

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11445	Date: June 3, 2022
	Change Request 12602

**Transmittal 11392, dated May 2, 2022, is being rescinded and replaced by Transmittal 11445, dated, June 3, 2022 to update Chapter 32 and revised chapter sections and manual content. All other information remains the same.**

**SUBJECT: Revisions to Chapters 3, “Inpatient Hospital Billing” of the Medicare Claims Processing Manual (Pub 100-04), 18, “Preventive and Screening Services” of the Medicare Claims Processing Manual (Pub 100-04), and 32 “Billing Requirements for Special Services” of the Medicare Claims Processing Manual (Pub 100-04) 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:** May 9, 2022 - Unless otherwise specified, it is effective for all dates of service.

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

**IMPLEMENTATION DATE:** May 9, 2022 - Unless otherwise specified, it is effective for all dates 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	3/90.3 - Stem Cell Transplantation
R	3/90.3.2 - Autologous Stem Cell Transplantation (AuSCT)
R	18/20.2 - HCPCS and Diagnosis Codes for Mammography Services
R	18/30.6 - Screening Pap Smears: Diagnoses Codes
R	18/40.4 - Diagnoses Codes
R	32/90 - Stem Cell Transplantation
R	32/90.2.1 - HCPCS and Diagnosis Coding for Stem Cell Transplantation -ICD-10-CM Applicable
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	32/200.1 - General
R	32/200.2- ICD-10 Diagnosis Codes for Vagus Nerve Stimulation (Covered since DOS on and after July 1, 1999)
R	32/200.3 - Vagus Nerve Stimulation for TRD for Battery Replacement
R	32/200.4 – Professional Billing Requirements
R	32/200.5 – Institutional Billing Requirements
R	32/200.6 - Medicare Summary Notice (MSN), Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) Messages
N	32/200.7 - Advance Beneficiary Notice and HINN Information
R	32/320.3.4 – Other
R	32/330.1 – Claims Processing Requirements for Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS) on Professional Claims
R	32/330.2 - Claims Processing Requirements for PILD for Outpatient Facilities
R	32/400.2.2 - A/B MAC (A) Revenue Code
R	32/400.2.3 - A/B MAC Billing HCPCS Codes
R	32/400.2.4 - A/B MAC Diagnosis and Procedure Code Requirements
R	32/400.3 - Payment Requirements

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/400.4 - Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages
R	32/410.2 – Claims Processing General Information
R	32/410.3- Institutional Claims Bill Type and Revenue Coding Information
R	32/410.5 – Common Working File (CWF) FISS, and Multi-Carrier System (MCS) Editing

### **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

Pub. 100-04	Transmittal: 11445	Date: June 3, 2022	Change Request: 12602
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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 and 90.3.2; Chapter 18, Sections 20.2, 30.6, 40.4; Chapter 32, Sections 90, 90.2.1, 90.5, 90.6, 200.1, 200.2, 200.3, 200.4, 200.5, 200.6, 200.7, 320.3.4, 330.1, 330.2, 400.2.2, 400.2.3, 400.2.4, 400.3, 400.4, 410.2, 410.3 and 410.5 for the Billing Requirements of the Medicare Claims Processing manual due to NCDs 30.3.3 in Oct 2021 CR 12279, and 110.23, 110.24, 150.13, and 160.18 in Jan 2022 CR 12399, and 20.9.1, 30.3.3, 110.23, 110.24, 210.2, and 220.4 in April 2022 CRs 12480, 12482, and 30.3.3, and 110.24 in July 2022 CR 12606 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	
12602.1	<p>The Medicare contractors shall be aware of the manual updates in Pub 100-04:</p> <p>Chapter 3, Sections 90.3 and 90.3.2</p> <p>Chapter 18, Sections 20.2, 30.6, 40.4</p> <p>Chapter 32, Sections 90, 90.2.1, 90.5, 90.6, 200.1, 200.2, 200.3, 200.4, 200.5, 200.6, 200.7, 320.3.4, 330.1, 330.2, 400.2.2, 400.2.3, 400.2.4, 400.3, 400.4, 410.2, 410.3 and 410.5</p>	X	X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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:
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**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Wilfried Gehne, 410-786-6148 or wilfried.gehne@cms.hhs.gov , Kajol Balani, 410-786-0878 or 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**

## 90.3 - Stem Cell Transplantation

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

### 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.

***NOTE:** Please note that effective September 30, 2021 PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.*

#### **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.

***NOTE:*** Please note that effective September 30, 2021 PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.

### **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. 11445, Issued:06-03-22, Effective:05-09-22, Implementation:05-09-22)*

### **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 -**

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

**NOTE:** Please note that effective September 30, 2021 PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.

## **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 -**

<b>Diagnosis Code</b>	<b>Description</b>
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C91.01	Acute lymphoblastic leukemia, in remission
C92.01	Acute myeloblastic leukemia, 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
C93.01	Acute monoblastic/monocytic leukemia, in remission
C94.01	Acute erythroid leukemia, in remission
C94.21	Acute megakaryoblastic leukemia, in remission
C95.01	Acute leukemia of unspecified cell type, in remission

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.

***NOTE:** Please note that effective April 01, 2022 unspecified ICD-10-DX codes C47.9, C72.50, C72.9, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C85.91, C85.92, C85.93, C85.94, C85.96, C85.97, C85.98, C85.99, C91.91, C92.91, C93.91, C95.91, C96.20, C96.9 are end-dated.*

### **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-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 OPPS 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.

## 20.2 - HCPCS and Diagnosis Codes for Mammography Services

*(Rev. 11445, Issued:06-03-22, Effective:05-09-22, Implementation:05-09-22)*

The following HCPCS codes are used to bill for mammography services.

HCPCS Code	Definition
77065* (G0206*)	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066* (G0204*)	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067* (G0202*)	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
77063**	Screening Breast Tomosynthesis; bilateral (list separately in addition to code for primary procedure).
G0279**	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to code for primary procedure)

**\*NOTE:** For claims with dates of service January 1, 2017 through December 31, 2017 providers report HCPCS codes G0202, G0204, and G0206. For claims with dates of service on or after January 1, 2018 providers report CPT codes 77067, 77066, and 77065 respectively.

**\*\*NOTE:** HCPCS codes 77063 and G0279 are effective for claims with dates of service on or after January 1, 2015.

**New Modifier “-GG”: Performance and payment of a screening mammography and diagnostic mammography on same patient same day** - This is billed with the Diagnostic Mammography code to show the test changed from a screening test to a diagnostic test. A/B MACs (A) and (B) will pay both the screening and diagnostic



mammography tests. This modifier is for tracking purposes only. This applies to claims with dates of service on or after January 1, 2002.

#### ***A. Diagnosis for Services On or After Oct 1, 2015***

The BBA of 1997 eliminated payment based on high-risk indicators. However, to ensure proper coding, one of the following diagnosis codes should be reported on screening mammography claims as appropriate:

#### **ICD-10-CM**

#### ***Z12.31 - Encounter for screening mammogram for malignant neoplasm of breast.***

Beginning October 1, 2003, A/B MACs (B) are not permitted to plug the code for a screening mammography when the screening mammography claim has no diagnosis code. Screening mammography claims with no diagnosis code must be returned as unprocessable for assigned claims. For unassigned claims, deny the claim.

In general, providers report diagnosis codes in accordance with the instructions in the appropriate ASC X12 837 claim technical report 3 (institutional or professional) and the paper claim form instructions found in chapters 25 (institutional) and 26 (professional).

In addition, for institutional claims, providers report diagnosis code ***Z12.31*** (if ICD-10-CM is applicable) in “Principal Diagnosis Code” if the screening mammography is the only service reported on the claim. If the claim contains other services in addition to the screening mammography, these diagnostic code ***Z12.31*** (ICD-10-CM) are reported, as appropriate, in “Other Diagnostic Codes.” **NOTE:** Information regarding the form locator number that corresponds to the principal and other diagnosis codes is found in chapter 25.

A/B MACs (B) receive this diagnosis in field 21 and field 24E with the appropriate pointer code of Form CMS-1500 or in Loop 2300 of ASC- X12 837 professional claim format.

#### ***ICD-10-CM Codes for a diagnostic mammography:***

<b><i>ICD-10 CM code</i></b>	<b><i>Definitions</i></b>
<b><i>C43.52</i></b>	<b><i>Malignant melanoma of skin of breast</i></b>

<i>C43.59</i>	<i>Malignant melanoma of other part of trunk</i>
<i>C44.511</i>	<i>Basal cell carcinoma of skin of breast</i>
<i>C44.519</i>	<i>Basal cell carcinoma of skin of other part of trunk</i>
<i>C44.521</i>	<i>Squamous cell carcinoma of skin of breast</i>
<i>C44.529</i>	<i>Squamous cell carcinoma of skin of other part of trunk</i>
<i>C44.591</i>	<i>Other specified malignant neoplasm of skin of breast</i>
<i>C44.599</i>	<i>Other specified malignant neoplasm of skin of other part of trunk</i>
<i>C45.9</i>	<i>Mesothelioma, unspecified</i>
<i>C50.011</i>	<i>Malignant neoplasm of nipple and areola, right female breast</i>
<i>C50.012</i>	<i>Malignant neoplasm of nipple and areola, left female breast</i>
<i>C50.021</i>	<i>Malignant neoplasm of nipple and areola, right male breast</i>
<i>C50.022</i>	<i>Malignant neoplasm of nipple and areola, left male breast</i>
<i>C50.111</i>	<i>Malignant neoplasm of central portion of right female breast</i>
<i>C50.112</i>	<i>Malignant neoplasm of central portion of left female breast</i>
<i>C50.121</i>	<i>Malignant neoplasm of central portion of right male breast</i>
<i>C50.122</i>	<i>Malignant neoplasm of central portion of left male breast</i>
<i>C50.211</i>	<i>Malignant neoplasm of upper-inner quadrant of right female breast</i>
<i>C50.212</i>	<i>Malignant neoplasm of upper-inner quadrant of left female breast</i>
<i>C50.221</i>	<i>Malignant neoplasm of upper-inner quadrant of right male breast</i>
<i>C50.222</i>	<i>Malignant neoplasm of upper-inner quadrant of left male breast</i>
<i>C50.311</i>	<i>Malignant neoplasm of lower-inner quadrant of right female breast</i>
<i>C50.312</i>	<i>Malignant neoplasm of lower-inner quadrant of left female breast</i>
<i>C50.321</i>	<i>Malignant neoplasm of lower-inner quadrant of right male breast</i>
<i>C50.322</i>	<i>Malignant neoplasm of lower-inner quadrant of left male breast</i>
<i>C50.411</i>	<i>Malignant neoplasm of upper-outer quadrant of right female breast</i>
<i>C50.412</i>	<i>Malignant neoplasm of upper-outer quadrant of left female breast</i>
<i>C50.421</i>	<i>Malignant neoplasm of upper-outer quadrant of right male breast</i>
<i>C50.422</i>	<i>Malignant neoplasm of upper-outer quadrant of left male breast</i>
<i>C50.511</i>	<i>Malignant neoplasm of lower-outer quadrant of right female breast</i>
<i>C50.512</i>	<i>Malignant neoplasm of lower-outer quadrant of left female breast</i>
<i>C50.521</i>	<i>Malignant neoplasm of lower-outer quadrant of right male breast</i>
<i>C50.522</i>	<i>Malignant neoplasm of lower-outer quadrant of left male breast</i>
<i>C50.611</i>	<i>Malignant neoplasm of axillary tail of right female breast</i>
<i>C50.612</i>	<i>Malignant neoplasm of axillary tail of left female breast</i>
<i>C50.621</i>	<i>Malignant neoplasm of axillary tail of right male breast</i>
<i>C50.622</i>	<i>Malignant neoplasm of axillary tail of left male breast</i>
<i>C50.811</i>	<i>Malignant neoplasm of overlapping sites of right female breast</i>
<i>C50.812</i>	<i>Malignant neoplasm of overlapping sites of left female breast</i>
<i>C50.821</i>	<i>Malignant neoplasm of overlapping sites of right male breast</i>
<i>C50.822</i>	<i>Malignant neoplasm of overlapping sites of left male breast</i>
<i>C56.1</i>	<i>Malignant neoplasm of right ovary</i>
<i>C56.2</i>	<i>Malignant neoplasm of left ovary</i>
<i>C77.3</i>	<i>Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes</i>
<i>C78.01</i>	<i>Secondary malignant neoplasm of right lung</i>

<i>C78.02</i>	<i>Secondary malignant neoplasm of left lung</i>
<i>C78.1</i>	<i>Secondary malignant neoplasm of mediastinum</i>
<i>C78.2</i>	<i>Secondary malignant neoplasm of pleura</i>
<i>C78.7</i>	<i>Secondary malignant neoplasm of liver and intrahepatic bile duct</i>
<i>C79.2</i>	<i>Secondary malignant neoplasm of skin</i>
<i>C79.31</i>	<i>Secondary malignant neoplasm of brain</i>
<i>C79.32</i>	<i>Secondary malignant neoplasm of cerebral meninges</i>
<i>C79.40</i>	<i>Secondary malignant neoplasm of unspecified part of nervous system</i>
<i>C79.49</i>	<i>Secondary malignant neoplasm of other parts of nervous system</i>
<i>C79.51</i>	<i>Secondary malignant neoplasm of bone</i>
<i>C79.52</i>	<i>Secondary malignant neoplasm of bone marrow</i>
<i>C79.61</i>	<i>Secondary malignant neoplasm of right ovary</i>
<i>C79.62</i>	<i>Secondary malignant neoplasm of left ovary</i>
<i>C79.81</i>	<i>Secondary malignant neoplasm of breast</i>
<i>C80.0</i>	<i>Disseminated malignant neoplasm, unspecified</i>
<i>C80.1</i>	<i>Malignant (primary) neoplasm, unspecified</i>
<i>C84.7A</i>	<i>Anaplastic large cell lymphoma, ALK-negative, breast</i>
<i>D03.52</i>	<i>Melanoma in situ of breast (skin) (soft tissue)</i>
<i>D03.59</i>	<i>Melanoma in situ of other part of trunk</i>
<i>D04.5</i>	<i>Carcinoma in situ of skin of trunk</i>
<i>D05.01</i>	<i>Lobular carcinoma in situ of right breast</i>
<i>D05.02</i>	<i>Lobular carcinoma in situ of left breast</i>
<i>D05.11</i>	<i>Intraductal carcinoma in situ of right breast</i>
<i>D05.12</i>	<i>Intraductal carcinoma in situ of left breast</i>
<i>D05.81</i>	<i>Other specified type of carcinoma in situ of right breast</i>
<i>D05.82</i>	<i>Other specified type of carcinoma in situ of left breast</i>
<i>D22.5</i>	<i>Melanocytic nevi of trunk</i>
<i>D23.5</i>	<i>Other benign neoplasm of skin of trunk</i>
<i>D24.1</i>	<i>Benign neoplasm of right breast</i>
<i>D24.2</i>	<i>Benign neoplasm of left breast</i>
<i>D48.5</i>	<i>Neoplasm of uncertain behavior of skin</i>
<i>D48.61</i>	<i>Neoplasm of uncertain behavior of right breast</i>
<i>D48.62</i>	<i>Neoplasm of uncertain behavior of left breast</i>
<i>D49.1</i>	<i>Neoplasm of unspecified behavior of respiratory system</i>
<i>D49.6</i>	<i>Neoplasm of unspecified behavior of brain</i>
<i>D49.7</i>	<i>Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system</i>
<i>I80.8</i>	<i>Phlebitis and thrombophlebitis of other sites</i>
<i>M70.80</i>	<i>Other soft tissue disorders related to use, overuse and pressure of unspecified site</i>
<i>M70.88</i>	<i>Other soft tissue disorders related to use, overuse and pressure other site</i>
<i>M70.89</i>	<i>Other soft tissue disorders related to use, overuse and pressure multiple sites</i>
<i>M79.5</i>	<i>Residual foreign body in soft tissue</i>
<i>M79.81</i>	<i>Nontraumatic hematoma of soft tissue</i>
<i>M79.89</i>	<i>Other specified soft tissue disorders</i>

N60.01	<i>Solitary cyst of right breast</i>
N60.02	<i>Solitary cyst of left breast</i>
N60.11	<i>Diffuse cystic mastopathy of right breast</i>
N60.12	<i>Diffuse cystic mastopathy of left breast</i>
N60.21	<i>Fibroadenosis of right breast</i>
N60.22	<i>Fibroadenosis of left breast</i>
N60.31	<i>Fibrosclerosis of right breast</i>
N60.32	<i>Fibrosclerosis of left breast</i>
N60.41	<i>Mammary duct ectasia of right breast</i>
N60.42	<i>Mammary duct ectasia of left breast</i>
N60.81	<i>Other benign mammary dysplasias of right breast</i>
N60.82	<i>Other benign mammary dysplasias of left breast</i>
N61.0	<i>Mastitis without abscess</i>
N61.1	<i>Abscess of the breast and nipple</i>
N61.21	<i>Granulomatous mastitis, right breast</i>
N61.22	<i>Granulomatous mastitis, left breast</i>
N61.23	<i>Granulomatous mastitis, bilateral breast</i>
N62	<i>Hypertrophy of breast</i>
N63.11	<i>Unspecified lump in right breast, upper outer quadrant</i>
N63.12	<i>Unspecified lump in right breast, upper inner quadrant</i>
N63.13	<i>Unspecified lump in right breast, lower outer quadrant</i>
N63.14	<i>Unspecified lump in right breast, lower inner quadrant</i>
N63.15	<i>Unspecified lump in right breast, overlapping quadrants</i>
N63.21	<i>Unspecified lump in the left breast, upper outer quadrant</i>
N63.22	<i>Unspecified lump in left breast, upper inner quadrant</i>
N63.23	<i>Unspecified lump in left breast, lower outer quadrant</i>
N63.24	<i>Unspecified lump in left breast, lower inner quadrant</i>
N63.25	<i>Unspecified lump in left breast, overlapping quadrants</i>
N63.31	<i>Unspecified lump in axillary tail of the right breast</i>
N63.32	<i>Unspecified lump in axillary tail of the left breast</i>
N63.41	<i>Unspecified lump in right breast, subareolar</i>
N63.42	<i>Unspecified lump in left breast, subareolar</i>
N64.0	<i>Fissure and fistula of nipple</i>
N64.1	<i>Fat necrosis of breast</i>
N64.2	<i>Atrophy of breast</i>
N64.3	<i>Galactorrhea not associated with childbirth</i>
N64.4	<i>Mastodynia</i>
N64.51	<i>Induration of breast</i>
N64.52	<i>Nipple discharge</i>
N64.53	<i>Retraction of nipple</i>
N64.59	<i>Other signs and symptoms in breast</i>
N64.81	<i>Ptosis of breast</i>
N64.82	<i>Hypoplasia of breast</i>
N64.89	<i>Other specified disorders of breast</i>
N64.9	<i>Disorder of breast, unspecified</i>

<i>N65.0</i>	<i>Deformity of reconstructed breast</i>
<i>N65.1</i>	<i>Disproportion of reconstructed breast</i>
<i>R59.0</i>	<i>Localized enlarged lymph nodes</i>
<i>R59.1</i>	<i>Generalized enlarged lymph nodes</i>
<i>R59.9</i>	<i>Enlarged lymph nodes, unspecified</i>
<i>R92.0</i>	<i>Mammographic microcalcification found on diagnostic imaging of breast</i>
<i>R92.1</i>	<i>Mammographic calcification found on diagnostic imaging of breast</i>
<i>R92.2</i>	<i>Inconclusive mammogram</i>
<i>R92.8</i>	<i>Other abnormal and inconclusive findings on diagnostic imaging of breast</i>
<i>R93.9</i>	<i>Diagnostic imaging inconclusive due to excess body fat of patient</i>
<i>S20.01xA</i>	<i>Contusion of right breast, initial encounter</i>
<i>S20.02xA</i>	<i>Contusion of left breast, initial encounter</i>
<i>S21.011 A</i>	<i>Laceration without foreign body of right breast, initial encounter</i>
<i>S21.012 A</i>	<i>Laceration without foreign body of left breast, initial encounter</i>
<i>S21.021 A</i>	<i>Laceration with foreign body of right breast, initial encounter</i>
<i>S21.022 A</i>	<i>Laceration with foreign body of left breast, initial encounter</i>
<i>S21.031 A</i>	<i>Puncture wound without foreign body of right breast, initial encounter</i>
<i>S21.032 A</i>	<i>Puncture wound without foreign body of left breast, initial encounter</i>
<i>S21.041 A</i>	<i>Puncture wound with foreign body of right breast, initial encounter</i>
<i>S21.042 A</i>	<i>Puncture wound with foreign body of left breast, initial encounter</i>
<i>S21.051 A</i>	<i>Open bite of right breast, initial encounter</i>
<i>S21.052 A</i>	<i>Open bite of left breast, initial encounter</i>
<i>S28.211 A</i>	<i>Complete traumatic amputation of right breast, initial encounter</i>
<i>S28.212 A</i>	<i>Complete traumatic amputation of left breast, initial encounter</i>
<i>S28.221 A</i>	<i>Partial traumatic amputation of right breast, initial encounter</i>
<i>S28.222 A</i>	<i>Partial traumatic amputation of left breast, initial encounter</i>
<i>S29.091 A</i>	<i>Other injury of muscle and tendon of front wall of thorax, initial encounter</i>
<i>S29.099 A</i>	<i>Other injury of muscle and tendon of unspecified wall of thorax, initial encounter</i>
<i>S29.8xxA</i>	<i>Other specified injuries of thorax, initial encounter</i>

<i>S39.091 A</i>	<i>Other injury of muscle, fascia and tendon of abdomen, initial encounter</i>
<i>S39.81xA</i>	<i>Other specified injuries of abdomen, initial encounter</i>
<i>T85.41x A</i>	<i>Breakdown (mechanical) of breast prosthesis and implant, initial encounter</i>
<i>T85.42x A</i>	<i>Displacement of breast prosthesis and implant, initial encounter</i>
<i>T85.43x A</i>	<i>Leakage of breast prosthesis and implant, initial encounter</i>
<i>T85.44x A</i>	<i>Capsular contracture of breast implant, initial encounter</i>
<i>T85.49x A</i>	<i>Other mechanical complication of breast prosthesis and implant, initial encounter</i>
<i>T85.79x A</i>	<i>Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter</i>
<i>Z03.89</i>	<i>Encounter for observation for other suspected diseases and conditions ruled out</i>
<i>Z08</i>	<i>Encounter for follow-up examination after completed treatment for malignant neoplasm</i>
<i>Z77.123</i>	<i>Contact with and (suspected) exposure to radon and other naturally occurring radiation</i>
<i>Z77.128</i>	<i>Contact with and (suspected) exposure to other hazards in the physical environment</i>
<i>Z77.9</i>	<i>Other contact with and (suspected) exposures hazardous to health</i>
<i>Z85.3</i>	<i>Personal history of malignant neoplasm of breast</i>
<i>Z85.831</i>	<i>Personal history of malignant neoplasm of soft tissue</i>
<i>Z85.89</i>	<i>Personal history of malignant neoplasm of other organs and systems</i>
<i>Z86.000</i>	<i>Personal history of in-situ neoplasm of breast</i>
<i>Z91.89</i>	<i>Other specified personal risk factors, not elsewhere classified</i>
<i>Z92.89</i>	<i>Personal history of other medical treatment</i>
<i>Z98.82</i>	<i>Breast implant status</i>
<i>Z98.86</i>	<i>Personal history of breast implant removal</i>

### **30.6 - Screening Pap Smears: Diagnoses Codes**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implmentation:05-09-22)*

Effective October 1, 2015 the below are the current diagnoses that should be used when billing for screening Pap smear services

The following chart lists the diagnosis codes that CWF must recognize for high-risk patients for every year screening Pap smear services.

#### **ICD-10-CM Codes for PAP High Risk every year**

ICD-10 CM code	Definitions
Z77.29	Contact with and (suspected) exposure to other hazardous substances
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z77.9	Other contact with and (suspected) exposures hazardous to health
Z91.89	Other specified personal risk factors, not elsewhere classified
<i>Z92.850</i>	<i>Personal history of Chimeric Antigen Receptor T-cell therapy</i>
<i>Z92.858</i>	<i>Personal history of other cellular therapy</i>
<i>Z92.86</i>	<i>Personal history of gene therapy</i>
Z92.89	Personal history of other medical treatment

The following chart lists the diagnosis codes that CWF must recognize for low-risk for every 2 years

#### ICD-10-CM Codes for PAP Low Risk every 2 years

ICD-10 CM code	Definitions
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
Z12.89	Encounter for screening for malignant neoplasm of other sites

#### A. Screening Pap Smears: Applicable Diagnoses for Billing A/B MAC (B)

There are a number of appropriate diagnosis codes that can be used in billing for screening Pap smear services that the provider can list on the claim to give a true picture of the patient's condition. Those diagnoses can be listed in Item 21 of Form CMS-1500 or the electronic equivalent (see Chapter 26 for electronic equivalent formats). In addition, one of the following diagnoses shall appear on the claim: the low-risk diagnosis of Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89 or the high-risk diagnosis of, Z77.29, Z72.51, Z72.52, Z72.53, Z77.9, Z91.89, *Z92.850*, *Z92.858*, *Z92.86*, and Z92.89. (Effective Oct 1, 2015) One of the above diagnoses must be listed in item 21 of the Form CMS-1500 or the electronic equivalent to indicate either low risk or high risk depending on the patient's condition. Then either the low-risk or high-risk diagnosis must also be pointed to in Item 24E of Form CMS-1500 or the electronic equivalent. Providers must



make sure that for screening Pap smears for a high-risk beneficiary that the high-risk diagnosis code appears in Item 21 that must be pointed to in Item 24E or the electronic equivalent. If Pap smear claims do not point to one of these specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in the CWF. **Periodically, A/B MACs (B) should do provider education on diagnosis coding of Pap smear claims.**

#### **B. Screening Pap Smears: Applicable Diagnoses for Billing A/B MACs (A)**

Providers report one of the following diagnosis codes in Form CMS-1450 or the electronic equivalent (**NOTE:** Information regarding the form locator numbers that correspond to the diagnosis codes and a table to crosswalk its CMS-1450 form locator to the 837 transaction is found in Chapter 25.):

##### **Low-risk ICD-10-diagnosis codes for every 2 years:**

Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
Z12.89	Encounter for screening for malignant neoplasm of other sites

##### **High-risk ICD-10 diagnosis codes for every year:**

<b>ICD-10 CM code</b>	<b>Definitions</b>
Z77.29	Contact with and (suspected) exposure to other hazardous substances
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z77.9	Other contact with and (suspected) exposures hazardous to health
Z91.89	Other specified personal risk factors, not elsewhere classified
<i>Z92.850</i>	<i>Personal history of Chimeric Antigen Receptor T-cell therapy</i>
<i>Z92.858</i>	<i>Personal history of other cellular therapy</i>
<i>Z92.86</i>	<i>Personal history of gene therapy</i>
Z92.89	Personal history of other medical treatment

Periodically provider education should be done on diagnosis coding of Pap smear claims.

#### **C. HPV Screening: Applicable Diagnoses for Billing A/B MAC (A/B)**



Effective for claims with dates of service on or after July 9, 2015, providers shall report the following diagnosis codes when submitting claims for HCPCS G0476 - Cervical cancer screening, all-inclusive HPV co-test with cytology (Pap smear) to detect HPV DNA or RNA sequences:

ICD-10: Z11.51, encounter for screening for HPV, and Z01.411, encounter for gynecological exam (general)(routine) with abnormal findings, OR, Z01.419, encounter for gynecological exam (general)(routine) without abnormal findings.

#### **40.4 - Diagnoses Codes**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

Below are the current diagnoses that should be used when billing for screening pelvic examination services. Effective Oct 1, 2015 the following chart lists for the ICD-10-CM codes that CWF must recognize for low risk or high-risk patients for screening pelvic examination services.

##### **Low Risk Diagnosis Codes**

<b>ICD-10-CM codes</b>	<b>Description</b>
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
Z12.89	Encounter for screening for malignant neoplasm of other sites

##### **High Risk Diagnosis Codes**

<b>ICD-10-CM codes</b>	<b>Description</b>
Z77.9	Other contact with and (suspected) exposures hazardous to health
Z77.29	Contact with and (suspected) exposure to other hazardous substances
Z72.51	High risk heterosexual behavior

ICD-10-CM codes	Description
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z91.89	Other specified personal risk factors, not elsewhere classified
<i>Z92.850</i>	<i>Personal history of Chimeric Antigen Receptor T-cell therapy</i>
<i>Z92.858</i>	<i>Personal history of other cellular therapy</i>
<i>Z92.86</i>	<i>Personal history of gene therapy</i>
Z92.89	Personal history of other medical treatment

#### **A. Applicable Diagnoses for Billing an A/B MAC (B)**

For professional claims, providers report diagnosis codes according to the instructions in the ASC X12 837 professional claim technical report 3 for electronic claims and chapter 26 of this manual for paper claims. Part of this reporting includes pointing (relating) the claimed service to a diagnosis code on the claim.

There are a number of appropriate diagnosis codes that can be used in billing for screening pelvic examinations that the provider can list on the claim to give a true picture of the patient's condition. In addition, one of the diagnoses listed in either the high risk or low risk tables above (§40.4) must be on the claim to indicate either low risk or high risk depending on the patient's condition, and the screening pelvic examination service must point to this diagnosis code. Providers must make sure that, for screening pelvic exams for a high risk beneficiary, a high risk diagnosis code appears on the claim and that the screening pelvic examination service points to this diagnosis code. If pelvic examination claims do not point to one of these specific diagnoses, the claim will reject in the CWF. If these pointers are not present on claims submitted to A/B MACs (B), CWF will reject the record.

**Periodically, A/B MACs (B) should do provider education on diagnosis coding of screening pelvic examination claims.**

#### **B. Applicable Diagnoses for Billing an A/B MAC (A)**

For institutional claims, providers report diagnosis codes according to the instructions in the ASC X12 837 institutional claim technical report 3 for electronic claims and chapter 25 of this manual for paper claims. (Chapter 25 also contains additional general billing information for institutional claims.)

Appropriate diagnoses are shown above in this section for low risk and high risk beneficiaries.

**Periodically provider education should be done on diagnosis coding of screening pelvic exam claims.**

# **Medicare Claims Processing Manual**

## **Chapter 32 – Billing Requirements for Special Services**

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## **90 - Stem Cell Transplantation**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implmentation:05-09-22)*

### **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
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
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

**NOTE:** Effective date of service September 30, 2021 ICD-10-PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.

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:

C91.00	Acute lymphoblastic leukemia not having achieved remission
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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

**NOTE:** Please note that effective April 01, 2022 unspecified ICD-10-CM diagnosis codes C47.9, C72.50, C72.9, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C85.91, C85.92, C85.93, C85.94, C85.96, C85.97, C85.98, C85.99, C91.91, C92.91, C93.91, C95.91, C96.20, C96.9 are end-dated.

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)

**III. 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:**

- a.** 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.

- c.** 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.
- d.** 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.

## E. 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

**NOTE:** Please note that effective September 30, 2021- ICD-10- PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated

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

ICD-10 Code	Description
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip

C47.22	<i>Malignant neoplasm of peripheral nerves of left lower limb, including hip</i>
C47.3	<i>Malignant neoplasm of peripheral nerves of thorax</i>
C47.4	<i>Malignant neoplasm of peripheral nerves of abdomen</i>
C47.5	<i>Malignant neoplasm of peripheral nerves of pelvis</i>
C47.6	<i>Malignant neoplasm of peripheral nerves of trunk, unspecified</i>
C47.8	<i>Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system</i>
C47.9	<i>Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified</i>
C72.0	<i>Malignant neoplasm of spinal cord</i>
C72.1	<i>Malignant neoplasm of cauda equina</i>
C72.21	<i>Malignant neoplasm of right olfactory nerve</i>
C72.22	<i>Malignant neoplasm of left olfactory nerve</i>
C72.31	<i>Malignant neoplasm of right optic nerve</i>
C72.32	<i>Malignant neoplasm of left optic nerve</i>
C72.41	<i>Malignant neoplasm of right acoustic nerve</i>
C72.42	<i>Malignant neoplasm of left acoustic nerve</i>
C72.50	<i>Malignant neoplasm of unspecified cranial nerve</i>
C72.59	<i>Malignant neoplasm of other cranial nerves</i>
C72.9	<i>Malignant neoplasm of central nervous system, unspecified</i>
C74.11	<i>Malignant neoplasm of medulla of right adrenal gland</i>
C74.12	<i>Malignant neoplasm of medulla of left adrenal gland</i>
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.11	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 lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region 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 multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ 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 lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region 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 multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
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
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes

C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen

C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb

C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.01	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
C84.11	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
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and

	neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.71	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
<i>C84.7A</i>	<i>Anaplastic large cell lymphoma, ALK-negative, breast</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 lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and



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

C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.20	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
C92.91	Myeloid leukemia, unspecified 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
C93.91	Monocytic leukemia, unspecified 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
C95.91	Leukemia, unspecified, in remission
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
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
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
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

**NOTE:** Please note that effective April 01, 2022 unspecified ICD-10-CM diagnosis codes C47.9, C72.50, C72.9, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C85.91, C85.92, C85.93, C85.94, C85.96, C85.97, C85.98, C85.99, C91.91, C92.91, C93.91, C95.91, C96.20, C96.9 are end-dated.

## **I. 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:

- 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);

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, *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.

***NOTE: Please note that effective September 30, 2021 ICD-10-PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.***

**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: Please note that effective September 30, 2021 ICD-10-PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.***

**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.)

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

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

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

ICD-10	Description
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

**NOTE:** Please note that effective April 01, 22 unspecified ICD-10-CM diagnosis codes C47.9, C72.50, C72.9, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C85.91, C85.92, C85.93, C85.94, C85.96, C85.97, C85.98, C85.99, C91.91, C92.91, C93.91, C95.91, C96.20, C96.9 will be end-dated.

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

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.**

## **90.5 - Suggested MSN and RA Messages**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

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, *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)**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

### **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.

**NOTE:** Please note that effective September 30, 2021 ICD-10-PCS codes for Allogeneic SCT 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 and PCS codes for Autologous SCT 30230C0, 30230G0, 30230Y0, 30240C0, 30240G0, 30240Y0 are end-dated.

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.)

## 200.1 - General

**(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)**

VNS is a pulse generator, similar to a pacemaker, that is surgically implanted under the skin of the left chest and an electrical lead (wire) is connected from the generator to the left vagus nerve. Electrical signals are sent from the battery-powered generator to the vagus nerve via the lead. These signals are in turn sent to the brain. FDA approved VNS for treatment of refractory epilepsy in 1999. *Coverage for treatment resistant*

*depression (TRD) was added in 2019.* Further coverage guidelines can be found in the National Coverage Determination Manual (Publication 100-03), Chapter 1, Section 160.18. Since the HCPCS codes for VNS can also be used for other indications, contractors must determine if the service being billed are for VNS *for a covered indication* and make a determination to pay or deny. CMS guidance on payment is listed below.

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

***(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)***

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 epilepticus
- 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
- *G40.813 Lennox-Gastaut syndrome, intractable, with status epilepticus*
- *G40.814 Lennox-Gastaut syndrome, intractable, without status epilepticus*
- G40.833 Dravet syndrome, intractable, with status epilepticus
- G40.834 Dravet syndrome, intractable, without status epilepticus

### ***HCPCS Codes:***

*64568: Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*

*95976: Electronic analysis with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional (one to three parameters)*

*95977: Electronic analysis with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional (more than three parameters)*

## Treatment-Resistant Depression (TRD)

Effective for claims with dates of service on and after February 15, 2019, CMS covers FDA-approved VNS devices for treatment resistant depression (TRD) through Coverage with Evidence Development (CED) when offered in a CMS-approved, double-blind, randomized, placebo-controlled trial with a follow-up duration of at least 1 year with the possibility of extending the study to a prospective longitudinal study when the CMS approved, double-blind, randomized placebo-controlled trial has completed enrollment, and there are positive interim findings.

**NOTE:** Individuals who receive placebo VNS will be offered active VNS at end of trial.

**NOTE:** VNS is non-covered for treatment of TRD furnished outside of a CMS-approved CED trial.

**NOTE:** All other indications of VNS for TRD are nationally non-covered.

**NOTE:** Patients previously implanted with a VNS device for TRD may receive a VNS device replacement if it is required due to the end-of-battery life, or any other device-related malfunction. These patients do not require either ICD-10 - CED-related diagnosis coding.

Effective for claims with dates of service on and after February 15, 2019, contractors shall accept and pay for VNS for TRD through coverage with evidence development (CED) when procedures are performed in CMS-approved studies. One of the following diagnosis codes along with one of the following procedure codes must be reported, in addition to appropriate trial-related coding, when billing for VNS for TRD:

### *Diagnosis Codes:*

*F31.32 Bipolar disorder, current episode depressed, moderate*

*F31.4 Bipolar disorder, current episode, depressed severe, without psychotic features*

*F31.81 Bipolar II disorder*

*F32.1 Major depressive disorder, single episode, moderate*

*F32.2 Major depressive disorder, single episode, severe without psychotic features*

*F33.1 Major depressive disorder, recurrent, moderate*

*F33.2 Major depressive disorder, recurrent, severe without psychotic features*

*Z00.6 Encounter for examination for normal comparison and control in clinical research program*

### *TRD non-covered diagnosis codes :*

*F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F05, F10.26, F10.27, F06.0, F06.1, F06.2, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F30.2, F31.2, F31.5, F31.64, F32.3, F33.3, F44.0, F53.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, R41.1, R41.2, R41.3*

*Procedure Code: CPT 64568 Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*

### **200.3 Vagus Nerve Stimulation for TRD for Battery Replacement** (Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)

*Effective for claims for dates of service on or after February 15, 2019, contractors shall pay claims for battery replacements according to NCD160.18 criteria using the following procedure codes.*

*CPT 61885-Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array*

*CPT 61886-Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays*

*CPT 61888-Revision or removal of cranial neurostimulator pulse generator or receiver*

*CPT 64553-Percutaneous implantation of neurostimulator electrode array; cranial nerve*

*CPT 64569-Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator.*

*CPT 64570- Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*

**NOTE:** *Diagnosis codes, procedure codes, and clinical trial-related coding are not required for these claims and shall be deleted back to 7/1/99 or whenever the edit was installed.*

**NOTE:** *Individuals who receive placebo VNS will be offered active VNS at end of trial.*

**NOTE:** *VNS is non-covered for treatment of TRD furnished outside of a CMS-approved CED trial.*

**NOTE:** *All other indications of VNS for TRD are nationally non-covered.*

**NOTE:** *Patients previously implanted with a VNS device for TRD may receive a VNS device replacement if it is required due to the end-of-battery life, or any other device-related malfunction. These patients do not require either ICD-10 diagnosis CED-related coding.*

### **200.4 – Professional Billing Requirements** (Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)

Effective for services performed on or after July 1, 1999, contractors are accepting claims submitted for vagus nerve stimulation for epilepsy and recurrent seizures.

Effective for services performed on or after July 1, 1999, CMS determined that vagus nerve stimulation is not reasonable and necessary for all other types of seizures which are refractory and for whom surgery is not recommended or for whom surgery has failed.

Effective for services performed on or after May 4, 2007, contractors will deny claims submitted for vagus nerve stimulation for resistant depression. Contractors need to update their local coverage determination policy to include this new NCD determination. There is no coverage for vagus nerve stimulation for patient with resistant depression.

#### ***VNS for TRD***

*Part B/MACs: Effective for service on or after February 15, 2019, CMS covers FDA-approved VNS devices for TRD through CED when offered in a CMS-approved, double-blind, randomized, placebo-controlled trial with a follow-up duration of at least 1 year with the possibility of extending the study to a prospective*



*longitudinal study when the CMS-approved, double-blind, randomized placebo-controlled trial has completed enrollment, and there are positive interim findings.*

*Contractors shall pay for professional claim detail lines with one of the procedures and diagnosis codes listed in Sec. 200.2 when billed with the following additional codes:*

- *Modifier Q0 – Investigational clinical service provided in a clinical research study that is in an approved clinical research study and;*
- *ICD-10 diagnosis Z00.6: Encounter for examination for normal comparison and control in clinical research program.*
- *8-digit clinical trial number preceded by D4, AND,*
- *None of the following non-covered ICD-10 diagnosis codes is present on the claim:  
F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F05, F10.26, F10.27, F06.0, F06.1, F06.2, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F30.2, F31.2, F31.5, F31.64, F32.3, F33.3, F44.0, F53.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, R41.1, R41.2, R41.3.*

*Contractors shall return as unprocessable claims that are billed with the -Q0 modifier and ICD-10 diagnosis code Z00.6 but do not contain the 8-digit clinical trial identifier number.*

## **200.5 – Institutional Billing Requirements**

***(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)***

*Effective for services performed on or after July 1, 1999, contractors are accepting claims submitted for vagus nerve stimulation for epilepsy and recurrent seizures.*

*Effective for services performed on or after July 1, 1999, CMS determined that vagus nerve stimulation is not reasonable and necessary for all other types of seizures which are refractory and for whom surgery is not recommended or for whom surgery has failed.*

*Effective for services performed on or after May 4, 2007, contractors will deny claims submitted for vagus nerve stimulation for resistant depression. Contractors need to update their local coverage determination policy to include this new NCD determination. There is no coverage for vagus nerve stimulation for patient with resistant depression.*

### ***VNS for TRD***

*Contractors shall pay for professional claim detail lines with one of the procedures and diagnosis codes listed in Sec. 200.2 when billed with the following additional codes:*

- *Claims must contain the 8-digit clinical trial number preceded by D4, AND,*
- *Modifier Q0 – Investigational clinical service provided in a clinical research study that is in an approved clinical research study and;*
- *ICD-10 diagnosis code Z00.6: Encounter for examination for normal comparison and control in clinical research program.*



- *Condition code 30*
- *None of the following ICD-10 diagnosis codes is present on the claim:*  
*F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F05, F10.26, F10.27, F06.0, F06.1, F06.2, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F30.2, F31.2, F31.5, F31.64, F32.3, F33.3, F44.0, F53.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, R41.1, R41.2, R41.3.*

*Contractors shall return to provider claims for VNS for TRD that do not contain the appropriate procedure code, ICD-10 code listed in Sec. 200.2, modifier Q0, or condition code 30.*

***NOTE:*** *Part A/MACs: Effective for DOS on or after February 15, 2019, contractors shall also return to provider claims that are billed with the -Q0 modifier and ICD-10 diagnosis code Z00.6 but do not contain the 8-digit clinical trial identifier number.*

***NOTE:*** *Part A/MACs: Effective for DOS on or after February 15, 2019, contractors shall return to providers claims that do not contain the appropriate procedure and diagnosis codes required, OR, billed without the required replacement coding, OR, do not contain the ICD-10 diagnosis codes representing refractory seizures.*

*The following TOBs can bill for Vagus Nerve Stimulation (VNS)*

*012x, 013x, 071x, 077x, or 085x*

***NOTE:*** *Procedure Code: CPT 64568 on Type of Bill (TOB) 012x, 013x, 071x, 077x, or 085x with ICD-10 diagnosis code Z00.6 or modifier -Q0.*

## ***200.6 - Medicare Summary Notice (MSN), Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) Messages*** ***(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)***

*The following messages are used by Medicare contractors when denying non-covered VNS services for seizures/epilepsy indications prior to February 15, 2019 dates of service:*

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

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

*The following Remittance Advice Remark Codes 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.*

*Effective for DOS on or after 2/15/19, contractors shall return claims as unprocessable that do not contain the appropriate procedure and diagnosis codes required, OR, billed without the required replacement device coding, OR, do not contain an ICD-10 diagnosis code representing refractory seizures, using these messages:*

*CARC 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.*

*RARC M76 - Missing/incomplete/invalid diagnosis or condition.*

*Group Code – Contractual Obligation (CO).*

## ***200.7 - Advance Beneficiary Notice (ABN) and Hospital-Issued Notice of Non-Coverage (HINN) Information***

***(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)***

*Providers are liable for non-covered VNS procedures unless they issue an appropriate Advance Beneficiary Notice (ABN) or Hospital-Issued Notice of Non-Coverage (HINN). The following language should be included in the ABN or HINN:*

*Items or Service Section: “Vagus Nerve Stimulation”.*

*Because Section: “As specified in section 160.18 of Pub.100-03, Medicare National Coverage Determination Manual, Medicare will not pay for this procedure as it is not a reasonable and necessary treatment for (select either “your type of seizure disorder” or “treatment resistant depression.”)*

*Note that the ABN is the appropriate notice for Part B services and is valid whether the language above is inserted or not.*

## **320.3.4 – Other**

***(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)***

All other indications for the use of VADs not otherwise listed remain non-covered, except in the context of Category B investigational device exemption clinical trials (42 CFR 405) or as a routine cost in clinical trials defined under section 310.1 of the NCD Manual.

## **Claims Coding**

Appropriate ICD-10 diagnosis and procedure codes are included below:

ICD-10 Diagnosis Code	Definition
I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I20.0	Unstable angina
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina

	pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I34.0	Nonrheumatic mitral (valve) insufficiency
I34.1	Nonrheumatic mitral (valve) prolapse
I34.2	Nonrheumatic mitral (valve) stenosis
I34.8	Other nonrheumatic mitral valve disorders
I34.9	Nonrheumatic mitral valve disorder, unspecified
I35.0	Nonrheumatic aortic (valve) stenosis
I35.1	Nonrheumatic aortic (valve) insufficiency
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
I35.8	Other nonrheumatic aortic valve disorders
I35.9	Nonrheumatic aortic valve disorder, unspecified
I36.0	Nonrheumatic tricuspid (valve) stenosis
I36.1	Nonrheumatic tricuspid (valve) insufficiency

I36.2	Nonrheumatic tricuspid (valve) stenosis with insufficiency
I36.8	Other nonrheumatic tricuspid valve disorders
I36.9	Nonrheumatic tricuspid valve disorder, unspecified
I37.0	Nonrheumatic pulmonary valve stenosis
I37.1	Nonrheumatic pulmonary valve insufficiency
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency
I37.8	Other nonrheumatic pulmonary valve disorders
I37.9	Nonrheumatic pulmonary valve disorder, unspecified
I38	Endocarditis, valve unspecified
I39	Endocarditis and heart valve disorders in diseases classified elsewhere
I42.0	Dilated cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.84	End stage heart failure
I50.9	Heart failure, unspecified

I51.4	Myocarditis, unspecified
I51.9	Heart disease, unspecified
I52	Other heart disorders in diseases classified elsewhere
<i>I5A</i>	<i>Non-ischemic myocardial injury (non-traumatic)</i>
I97.0	Postcardiotomy syndrome
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.111	Postprocedural cardiac insufficiency following other surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery
I97.121	Postprocedural cardiac arrest following other surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.131	Postprocedural heart failure following other surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
I97.191	Other postprocedural cardiac functional disturbances following other surgery
I97.710	Intraoperative cardiac arrest during cardiac surgery
I97.711	Intraoperative cardiac arrest during other surgery
I97.790	Other intraoperative cardiac functional disturbances during cardiac surgery
I97.791	Other intraoperative cardiac functional disturbances during other surgery
I97.88	Other intraoperative complications of the circulatory system, not elsewhere classified
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
M32.11	Endocarditis in systemic lupus erythematosus
R00.1	Bradycardia, unspecified
R57.0	Cardiogenic shock
T82.221A	Breakdown (mechanical) of biological heart valve graft, initial encounter
T82.222A	Displacement of biological heart valve graft, initial encounter
T82.223A	Leakage of biological heart valve graft, initial encounter
T82.228A	Other mechanical complication of biological heart valve graft, initial encounter
T82.512A	Breakdown (mechanical) of artificial heart, initial encounter
T82.514A	Breakdown (mechanical) of infusion catheter, initial encounter
T82.518A	Breakdown (mechanical) of other cardiac and vascular devices and implants, initial encounter
T82.522A	Displacement of artificial heart, initial encounter
T82.528A	Displacement of other cardiac and vascular devices and implants, initial encounter
T82.529A	Displacement of unspecified cardiac and vascular devices and implants, initial encounter
T82.532A	Leakage of artificial heart, initial encounter
T82.538A	Leakage of other cardiac and vascular devices and implants, initial encounter
T82.592A	Other mechanical complication of artificial heart, initial encounter
T82.598A	Other mechanical complication of other cardiac and vascular devices and implants, initial encounter
T86.20	Unspecified complication of heart transplant
T86.21	Heart transplant rejection
T86.22	Heart transplant failure
T86.23	Heart transplant infection
T86.290	Cardiac allograft vasculopathy
T86.298	Other complications of heart transplant
T86.30	Unspecified complication of heart-lung transplant
T86.31	Heart-lung transplant rejection
T86.32	Heart-lung transplant failure
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
Z48.21	Encounter for aftercare following heart transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z94.1	Heart transplant status
Z94.3	Heart and lungs transplant status

<b>ICD-10 Procedure Code</b>	<b>Definition</b>
<i>02HA0QZ</i>	<i>Insertion of Implantable Heart Assist System into Heart, Open Approach</i>
<i>02PA0QZ</i>	<i>Removal of Implantable Heart Assist System from Heart, Open Approach</i>
<i>02WA0QZ</i>	<i>Revision of Implantable Heart Assist System in Heart, Open Approach</i>
<i>02WA3QZ</i>	<i>Revision of Implant Heart Assist in Heart, Perc Approach</i>
<i>02WA4QZ</i>	<i>Revise of Implant Heart Assist in Heart, Perc Endo Approach</i>

This policy does not address coverage of VADs for right ventricular support, biventricular support, use in beneficiaries under the age of 18, use in beneficiaries with complex congenital heart disease, or use in beneficiaries with acute heart failure without a history of chronic heart failure. Coverage under section 1862(a) (1) (A) of the Social Security Act for VADs in these situations will be made by local Medicare Administrative Contractors (MACs) within their respective jurisdictions.

### **330.1 – Claims Processing Requirements for Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS) on Professional Claims** *(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implmentation:05-09-22)*

For claims with dates of service on or after January 9, 2014, PILD (procedure code 0275T) is a covered service when billed as part of a clinical trial approved by CMS. The description for CPT 0275T is “Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy”, any method, under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar”.

For claims with dates of service on or after January 1, 2015, PILD (procedure code G0276) is a covered service when billed as part of a clinical trial approved by CMS. HCPCS G0276 is “Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD), or placebo control, performed in an approved coverage with evidence development (CED) clinical trial”.

Effective for dates of service on or after December 7, 2016, Medicare will cover PILD under CED for beneficiaries with LSS who are enrolled in a CMS-approved prospective longitudinal study for PILD procedures using a FDA-approved/cleared device that completed a CMS-approved randomized, controlled clinical trial (RCT) that met the criteria listed in the January 2014 NCD (see CR 8757, transmittal # 2959, dated May 16, 2014).

The claim may only contain one of these procedure codes, not both. To use G0276, the procedure must be performed in an approved CED clinical trial that is randomized, blinded, and contains a placebo control arm of the trial. CMS will cover procedure code 0275T for PILD only when the procedure is performed within any other CED approved clinical trial. Regardless of the type of CED approved clinical trial (e.g. G0276 vs 0275T), PILD is only covered when billed for *the ICD-10 diagnosis of M48.05, M48.061 M48.062, and M48.07*, when billed in places of service 22 (Outpatient) or 24 (Ambulatory Surgical Center), when billed along with *Z00.6 (ICD-10)* in either the primary/secondary positions, and when billed with modifier Q0.

Additionally, per Transmittal 2805 (Change Request 8401), issued October 30, 2013, all claims for clinical trials must contain the 8 digit clinical trial identifier number.

The following message(s) shall be used to notify providers of return situations that may occur:

## **Professional Claims 8-digit Clinical Trial Number**

For PILD claims with procedure code 0275T with dates of service on or after January 9, 2014, or for claims with procedure code G0276 with dates of service on or after January 1, 2015, contractors shall pay for PILD only when billed with the numeric, 8-digit clinical trial identifier number preceded by the two alpha characters "CT" when placed in Field 19 of paper Form CMS-1500, or when entered without the "CT" prefix in the electronic 837P in Loop 2300 REF02 (REF01=P4). Claims for PILD which are billed without an 8-digit clinical trial identifier number shall be returned as unprocessable.

The following messages shall be used when Medicare contractors return PILD claims billed without an 8-digit clinical trial identifier number as unprocessable:

Claims Adjustment Reason Code 16: "Claim/service lacks information or has submission/billing error(s) which is needed for adjudication".

Remittance Advice Remark Code MA50: "Missing/incomplete/invalid Investigational Device Exemption number or Clinical Trial number."

Remittance Advice Remark Code N704: "Alert: You may not appeal this decision but can resubmit this claim/service with corrected information if warranted."

## **Professional Claims Place of Service – 22 or 24**

For PILD claims with procedure code 0275T with dates of service on or after January 9, 2014, or for claims with procedure code G0276 with dates of service on or after January 1, 2015, contractors shall pay for PILD for LSS claims only when billed in place of service 22 or 24. Claims for PILD which are billed in any other place of service shall be returned as unprocessable.

The following messages shall be used when Medicare contractors return PILD claims not billed in place of service 22 or 24:

Claims Adjustment Reason Code 58: "Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service."

Remittance Advice Remark Code N704: "Alert: You may not appeal this decision but can resubmit this claim/service with corrected information if warranted."

## **Professional Claims Modifier – Q0**

For PILD claims with procedure code 0275T with dates of service on or after January 9, 2014, or for claims with procedure code G0276 with dates of service on or after January 1, 2015, contractors shall pay for PILD for LSS claims only when billed with modifier Q0. Claims for PILD which are billed without modifier Q0 shall be returned as unprocessable.

The following messages shall be used when Medicare contractors return PILD claims billed without modifier Q0 as unprocessable:

Claims Adjustment Reason Code 4: "The procedure code is inconsistent with the modifier used or a required modifier is missing."

Remittance Advice Remark Code N657: "This should be billed with the appropriate code for these services."

Remittance Advice Remark Code N704: "Alert: You may not appeal this decision but can resubmit this claim/service with corrected information if warranted."



## Non-covered Diagnosis

For PILD claims with procedure code 0275T with dates of service on or after January 9, 2014, or for claims with procedure code G0276 with dates of service on or after January 1, 2015, contractors shall pay for PILD for LSS claims only when billed with the ICD-9 diagnosis of 724.01-724.03 or the ICD-10 diagnosis of M48.05-M48.07.

The following messages shall be used when Medicare contractors return PILD claims, billed without the covered diagnosis, as unprocessable:

Claims Adjustment Reason Code B22: "This payment is adjusted based on the diagnosis."

Remittance Advice Remark Code N704: "Alert: You may not appeal this decision but can resubmit this claim/service with corrected information if warranted."

## Clinical Trial Diagnosis

For PILD claims with procedure code 0275T with dates of service on or after January 9, 2014, or for claims with procedure code G0276 with dates of service on or after January 1, 2015, contractors shall pay for PILD only when billed with the **Z00.6 (ICD-10)** in either the primary or secondary positions. The following messages shall be used when Medicare contractors return PILD claims, billed without the clinical trial diagnosis, as unprocessable:

Claims Adjustment Reason Code B22: "This payment is adjusted based on the diagnosis."

Remittance Advice Remark Code N704: "Alert: You may not appeal this decision but can resubmit this claim/service with corrected information if warranted."

## 330.2 - Claims Processing Requirements for PILD for Outpatient Facilities

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

Hospital Outpatient facilities shall bill for percutaneous image-guided lumbar decompression (PILD) procedure code 0275T effective on or after January 9, 2014, or procedure code G0276 effective on or after January 1, 2015, for lumbar spinal stenosis (LSS) on a 13X or 85X TOB. Refer to Section 69 of this chapter for further guidance on billing under CED.

Effective for dates of service on or after December 7, 2016, Medicare will cover PILD under CED for beneficiaries with LSS who are enrolled in a CMS-approved prospective longitudinal study for PILD procedures using a FDA-approved/cleared device that completed a CMS-approved randomized, controlled clinical trial (RCT) that met the criteria listed in the January 2014 NCD (see CR 8757, transmittal # 2959, dated May 16, 2014).

Hospital outpatient procedures for PILD shall be covered when billed with:

- **ICD-10 Z00.6** and Condition Code 30.
- Modifier Q0
- An 8-digit clinical trial identifier number listed on the CMS Coverage with Evidence Development website

Hospital outpatient procedures for PILD shall be rejected when billed without:

- **ICD-10 Z00.6** and Condition Code 30.
- Modifier Q0
- An 8-digit clinical trial identifier number listed on the CMS Coverage with Evidence Development website

Claims billed by hospitals not participating in the trial /registry, shall be rejected with the following message:

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

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 –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.)

#### **400.2.2 - A/B MAC (A) Revenue Code**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implmentation:05-09-22)*

The following Revenue Codes are used for billing inpatient and outpatient CAR T-cell therapy services:

- 0871 – Cell Collection w/Current Procedural Technology (CPT) code 0537T
- 0872 – Specialized Biologic Processing and Storage – Prior to Transport w/CPT 0538T
- 0873 – Storage and Processing after Receipt of Cells from Manufacturer w/CPT 0539T
- 0874 – Infusion of Modified Cells w/CPT 0540T
- 0891 – Special Processed Drugs – FDA Approved Cell Therapy w/ HCPCS Q2041, Q2042, C9073 (replaced with Q2053 April 1, 2021), *C9081, Q2054 or Q2055.*

*NOTE: Please note that effective September 30, 2021 HCPCS code C9076 for Breyanzi® and HCPCS code C9399 for ABECMA® are end-dated.*

*NOTE: Please note that effective December 31,2021 HCPCS code C9081 will be end-dated.*

*NOTE: HCPCS code C9081 was replaced with Q2055 effective January 01,2022.*

#### **400.2.3 - A/B MAC Billing HCPCS Codes**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implmentation:05-09-22)*

The following HCPCS procedure codes are used for billing outpatient CAR T-cell therapy services:

- HCPCS Code Q2042 for Tisagenlecleucel,
- HCPCS Code Q2041 for Axicabtagene Ciloleucel,
- HCPCS Q2053 for Brexucabtagene Autoleucel (effective April 1, 2021)
- HCPCS Code C9073 for Brexucabtagene Autoleucel (prior to April 1, 2021)
- HCPCS C9076 for Lisocabtagene maraleucel (effective July 1, 2021)
- HCPCS Code C9399 for unclassified drugs or biologicals when dose of CAR T-cell therapy exceeds code descriptor or when a more specific code is unavailable
- HCPCS Q2054 for Lisocabtagene Maraleucel; Liso-Cel (effective Oct 1, 2021)*
- HCPCS Code C9081 for Idecabtagene Vicleucel (effective Oct 1, 2021-Dec 30,2021)*
- HCPCS Code Q2055 for Idecabtagene Vicleucel (effective Jan 01,2022)*
- HCPCS Code 0537T collection/handling\*
- HCPCS Code 0538T preparation for transport\*

HCPCS Code 0539T receipt and preparation\*  
HCPCS Code 0540T the administration

\* Procedure represents the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the Outpatient Prospective Payment System (OPPS).

*NOTE: Please note that effective September 30, 2021 HCPCS code C9076 for Breyanzi® and HCPCS code C9399 for ABECMA® are end-dated.*

*NOTE: Please note that effective December 31, 2021 HCPCS code C9081 will be end-dated.*

#### **400.2.4 - A/B MAC Diagnosis and Procedure Code Requirements** **(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)**

Please see attachment 1 for the applicable International Classification of Disease (ICD)-10-CM diagnosis codes for CAR T-cell therapy coverage.

The following are the applicable ICD-10-PCS procedure codes for CAR T-cell therapy coverage for inpatient claims:

<i>XW033H7</i>	<i>Introduction of Axicabtagene Ciloleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Yescarta®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW043H7</i>	<i>Introduction of Axicabtagene Ciloleucel Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Yescarta®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW033J7</i>	<i>Introduction of Tisagenlecleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Kymriah®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW043J7</i>	<i>Introduction of Tisagenlecleucel Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Kymriah®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW033K7</i>	<i>Introduction of Idecabtagene Vicleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	<i>ABECMA®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>

<i>XW043K7</i>	<i>Introduction of Idecabtagene Vicleucel Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7</i>	<i>ABECMA®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW033M7</i>	<i>Introduction of Brexucabtagene Autoleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Tecartus™</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW033N7</i>	<i>Introduction of Lisocabtagene Maraleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Breyanzi®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>
<i>XW043N7</i>	<i>Introduction of Lisocabtagene Maraleucel Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Breyanzi®</i>  <i>For claims effective DOS Oct 01, 2021 on or after.</i>

**NOTE:** Please note that effective September 30, 2021 ICD-10-PCS codes *XW033C3*, *XW043C3*, *XW23346*, *XW24346*, *XW23376*, and *XW24376* are end-dated.

**NOTE:** Please note that effective Oct 01, 2021 ICD-10 PCS codes *XW033H7*, *XW043H7* for *Yescarta®*, *XW033J7*, *XW043J7* for *Kymriah®*, *XW033K7*, *XW043K7* for *ABECMA®*, *XW033M7*, *XW043M7* for *Tecartus™*, *XW043N7*, *XW033N7* for *Breyanzi®* are added.

**NOTE:** Since allogenic T-cells are by definition not autologous CAR-T, it is inappropriate to use any of the above autologous CAR T-cell ICD-10 PCS procedure codes for allogenic T-cell treatments.

**NOTE:** Only for new/future CAR T-cell products FDA-approved while awaiting their own PCS code, and for use in clinical trials FDA-approved under NCD 310.1:

<i>XW033C7</i>	<i>Introduction of Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Autologous</i>
<i>XW043C7</i>	<i>Introduction of Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Autologous</i>
<i>XW033G7</i>	<i>Introduction of Allogeneic Engineered Chimeric</i>	<i>Allogeneic</i>

	<i>Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 7</i>	
<i>XW043G7</i>	<i>Introduction of Allogeneic Engineered Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 7</i>	<i>Allogeneic</i>

*The following are the applicable International Classification of Disease (ICD)-10-CM diagnosis codes for CAR T-cell therapy coverage.*

	<b><i>FDA approved for Yescarta® (Axicabtagene Ciloleucel): Yescarta® OP/CAHs=Q2041 IP=XW033H7/XW043H7</i></b>
<i>C82.01</i>	<i>Follicular lymphoma grade I, lymph nodes of head, face, and neck</i>
<i>C82.02</i>	<i>Follicular lymphoma grade I, intrathoracic lymph nodes</i>
<i>C82.03</i>	<i>Follicular lymphoma grade I, intra-abdominal lymph nodes</i>
<i>C82.04</i>	<i>Follicular lymphoma grade I, lymph nodes of axilla and upper limb</i>
<i>C82.05</i>	<i>Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb</i>
<i>C82.06</i>	<i>Follicular lymphoma grade I, intrapelvic lymph nodes</i>
<i>C82.07</i>	<i>Follicular lymphoma grade I, spleen</i>
<i>C82.08</i>	<i>Follicular lymphoma grade I, lymph nodes of multiple sites</i>
<i>C82.09</i>	<i>Follicular lymphoma grade I, extranodal and solid organ sites</i>
<i>C82.11</i>	<i>Follicular lymphoma grade II, lymph nodes of head, face, and neck</i>
<i>C82.12</i>	<i>Follicular lymphoma grade II, intrathoracic lymph nodes</i>
<i>C82.13</i>	<i>Follicular lymphoma grade II, intra-abdominal lymph nodes</i>
<i>C82.14</i>	<i>Follicular lymphoma grade II, lymph nodes of axilla and upper limb</i>
<i>C82.15</i>	<i>Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb</i>
<i>C82.16</i>	<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>
C82.31	<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>
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>

<i>C83.33</i>	<i>Diffuse large B-cell lymphoma, intra-abdominal lymph nodes</i>
<i>C83.34</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb</i>
<i>C83.35</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C83.36</i>	<i>Diffuse large B-cell lymphoma, intrapelvic lymph nodes</i>
<i>C83.37</i>	<i>Diffuse large B-cell lymphoma, spleen</i>
<i>C83.38</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of multiple sites</i>
<i>C83.39</i>	<i>Diffuse large B-cell lymphoma, 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>
<i>C85.23</i>	<i>Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes</i>
<i>C85.24</i>	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb</i>
<i>C85.25</i>	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C85.26</i>	<i>Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes</i>
<i>C85.27</i>	<i>Mediastinal (thymic) large B-cell lymphoma, spleen</i>
<i>C85.28</i>	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites</i>
<i>C85.29</i>	<i>Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites</i>



<i>C85.81</i>	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck</i>
<i>C85.82</i>	<i>Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes</i>
<i>C85.83</i>	<i>Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes</i>
<i>C85.84</i>	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb</i>
<i>C85.85</i>	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C85.86</i>	<i>Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes</i>
<i>C85.87</i>	<i>Other specified types of non-Hodgkin lymphoma, spleen</i>
<i>C85.88</i>	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites</i>
<i>C85.89</i>	<i>Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites</i>

	<b><i>FDA approved for Kymriah® (Tisagenlecleucel): Kymriah® Part A OP and CAHs=Q2042 IP=XW033J7/XW043J7</i></b>
<i>C83.31</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck</i>
<i>C83.32</i>	<i>Diffuse large B-cell lymphoma, intrathoracic lymph nodes</i>
<i>C83.33</i>	<i>Diffuse large B-cell lymphoma, intra-abdominal lymph nodes</i>
<i>C83.34</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb</i>
<i>C83.35</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C83.36</i>	<i>Diffuse large B-cell lymphoma, intrapelvic lymph nodes</i>
<i>C83.37</i>	<i>Diffuse large B-cell lymphoma, spleen</i>
<i>C83.38</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of multiple sites</i>
<i>C83.39</i>	<i>Diffuse large B-cell lymphoma, 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>

C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.81	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

<i>C85.88</i>	<i>Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites</i>
<i>C85.89</i>	<i>Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites</i>
<i>C91.00</i>	<i>Acute lymphoblastic leukemia, not having achieved remission</i>
<i>C91.02</i>	<i>Acute lymphoblastic leukemia, in relapse</i>

	<b><i>FDA approved for Tecartus™ (Brexucabtagene Autoleucel): Tecartus™ OP/CAHs=Q2053 IP=XW033M7/XW043M7</i></b>
<i>C83.11</i>	<i>Mantle cell lymphoma, lymph nodes of head, face, and neck</i>
<i>C83.12</i>	<i>Mantle cell lymphoma, intrathoracic lymph nodes</i>
<i>C83.13</i>	<i>Mantle cell lymphoma, intra-abdominal lymph nodes</i>
<i>C83.14</i>	<i>Mantle cell lymphoma, lymph nodes of axilla and upper limb</i>
<i>C83.15</i>	<i>Mantle cell lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C83.16</i>	<i>Mantle cell lymphoma, intrapelvic lymph nodes</i>
<i>C83.17</i>	<i>Mantle cell lymphoma, spleen</i>
<i>C83.18</i>	<i>Mantle cell lymphoma, lymph nodes of multiple sites</i>
<i>C83.19</i>	<i>Mantle cell lymphoma, extranodal and solid organ sites</i>
<i>C91.00</i>	<i>Acute lymphoblastic leukemia not having achieved remission</i>
<i>C91.02</i>	<i>Acute lymphoblastic leukemia, in relapse</i>
	<b><i>FDA approved for Breyanzi® (Lisocabtagene Maraleucel; Liso-Cel): Breyanzi® OP/CAHs=Q2054 IP=XW033N7/XW043N7</i></b>
<i>C82.41</i>	<i>Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck</i>
<i>C82.42</i>	<i>Follicular lymphoma grade IIIb, intrathoracic lymph nodes</i>
<i>C82.43</i>	<i>Follicular lymphoma grade IIIb, intra-abdominal lymph nodes</i>
<i>C82.44</i>	<i>Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb</i>
<i>C82.45</i>	<i>Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb</i>

<i>C82.46</i>	<i>Follicular lymphoma grade IIIb, intrapelvic lymph nodes</i>
<i>C82.47</i>	<i>Follicular lymphoma grade IIIb, spleen</i>
<i>C82.48</i>	<i>Follicular lymphoma grade IIIb, lymph nodes of multiple sites</i>
<i>C82.49</i>	<i>Follicular lymphoma grade IIIb, extranodal and solid organ sites</i>
<i>C83.31</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck</i>
<i>C83.32</i>	<i>Diffuse large B-cell lymphoma, intrathoracic lymph nodes</i>
<i>C83.33</i>	<i>Diffuse large B-cell lymphoma, intra-abdominal lymph nodes</i>
<i>C83.34</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb</i>
<i>C83.35</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb</i>
<i>C83.36</i>	<i>Diffuse large B-cell lymphoma, intrapelvic lymph nodes</i>
<i>C83.37</i>	<i>Diffuse large B-cell lymphoma, spleen</i>
<i>C83.38</i>	<i>Diffuse large B-cell lymphoma, lymph nodes of multiple sites</i>
<i>C83.39</i>	<i>Diffuse large B-cell lymphoma, 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>
<i>C85.23</i>	<i>Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes</i>
<i>C85.24</i>	<i>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb</i>

C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.81	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

	<b>FDA approved for ABECMA® (Idecabtagene Vicleucel): ABECMA® OP/CAHs=Q2055 (use HCPCS C9081 10/1/21-12/30/2021) IP=XW033K7/XW043K7</b>
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse

### 400.3 - Payment Requirements

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

#### Inpatient

The A/ B MAC billing requirements will allow for CAR T-cell therapy when the services are submitted on the following TOB: 11X. Type of facility and setting determines the basis of payment:

For services performed in inpatient hospitals, TOB 11X, under the Inpatient PPS is based on the Medicare Severity-Diagnosis Related Group (MS-DRG).

For services performed in Critical Access Hospital (CAH) inpatient TOB 11X, payment is based on 101% of reasonable cost.

#### Outpatient

The A/B MAC billing requirements will pay for CAR T-cell therapy when the services are submitted on the TOBs: 13X and 85x. Type of facility and setting determines the basis of payment:

For services performed in hospital outpatient departments (HOPDs), TOBs 13X, or inpatient ancillary TOB 12X, payment is based on OPps.

For services performed in CAH OPDs, TOB 85X, payment is based on reasonable cost.

For services performed in CAH Method II with revenue code 096X, 097X, and 098X, TOB 85X, payment is based on the lesser of the actual charge or the Medicare Physician Fee Schedule (115% of the lesser of the fee schedule amount and submitted charge).

HOPDs may report CPT codes 0537T, 0538T, and 0539T to allow tracking of these services when furnished in the outpatient setting. Medicare will reject these lines as Medicare does not separately pay for these services under the OPps.

These following scenarios present further clarification on how to report items and services related to CAR-T in various clinical scenarios.

**NOTE:** *For claims with DOS on and after August 7, 2019, allow TOB 85X with revenue code 0891 when billed with HCPCS C9399.*

#### **Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in HOPDs:**

In instances when you administer the CAR-T drug in the HOPD setting, report CPT code 0540T for the administration and HCPCS Q2041, Q2042, Q2053 (effective April 1, 2021), *Q2054 (effective October 1, 2021) and Q2055 (effective January 01, 2022)* C9073 (prior to April 1, 2021), C9076 (*prior to October 1, 2021*), or, if a more specific code is unavailable, the most appropriate unclassified drug code (e.g., C9399 (*prior to October 1, 2021*), *C9081 (effective Oct 1, 2021-Dec 31, 2021)* for unclassified drugs or biologicals). NOTE: the drug codes will be denied as a Part A service even if billed with the administration.) For specific instructions on billing unclassified drug codes, refer to Chapter 26, Section 10.4 of the “Medicare Claims Processing Manual” on the CMS website at: Regulations-and-Guidance.Ch26. As discussed in the Calendar Year (CY) 2019 OPps/Ambulatory Surgery Center final rule (83 FR 58904), the procedures described by CPT 0537T (collection/handling), 0538T (preparation for transport), and 0539T (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the OPps. However, you may report the charges for these various steps to collect and prepare the CAR T-cells separately and Medicare will reject them on the HOPD claim, or they may be included in the charge reported for the biological.

**Note:** When including the charges for collection and preparation of the CAR T-cells in the charge for the CAR-T product, outpatient providers should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

**NOTE:** *Please note that effective September 30, 2021 HCPCS code C9076 for Breyanzi® and HCPCS code C9399 for ABECMA® are end-dated.*

**NOTE:** *Please note that effective December 31, 2021 HCPCS code C9081 will be end-dated.*

#### **Scenario 2: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Not Administered:**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the HOPD facility, the hospital may not report the drug Q

code (which only applies when the T-cells are administered in the HOPD setting). HOPDs may report CPT 0537T, 0538T, and 0539T (as appropriate) and the charges associated with each code under the appropriate revenue code on the HOPD claim. Medicare will reject these codes.

### **Scenario 3: CAR-T Dosing and Preparation Services Administered in HOPD Setting, but Viable T-cells Administered in the Hospital Inpatient Setting:**

When CAR T-cell preparation services are initiated and furnished in the HOPD setting, but the CAR T-cells are administered in the inpatient setting, the hospital may not report the drug Q code (which only applies when the T-cells are administered in the HOPD setting). Report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (TOB 11x) separately using revenue codes 0871, 0872, or 0873. Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – Charges for Modified cell therapy.

**Note:** When the cells are collected in the HOPD setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.

#### Physician Office or Non-Hospital Clinic

The A/B MAC billing requirements will pay for CAR T-cell therapy when the services are submitted on the Form CMS-1500 or electronic 837P.

### **Scenario 1: CAR-T Dosing and Preparation Services and Viable T-cells Administered in Physician Office or Non-Hospital Clinic:**

In instances when you administer the CAR-T drug in the physician office setting or other non-hospital clinic setting that is enrolled in the REMS program as a REMS participating site, report CPT code 0540T for the administration and HCPCS Q2041, Q2042, Q2053 (effective April 1, 2021), *Q2054 (effective October 1, 2021) and Q2055 (effective January 01, 2022)* C9073 (prior to April 1, 2021), C9076, *(prior to October 1, 2021)*, or, if a more specific code is unavailable, the most appropriate unclassified drug code (e.g., J3590 for unclassified biologics). For specific instructions on billing unclassified drug codes, refer to Chapter 26, Section 10.4 of the “Medicare Claims Processing Manual” on the CMS website at: [Regulations-and-Guidance.Ch26](#).

The procedures described by CPT 0537T (collection/handling), 0538T (preparation for transport), and 0539T (receipt and preparation) represent the various steps required to collect and prepare the genetically modified T-cells, and these steps are not paid separately under the MPFS. However, you may report them separately, and Medicare will reject them on the professional claim.

**Note:** Practitioners should code the CAR-T product service on the date that the CAR-T administration took place and not on the date when the cells were collected.

### **Scenario 2: CAR-T Dosing and Preparation Services Administered in Physician Office or Non-Hospital Clinic, but Viable T-cells Not Administered:**

In instances when the CAR-T drug is not ultimately administered to the beneficiary, but the CAR-T preparation services are initiated or performed in the physician office or other non-hospital clinic facility, the practitioner may not report the drug HCPCS code (which only applies when the T-cells are administered in the setting). The practitioner may report CPT 0537T, 0538T, and 0539T (as appropriate) on the professional claim. Medicare will reject these codes.

### **Scenario 3: CAR-T Dosing and Preparation Services Administered in Physician Office or Non-Hospital Clinic, but Viable T-cells Administered in the Hospital Inpatient Setting:**



When CAR T-cell preparation services are initiated and furnished in the physician office or other non-hospital clinic setting, but the CAR T-cells are administered in the inpatient setting, the practitioner may not report the drug HCPCS code (which only applies when the T-cells are administered in the setting). The hospital that administers the T-cells will report the charge associated with the various steps to collect and prepare the CAR T-cells on the inpatient claim (TOB 11x) separately using revenue codes 0871, 0872, or 0873. Alternatively, the hospital may include the charges for these various steps in the charge reported for the biological using revenue code 0891 – Special Processed Drugs – FDA (U.S. Food and Drug Administration) Approved Cell Therapy – Charges for Modified cell therapy.

**Note:** When the cells are collected in the physician office setting and the CAR-T is administered in the hospital inpatient setting, inpatient providers should report the date that the CAR-T administration took place and not the date the cells were collected.

#### **400.4 - Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages** *(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

Contractors shall continue to use the appropriate existing messages that they have in place when denying claims submitted that do not meet the Medicare coverage criteria for CAR T-cell therapy.

**--Contractors shall deny claims for CAR T-cell therapy when the service is not administered through healthcare facilities that are enrolled in the FDA REMS requirements using the following messages:**

CARC 58 Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.

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](http://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 Obligations).

MSN 16.2 – This service cannot be paid when provided in this location/facility.

Spanish Version – Este servicio no se puede pagar cuando es suministrado en esta sitio/facilidad.

In addition to the codes listed above, contractors shall afford appeal rights to all denied parties.

**--When denying claims for covered Chimeric Antigen Receptor (CAR) T-cell therapy procedures because the appropriate ICD-10 coding was not used:**

CARC 50 - These are *non-covered services* because this is not deemed a "medical necessity" by the payer. Usage: 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](http://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 or PR dependent upon liability.

MSN 15.20 - "The following policies were used when we made this decision: NCD 110.24."



Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 110.24.”

MSN 15.19: “We used a Local Coverage Determination (LCD) to decide coverage for your claim. To appeal, get a copy of the LCD at [www.cms.gov/medicare-coverage-database](http://www.cms.gov/medicare-coverage-database) (use the MSN Billing Code for the CPT/HCPCS Code) and send with information from your doctor”.

Spanish Version - Usamos una Determinación de Cobertura Local (LCD) para decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD en [www.cms.gov/medicare-coverage-database](http://www.cms.gov/medicare-coverage-database) (use el código de facturación de MSN para el código "CPT/HCPCS") y envíela con la información de su médico

NOTE: Due to system requirement, the Fiscal Intermediary Standard System 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.

In addition to the codes listed above, contractors shall afford appeal rights to all denied parties.

## **410.2 – Claims Processing General Information**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

*Effective for claims with dates of service (DOS) on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services under National Coverage Determination (NCD) 30.3.3 no more than 20 times (date of service, DOS) per annum.*

NOTE: If the 1st **DOS** is on March 21, 2020, the next **DOS** beginning a new year cannot be performed until March 1, 2021, 11 full months following the 1<sup>st</sup> **DOS**.

The attached includes the International Classification of Diseases (ICD)-10 diagnosis codes are applicable and must be reported for acupuncture for cLBP services:

Contractors shall accept and process acupuncture for cLBP claims with the -KX modifier for the 13th through 20th **DOS**.

NOTE: The 1st through 12th **DOS** over a 90-day period do not require the -KX modifier. There is a 20 **DOS** maximum per annum for this benefit.

NOTE: By applying the -KX modifier to the claim, the therapy provider is confirming that the additional **DOS** are medically necessary as justified by appropriate documentation in the medical record.

**NOTE:** *For DOS January 21, 2020, with claims received on or after July 5, 2022, HCPCS codes 20560 and 20561 shall not be reported on the same DOS regardless of what modifier is attached.*

**NOTE:** *For DOS January 21, 2020, with claims received on or after July 5, 2022, initial codes 97810 and 97813 are allowed without add-on codes 97811 or 97814 on same DOS. However, add-on codes 97811 and 97814 are NOT allowed without initial codes 97810 or 97813 on same DOS.*

### **410.3 – Institutional Claims Bill Type and Revenue Coding Information**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue codes not equal to 096X, 097X, and 098X for CAH Method I).

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with Revenue Code 0940 on institutional claims.

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on TOB 12X, 71X, 77X 85X CAH Method II with revenue codes 096X, 097X, and 098X.

***NOTE:** For DOS January 21, 2020, with claims received on or after July 5, 2022, HCPCS codes 20560 and 20561 shall not be reported on the same DOS regardless of what modifier is attached.*

***NOTE:** For DOS January 21, 2020, with claims received on or after July 5, 2022, initial codes 97810 and 97813 are allowed without add-on codes 97811 or 97814 on same DOS. However, add-on codes 97811 and 97814 are NOT allowed without initial codes 97810 or 97813 on same DOS.*

### **410.5 – Common Working File (CWF) FISS, and Multi-Carrier System (MCS) Editing**

*(Rev. 11445, Issued:06-03-22 Effective:05-09-22, Implementation:05-09-22)*

The Common Working File (CWF) shall create a new reject for claims with DOS on and after January 21, 2020, for claims received on or after October 5, 2020, to not allow payment for more than 20 acupuncture for cLBP **DOS** per annum.

For acupuncture for cLBP claims CWF, FISS and the Multi-Carrier System (MCS) shall apply appropriate updates to the Next Eligibility Date file for DOS on or after January 21, 2020.

**NOTE:** Appropriate updates include modifications to HUQA, and Extract Records on the Next Generation Desktop (NGD) and the Medicare Beneficiary Database (MBD) for next eligible date and services remaining.

CWF shall count 11 full months starting with the month of a beneficiary's 1<sup>st</sup> acupuncture for cLBP **DOS**.

EX: If 1<sup>st</sup> date of service is October 15, 2020, the next eligible **DOS** beginning a new year would be October 1, 2021.

**NOTE:** A new cLBP auxiliary (AUX) file will be created and HIMR will be updated to post the previous acupuncture for cLBP HCPCS 97810, 97811, 97813, 97814, 20560, or 20561.

For acupuncture for cLBP claims with DOS on and after January 21, 2020, the Multi-Carrier System Desktop Tool shall display the acupuncture for cLBP visits in a format equivalent to the CWF HIMR screen.

Effective for claims with DOS on and after January 21, 2020, received on and after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on institutional claims, TOBs 12X, 13X, 71X, 77X, and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the new cLBP AUX file.

**NOTE:** 1 TECH and 1 PROF on same DOS represents 1 service.

NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.

**NOTE:** Allow ONLY 97810/97811 on same DOS, OR ONLY 97813/97814 on same DOS, OR ONLY 20560/20561 on same DOS.

**NOTE:** CWF, for DOS January 21, 2020, with claims received on or after July 5, 2022, shall ensure add-on code 97811 is billed with initial code 97810 for same DOS or denied, OR, ensure add-on code 97814 is billed with initial code 97813 for the same DOS or denied. NOTE: CWF shall allow initial codes 97810 or 97813 without add-on codes 97811 or 97814.

**NOTE:** CWF, for DOS January 21, 2020, with claims received on or after July 5, 2022, shall ensure codes 20560 and 20561 are not billed on the same DOS or reject.

CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 when a beneficiary has reached 20 acupuncture for cLBP **DOS** and the -KX modifier is not included on the claim line for **DOS** 13 through 20 (the reject will apply for both PROF and TECH sessions).

CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation

CWF shall create a new HICR function for the new cLBP AUX file.