8A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91 effective October 1, 2024.</p> <p>End-date ICD-10 dx codes C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, C88.8 and C88.9, effective September 30, 2024.</p>	X	X							
13874.2	<p>The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 32, Section 190.2.</p> <p>Note: Add ICD-10 dx codes C84.0A and C84.1A, effective October 1, 2024.</p>	X	X							
13874.3	<p>The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 32, Section 300.2.</p>	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Note: The following ICD-10 dx code descriptors H44.2A3, H44.2B3, H44.2C3, H44.2D3, and H44.2E3 were revised, effective October 1, 2024.									

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

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

VII. 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

90 - Stem Cell Transplantation

(Rev. 12990; Issued: 12-13-24; Effective: 09-30-24; Implementation: 03-13-25)

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

30230G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Open Approach
30230G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Open Approach
30233U2	Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30233U3	Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30230Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Open Approach
30230Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Open Approach
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach
30243U2	Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30243U3	Percutaneous Approach
30233Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30233Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30240G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Open Approach
30240G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Open Approach
30240Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Open Approach

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

HCPCS Code 38240

See below table for ICD-10-DX Codes:

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

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

C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission

C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission

C94.32	Mast cell leukemia, in relapse
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
D45	Polycythemia vera

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

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

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)

For the treatment of Wiskott-Aldrich syndrome (ICD-10- CM Code D82.0)

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.

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

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.

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.

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.

Autologous Stem Cell Transplantation (AuSCT)

HCPCS Code 38241

ICD-10-PCS Procedure Codes:

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

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.

C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb

C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymphnodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma,intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymphnodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma,extranodal and solid organ sites
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head,face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymphnodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla andupper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinalregion and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiplesites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solidorgan sites
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face,and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymphnodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla andupper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinalregion and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiplesites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solidorgan sites
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head,face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymphnodes

C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen

C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
<i>C82.0A</i>	<i>Follicular lymphoma grade I, in remission (effective 10/01/24)</i>
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes

C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upperlimb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
<i>C82.1A</i>	<i>Follicular lymphoma grade II, in remission (effective 10/01/24)</i>
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
<i>C82.2A</i>	<i>Follicular lymphoma grade III, unspecified, in remission (effective 10/01/24)</i>
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upperlimb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes

C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
<i>C82.3A</i>	<i>Follicular lymphoma grade IIIa, in remission (effective 10/01/24)</i>
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
<i>C82.4A</i>	<i>Follicular lymphoma grade IIIb, in remission (effective 10/01/24)</i>
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites

<i>C82.5A</i>	<i>Diffuse follicle center lymphoma, in remission (effective 10/01/24)</i>
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
<i>C82.6A</i>	<i>Cutaneous follicle center lymphoma, in remission (effective 10/01/24)</i>
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
<i>C82.8A</i>	<i>Other types of follicular lymphoma, in remission (effective 10/01/24)</i>
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes

C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
<i>C82.9A</i>	<i>Follicular lymphoma, unspecified, in remission (effective 10/01/24)</i>
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
<i>C83.0A</i>	<i>Small cell B-cell lymphoma, in remission (effective 10/01/24)</i>
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb

C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
<i>C83.1A</i>	<i>Mantle cell lymphoma, in remission (effective 10/01/24)</i>
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
<i>C83.39</i>	<i>Diffuse large B-cell lymphoma, extranodal and solid organ sites (End date 09/30/24)</i>
<i>C83.390</i>	<i>Primary central nervous system lymphoma (effective 10/01/24)</i>
<i>C83.398</i>	<i>Diffuse large B-cell lymphoma of other extranodal and solid organ sites (effective 10/01/24)</i>
<i>C83.3A</i>	<i>Diffuse large B-cell lymphoma, in remission (effective 10/01/24)</i>
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes

C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organsites
<i>C83.5A</i>	<i>Lymphoblastic (diffuse) lymphoma, in remission (effective 10/01/24)</i>
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lowerlimb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
<i>C83.7A</i>	<i>Burkitt lymphoma, in remission (effective 10/01/24)</i>
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, andneck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upperlimb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal regionand lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites

<i>C83.8A</i>	<i>Other non-follicular lymphoma, in remission (effective 10/01/24)</i>
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
<i>C83.9A</i>	<i>Non-follicular (diffuse) lymphoma, unspecified, in remission (effective 10/01/24)</i>
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
<i>C84.0A</i>	<i>Mycosis fungoides, in remission (effective 10/01/24)</i>
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes

C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
<i>C84.1A</i>	<i>Sezary disease, in remission (effective 10/01/24)</i>
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
<i>C84.4A</i>	<i>Peripheral T-cell lymphoma, not elsewhere classified, in remission (effective 10/01/24)</i>
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb

C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymphnodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
<i>C84.6A</i>	<i>Anaplastic large cell lymphoma, ALK-positive, in remission (effective 10/01/24)</i>
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
<i>C84.7B</i>	<i>Anaplastic large cell lymphoma, ALK-negative, in remission (effective 10/01/24)</i>
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymphnodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymphnodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen

C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
<i>C84.9A</i>	<i>Mature T/NK-cell lymphomas, unspecified, in remission (effective 10/01/24)</i>
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
<i>C84.AA</i>	<i>Cutaneous T-cell lymphoma, unspecified, in remission (effective 10/01/24)</i>
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
<i>C84.ZA</i>	<i>Other mature T/NK-cell lymphomas, in remission (effective 10/01/24)</i>

C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
<i>C85.1A</i>	<i>Unspecified B-cell lymphoma, in remission (effective 10/01/24)</i>
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
<i>C85.2A</i>	<i>Mediastinal (thymic) large B-cell lymphoma, in remission (effective 10/01/24)</i>
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes

C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
<i>C85.8A</i>	<i>Other specified types of non-Hodgkin lymphoma, in remission (effective 10/01/24)</i>
<i>C86.0</i>	<i>Extranodal NK/T-cell lymphoma, nasal type (End date 09/30/24)</i>
<i>C86.1</i>	<i>Hepatosplenic T-cell lymphoma (End date 09/30/24)</i>
<i>C86.2</i>	<i>Enteropathy-type (intestinal) T-cell lymphoma (End date 09/30/24)</i>
<i>C86.3</i>	<i>Subcutaneous panniculitis-like T-cell lymphoma (End date 09/30/24)</i>
<i>C86.4</i>	<i>Blastic NK-cell lymphoma (End date 09/30/24)</i>
<i>C86.5</i>	<i>Angioimmunoblastic T-cell lymphoma (End date 09/30/24)</i>
<i>C86.6</i>	<i>Primary cutaneous CD30-positive T-cell proliferations (End date 09/30/24)</i>
<i>C86.00</i>	<i>Extranodal NK/T-cell lymphoma, nasal type not having achieved remission (effective 10/01/24)</i>
<i>C86.01</i>	<i>Extranodal NK/T-cell lymphoma, nasal type, in remission (effective 10/01/24)</i>
<i>C86.10</i>	<i>Hepatosplenic T-cell lymphoma not having achieved remission (effective 10/01/24)</i>
<i>C86.11</i>	<i>Hepatosplenic T-cell lymphoma, in remission (effective 10/01/24)</i>
<i>C86.20</i>	<i>Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission (effective 10/01/24)</i>
<i>C86.21</i>	<i>Enteropathy-type (intestinal) T-cell lymphoma, in remission (effective 10/01/24)</i>
<i>C86.30</i>	<i>Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission (effective 10/01/24)</i>
<i>C86.31</i>	<i>Subcutaneous panniculitis-like T-cell lymphoma, in remission (effective 10/01/24)</i>
<i>C86.40</i>	<i>Blastic NK-cell lymphoma not having achieved remission (effective 10/01/24)</i>

C86.41	<i>Blastic NK-cell lymphoma, in remission (effective 10/01/24)</i>
C86.50	<i>Angioimmunoblastic T-cell lymphoma not having achieved remission (effective 10/01/24)</i>
C86.51	<i>Angioimmunoblastic T-cell lymphoma, in remission (effective 10/01/24)</i>
C86.60	<i>Primary cutaneous CD30-positive T-cell proliferations not having achieved remission (effective 10/01/24)</i>
C86.61	<i>Primary cutaneous CD30-positive T-cell proliferations, in remission (effective 10/01/24)</i>
C88.0	<i>Waldenstrom macroglobulinemia (End date 09/30/24)</i>
C88.2	<i>Heavy chain disease (End date 09/30/24)</i>
C88.3	<i>Immunoproliferative small intestinal disease (End date 09/30/24)</i>
C88.4	<i>Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] (End date 09/30/24)</i>
C88.8	<i>Other malignant immunoproliferative diseases (End date 09/30/24)</i>
C88.9	<i>Malignant immunoproliferative disease, unspecified (End date 09/30/24)</i>
C88.00	<i>Waldenstrom macroglobulinemia not having achieved remission (effective 10/01/24)</i>
C88.01	<i>Waldenstrom macroglobulinemia, in remission (effective 10/01/24)</i>
C88.20	<i>Heavy chain disease not having achieved remission (effective 10/01/24)</i>
C88.21	<i>Heavy chain disease, in remission (effective 10/01/24)</i>
C88.30	<i>Immunoproliferative small intestinal disease not having achieved remission (effective 10/01/24)</i>
C88.31	<i>Immunoproliferative small intestinal disease, in remission (effective 10/01/24)</i>
C88.40	<i>Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission (effective 10/01/24)</i>
C88.41	<i>Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission (effective 10/01/24)</i>
C88.80	<i>Other malignant immunoproliferative diseases not having achieved remission (effective 10/01/24)</i>
C88.81	<i>Other malignant immunoproliferative diseases, in remission (effective 10/01/24)</i>
C88.90	<i>Malignant immunoproliferative disease, unspecified not having achieved remission (effective 10/01/24)</i>

C88.91	<i>Malignant immunoproliferative disease, unspecified, in remission (effective 10/01/24)</i>
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.01	Acute lymphoblastic leukemia, in remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.Z1	Other lymphoid leukemia, in remission
C92.01	Acute myeloblastic leukemia, in remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission

C92.31	Myeloid sarcoma, in remission
C92.41	Acute promyelocytic leukemia, in remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.Z1	Other myeloid leukemia, in remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.Z1	Other monocytic leukemia, in remission
C94.01	Acute erythroid leukemia, in remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.31	Mast cell leukemia, in remission
C94.81	Other specified leukemias, in remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis

C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D45	Polycythemia vera
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified

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).

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.

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.

D. 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).

1. 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).
2. 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).
3. 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).
4. Non- primary amyloidosis on or after 10/01/00, for all Medicare beneficiaries
5. 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.

Other

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

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.

E. 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.)

190.2 – Healthcare Common Procedural Coding System (HCPCS), Applicable Diagnosis Codes and Procedure Code

(Rev. 12990; Issued: 12-13-24; Effective: 09-30-24; Implementation: 03-13-25)

The following HCPCS procedure code is used for billing extracorporeal photopheresis:

- 36522 - Photopheresis, extracorporeal

Effective for claims with dates of service on or after Oct 1, 2015, the following are the applicable ICD-10-CM procedure codes for the new expanded coverage:

- 6A650ZZ Phototherapy, Circulatory, Single
- 6A651ZZ Phototherapy, Circulatory, Multiple

NOTE: Contractors shall edit for an appropriate oncological and autoimmune disorder diagnosis for payment of extracorporeal photopheresis according to the NCD.

Effective for claims with dates of service on or after Oct 1, 2015, in addition to HCPCS 36522, the following ICD-10-CM codes are applicable for extracorporeal photopheresis for the treatment of BOS following lung allograft transplantation only when extracorporeal photopheresis is provided under a clinical research study as outlined in above sections 190 and 190.2 Healthcare Common Procedural Coding System (HCPCS) codes, and applicable diagnosis codes as below:

A reference listing of ICD-10-CM coding and descriptions is listed below:

CUTANEOUS T-CELL LYMPHOMA

- C84.01 Mycosis fungoides, lymph nodes of head, face, and neck
- C84.02 Mycosis fungoides, intrathoracic lymph nodes
- C84.03 Mycosis fungoides, intra-abdominal lymph nodes
- C84.04 Mycosis fungoides, lymph nodes of axilla and upper limb
- C84.05 Mycosis fungoides, lymph nodes of inguinal region and lower limb
- C84.06 Mycosis fungoides, intrapelvic lymph nodes
- C84.07 Mycosis fungoides, spleen
- C84.08 Mycosis fungoides, lymph nodes of multiple sites
- C84.09 Mycosis fungoides, extranodal and solid organ sites
- C84.0A Mycosis fungoides, in remission – effective October 1, 2024*
- C84.11 Sezary disease, lymph nodes of head, face, and neck
- C84.12 Sézary disease, intrathoracic lymph nodes
- C84.13 Sézary disease, intra-abdominal lymph nodes
- C84.14 Sézary disease, lymph nodes of axilla and upper limb

- C84.15 Sézary disease, lymph nodes of inguinal region and lower limb
- C84.16 Sézary disease, intrapelvic lymph nodes
- C84.17 Sézary disease, spleen
- C84.18 Sézary disease, lymph nodes of multiple sites
- C84.19 Sézary disease, extranodal/solid organ sites
- C84.1A Sézary disease, in remission effective October 1, 2024*
- C84.A0 Cutaneous T-cell lymphoma, unspecified, unspecified site
- C84.A1 Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
- C84.A2 Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
- C84.A3 Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
- C84.A4 Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
- C84.A5 Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
- C84.A6 Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
- C84.A7 Cutaneous T-cell lymphoma, unspecified, spleen
- C84.A8 Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
- C84.A9 Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites

ACUTE CARDIAC ALLOGRAFT REJECTION/GRAFT-VERSUS-HOST-DISEASE

- D89.811 Chronic graft-versus-host disease
- D89.812 Acute on chronic graft-versus-host disease
- D89.813 Graft-versus-host disease, unspecified
- T86.01 Bone marrow transplant rejection
- T86.02 Bone marrow transplant failure
- T86.03 Bone marrow transplant infection
- T86.21 Heart transplant rejection
- T86.22 Heart transplant failure
- T86.23 Heart transplant infection
- T86.290 Cardiac allograft vasculopathy
- T86.31 Heart-lung transplant rejection
- T86.32 Heart-lung transplant failure
- T86.33 Heart-lung transplant infection
- T86.5 Complications of stem cell transplant
- Z94.3 Heart and lungs transplant status
- Z94.81 Bone marrow transplant status

BOS (CED/TRIAL ONLY)

- J42 Unspecified chronic bronchitis
- J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection
- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
- J44.9 Chronic obstructive pulmonary disease, unspecified
- T86.810 Lung transplant rejection
- T86.811 Lung transplant failure
- T86.812 Lung transplant infection

T86.818 Other complications of lung transplant
T86.819 Unspecified complication of lung transplant
Z94.2 Lung transplant status
Z00.6 Encounter for examination for normal comparison and control in clinical research program

300.2 - Claims Processing Requirements for OPT with Verteporfin Services on Professional Claims and Outpatient Facility Claims

(Rev. 12990; Issued: 12-13-24; Effective: 09-30-24; Implementation: 03-13-25)

OPT with Verteporfin is a covered service when billed with the below ICD-10-CM codes

Nationally Covered ICD-10-CM codes

H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar

ICD-10- Codes for OPT with Verteporfin for other ocular indications are eligible for local coverage determinations through individual contractor discretion.

B39.4	Histocapsulati, unspecified (Translates to combination of both B39.4 & H32)
B39.5	Histoplasmosis duboisii (Requires H32 coverage)
B39.9	Histoplasmosis, unspecified (Requires H32 coverage)
H32	Chorioretinal disorders in diseases classified elsewhere (Requires B39.4 coverage)
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral
H44.2C1	Degenerative myopia with retinal detachment, right eye

H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral
H44.21	Degenerative Myopia, right eye
H44.22	Degenerative Myopia, left eye
H44.23	Degenerative Myopia, bilateral
H35.711	Central serous chorioretinopathy, right eye
H35.712	Central serous chorioretinopathy, left eye
H35.713	Central serous chorioretinopathy, bilateral

Coverage is denied when billed with the below Nationally Non-Covered ICD-10-CM codes

Nationally Non-Covered ICD-10-CM codes:

H35.30	Unspecified macular degeneration
H35.3110	Nonexudative age-related macular degeneration, right eye, stage unspecified
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3120	Nonexudative age-related macular degeneration, left eye, stage unspecified
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3130	Nonexudative age-related macular degeneration, bilateral, stage unspecified
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement

Payment for OPT service (CPT code 67221/67225) must be billed on the same claim as the drug (J3396) for the same date of service.

Claims for OPT with Verteporfin for dates of service prior to April 3, 2013, are covered at the initial visit as determined by a fluorescein angiogram (FA) CPT code 92235. Subsequent follow-up visits also require a FA prior to treatment.

For claims with dates of service on or after April 3, 2013, contractors shall accept and process claims for subsequent follow-up visits with either a FA, CPT code 92235, or optical coherence tomography (OCT), CPT codes 92133 or 92134, prior to treatment.

Regardless of the date of service of the claim, the FA or OCT is not required to be submitted on the claim for OPT and can be maintained in the patient's file for audit purposes.