CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12627	Date: May 9, 2024
	Change Request 13604

SUBJECT: Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform contractors that CMS is expanding Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who meet specific criteria.

EFFECTIVE DATE: March 6, 2024

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

IMPLEMENTATION DATE: October 7, 2024

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

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/90/3/1-Allogeneic for Stem Cell Transplantation

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

SUBJECT: Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23

EFFECTIVE DATE: March 6, 2024

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

IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to inform contractors that CMS is expanding Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who meet specific criteria.

Hematopoietic stem cell transplantation (HSCT) is a process that includes mobilization, harvesting, and transplant of stem cells and the administration of high dose chemotherapy and/or radiotherapy prior to the actual transplant. During the process stem cells are harvested from either the patient (autologous) or a donor (allogeneic) and subsequently administered by intravenous infusion to the patient.

Myelodysplastic Syndromes (MDS) are a heterogeneous group of hematologic disorders characterized by (1) cytopenia (decreased number of red blood cells, white blood cells and platelets) due to bone marrow failure and (2) the potential development of acute myeloid leukemia (AML). The bone marrow does not produce enough healthy, functioning blood cells. For treatment purposes, patients with MDS are often stratified into risk groups based on the potential development of AML, which varies widely across MDS subtypes.

- **B. Policy:** On March 6, 2024, CMS issued a final decision under National Coverage Determination (NCD) 110.23 to expand Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who have prognostic risk scores of:
 - ≥ 1.5 (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or
 - \geq 4.5 (high or very high) using the International Prognostic Scoring System Revised (IPSS-R), or
 - \geq 0.5 (high or very high) using the Molecular International Prognostic Scoring System (IPSS-M).

For these patients, the evidence demonstrates that the treatment is reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act (the Act).

In addition, coverage of all other indications for stem cell transplantation not otherwise specified will be made by local Medicare Administrative Contractors (MACs) under section 1862(a)(1)(A) of the Act.

Refer to Publication (Pub) 100-03, NCD Manual, chapter 1, section 110.23, for information regarding this NCD and Pub. 100-04, Claims Processing Manual (CPM), chapter 3, section 90.3.1 for further billing instructions.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		Α	/B I	MAC	DME	Share		m Main	tainers	Other
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
13604 - 04.1	Effective for claims with dates of service on and after March 6, 2024, contractors shall be aware that Medicare is expanding coverage for allogeneic (HSCT) using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who have prognostic risk scores of:	X	X							
	 ≥ 1.5 (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or ≥ 4.5 (high or very high) using the International Prognostic Scoring System - Revised (IPSS-R), or ≥ 0.5 (high or very high) using the Molecular International Prognostic Scoring System (IPSS-M). 									
	In addition, coverage of all other indications for stem cell transplantation not otherwise specified will be made by local MACs under section 1862(a)(1)(A) of the Act. Please see Pub. 100-03, chapter 1, section 110.23, of the NCD Manual, and Pub. 100-04, chapter 3, section 90.3.1, of the CPM, for further instructions.									
13604 - 04.2	Contractors shall, effective March 5, 2024, end-date all edits for (HSCT) for (MDS) in the context of a Medicare- approved clinical study under a Coverage with Evidence Development (CED).	X	X			X	X			

				Responsibility						
		A				Share	d-Syste	m Main	tainers	Other
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
13604 - 04.3	Effective for claims with dates of service on and after March 6, 2024, contractors shall allow payment for HSCT for MDS under NCD 110.23, when the professional claim for HCPCS code 38240 or institutional claim for ICD-10-PCS 30233X2, 30233X3, 30243X2 or 30243X3 included:					X	X			
	 Modifier KX to indicate that they have a qualifying prognostic risk score in their medical record (professional claims only); For institutional claims, providers report the "CR13604' in FL 80 – Remarks to indicate that they have a qualifying prognostic risk score in their medical record: Intermediate-2 or high, or high or very high, and One of the following ICD-10-CM Diagnosis Codes: D46.A D46.B									

Number	Requirement	Re	spoi	nsibility	7					
				MAC	DME	Share	d-Syste	m Main	tainers	Other
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	D46.4 D46.9 D46.20 D46.21 D46.22 Please note the existing PCS codes from CRs 9861 and 13507 related to Allogeneic				MAC					
13604 - 04.3.1	should apply to claims after 3/6/24 as well. Per BR 13604-04.3, contractors shall allow payment for HSCT for MDS when a valid ICD-10-PCS and ICD-10-CM diagnosis code is reported and beneficiaries have a qualified prognostic score in their medical record. In order to edit	X								
	for a qualified prognostic score, contractors shall create an Expert Claims Processing System (ECPS) online event. Contractors shall use the following criteria for the ECPS event: • From Date: on or after March 6, 2024,									
	 TOB: 11X D46.A, D46.B, D46.C, D46.0, D46.1, D46.4, D46.9, D46.20, D46.21, or D46.22 ICD-10-PCS codes: 30233X2, 30233X3, 30243X2 or 30243X3, Remark: CR13604 									
13604 - 04.3.2	Contractors shall deny claims for HSCT for MDS if not	X	X							

Number	Requirement	Re	spoi	nsibility	7					
				MAC	DME	Share	d-Syste	m Main	tainers	Other
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	submitted as per BR 13604- 04.3									
13604 - 04.3.3	Contractors shall use the following messages, as appropriate, when denying claims for HSCT for MDS that do not meet billing requirements as per 13604-04.3:	X	X							
	MSN 9.4 - This item or service was denied because information required to make payment was incorrect.									
	Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta.									
	CARC 96 – Non-covered charge(s). 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.)									
	RARC N386 – This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.									

Number	Requirement	Re	spoi	nsibility	,					
			_	MAC	DME	Share	d-Syste	m Main	tainers	Other
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	Group Code: CO									
13604 - 04.4	Effective for claims with dates of service on and after March 6, 2024, contractors shall allow payment for HSCT for MDS according to NCD 110.23, only if submitted with TOB 11X.	X				X				
13604 - 04.4.1	Effective for claims with dates of service on and after March 6, 2024, contractors shall deny claims for HSCT for MDS according to NCD 110.23, if submitted with a Type of Bill (TOB) other than TOB 11X.					X				
13604 - 04.4.2	Contractors shall use the following messages when denying claims with a TOB other than TOB 11X: MSN 9.4 - This item or service was denied because information required to make payment was incorrect. Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta. CARC 16 - Claim/service lacks information or has submission/billing error(s). Usage: 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	X								

Number	Requirement	Re	spoi	nsibility	7					
		Α	/B 1	MAC	DME	Share	Shared-System Maintainers			Other
		A	В	ННН	MAC	FISS	MCS	VMS	CWF	
	RARC MA30 - Missing/incomplete/invalid type of bill. Group Code: CO									
13604 - 04.5	For claims with dates of service prior to the October 6, 2024 implementation date of this CR, contractors shall perform necessary adjustments only when affected claims are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsibility	,	
			MAC		DME	CEDI
					MAC	
		A	В	ННН		
13604 -	Medicare Learning Network® (MLN): CMS will develop and	X	X			
04.6	release national provider education content and market it					
	through the MLN Connects® newsletter shortly after we issue					
	the CR. MACs shall link to relevant information on your					
	website and follow IOM Pub. No. 100-09 Chapter 6, Section					
	50.2.4.1 for distributing the newsletter to providers. When you					
	follow this manual section, you don't need to separately track					
	and report MLN content releases. You may supplement with					
	your local educational content after we release the newsletter.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: $\ensuremath{\mathrm{N/A}}$

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

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: 1

Medicare Claims Processing Manual Chapter 3 - Inpatient Hospital Billing

Table of Contents (Rev. 12627; Issued: 05-09-24)

90.3.1 - Allogeneic for Stem Cell Transplantation

(Rev. 12627; Issued: 05-09-24; Effective: 03-06-24; Implementation: 10-07-24)

A. Definition of Acquisition Charges for Allogeneic Stem Cell Transplants

1. Effective for Cost Reporting Periods Beginning Prior to October 1, 2020

Acquisition charges for allogeneic stem cell transplants include, but are not limited to, charges for the costs of the following services:

- National Marrow Donor Program fees, if applicable, for stem cells from an unrelated donor;
- Tissue typing of donor and recipient;
- Donor evaluation;
- Physician pre-admission/pre-procedure donor evaluation services;
- Costs associated with harvesting procedure (e.g., general routine and special care services, procedure/operating room and other ancillary services, apheresis services, etc.);
- Post-operative/post-procedure evaluation of donor; and
- Preparation and processing of stem cells.

Payment for these acquisition services is included in the MS-DRG payment for the allogeneic stem cell transplant when the transplant occurs in the inpatient setting, and in the OPPS APC payment for the allogeneic stem cell transplant when the transplant occurs in the outpatient setting.

The Medicare contractor does not make separate payment for these acquisition services, because hospitals may bill and receive payment only for services provided to the Medicare beneficiary who is the recipient of the stem cell transplant and whose illness is being treated with the stem cell transplant. Unlike the acquisition costs of solid organs for transplant (e.g., hearts and kidneys), which are paid on a reasonable cost basis, acquisition costs for allogeneic stem cells are included in prospective payment.

Acquisition charges for stem cell transplants apply only to allogeneic transplants, for which stem cells are obtained from a donor (other than the recipient himself or herself). Acquisition charges do not apply to autologous transplants (transplanted stem cells are obtained from the recipient himself or herself), because autologous transplants involve services provided to the beneficiary only (and not to a donor), for which the hospital may bill and receive payment (see Pub. 100-04, chapter 4, §231.10 and paragraph B of this section for information regarding billing for autologous stem cell transplants).

2. Effective for Cost Reporting Periods Beginning on or After October 1, 2020

Allogeneic hematopoietic stem cell acquisition costs are as follows:

- Registry fees from a national donor registry described in 42 U.S.C. 274k, if applicable, for stem cells from an unrelated donor.
- Tissue typing of donor and recipient.
- Donor evaluation.
- Physician pre-admission/pre-procedure donor evaluation services.

- Costs associated with the collection procedure (for example, general routine and special care services, procedure/operating room and other ancillary services, apheresis services), and transportation costs of stem cells if the recipient hospital incurred or paid such costs.
 - Post-operative/post-procedure evaluation of donor.
 - Preparation and processing of stem cells derived from bone marrow, peripheral blood stem cells, or cord blood (but not including embryonic stem cells).

Effective for cost reporting periods beginning on or after October 1, 2020, a subsection (d) hospital that furnishes an allogeneic hematopoietic stem cell transplant to an individual during such a period, payment to such hospital for hematopoietic stem cell acquisition shall be made on a reasonable cost basis.

Payment for allogeneic hematopoietic stem cell acquisition services continues to be included in the OPPS APC payment when the transplant occurs in the outpatient setting.

Acquisition charges for stem cell transplants apply only to allogeneic transplants, for which stem cells are obtained from a donor (other than the recipient himself or herself). Acquisition charges do not apply to autologous transplants (transplanted stem cells are obtained from the recipient himself or herself), because autologous transplants involve services provided to the beneficiary only (and not to a donor), for which the hospital may bill and receive payment (see Pub. 100-04, chapter 4, §231.10 and paragraph B of this section for information regarding billing for autologous stem cell transplants).

B. Billing for Acquisition Services

The hospital bills and shows acquisition charges for allogeneic stem cell transplants based on the status of the patient (i.e., inpatient or outpatient) when the transplant is furnished. See Pub. 100-04, chapter 4, §231.11 for instructions regarding billing for acquisition services for allogeneic stem cell transplants that are performed in the outpatient setting.

When the allogeneic stem cell transplant occurs in the inpatient setting, allogeneic bone marrow/stem cell acquisition charges shall be billed using revenue code 0815. Revenue code 0815 (Allogeneic Stem Cell Acquisition/Donor Services) charges should include all services required to acquire stem cells from a donor, as defined above. Effective for discharges occurring on or after October 1, 2021, such charges are not considered for the IPPS outlier calculation when billed for an allogeneic stem cell transplant.

On the recipient's transplant bill, the hospital reports the acquisition charges, cost report days, and utilization days for the donor's hospital stay (if applicable) and/or charges for other encounters in which the stem cells were obtained from the donor. The donor is covered for medically necessary inpatient hospital days of care or outpatient care provided in connection with the allogeneic stem cell transplant under Part A. Expenses incurred for complications are paid only if they are directly and immediately attributable to the stem cell donation procedure. The hospital reports the acquisition charges on the billing form for the recipient, as described in the first paragraph of this section. It does not charge the donor's days of care against the recipient's utilization record. For cost reporting purposes, it includes the covered donor days and charges as Medicare days and charges.

The transplant hospital keeps an itemized statement that identifies the services furnished in collecting allogeneic hematopoietic stem cells including all invoices or statements for purchased services for all donors and their service charges. Records must be for the person receiving the service (donor or recipient). Beginning October 1, 2020, for all donor sources, the hospital must identify the prospective recipient and include the recipient's Medicare beneficiary identification number. These charges will be reflected in the transplant hospital's stem cell/bone marrow acquisition cost center. For allogeneic stem cell acquisition

services in cases that do not result in transplant, due to death of the intended recipient or other causes, hospitals include the costs associated with the acquisition services on the Medicare cost report.

The hospital shows charges for the transplant itself in revenue center code 0362 or another appropriate cost center. The hospital shows charges for acquiring allogeneic hematopoietic stem cells for transplant in revenue code 0815.

C. Coverage Expansion for Allogeneic Stem Cell Services Effective March 6, 2024

On March 6, 2024, CMS issued a final decision to expand Medicare coverage for allogeneic hematopoietic stem cell transplant (HSCT) using bone marrow, peripheral blood, or umbilical cord blood stem cell products for Medicare patients with myelodysplastic (MDS) syndromes who have prognostic risk scores of:

- \geq 1.5 (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or
- \geq 4.5 (high or very high) using the International Prognostic Scoring System Revised (IPSS-R), or
- ≥ 0.5 (high or very high) using the Molecular International Prognostic Scoring System (IPSS-M).

For these patients, the evidence demonstrates that the treatment is reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act (the Act).

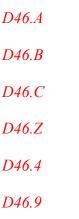
In addition, coverage of all other indications for stem cell transplantation not otherwise specified will be made by local Medicare Administrative Contractors under section 1862(a)(1)(A) of the Act.

C. Billing for Allogeneic Stem Cell Services on or after March 6, 2024

1. Effective for claims with dates of service on and after March 6, 2024

Effective for claims with dates of service on and after March 6, 2024, contractors shall allow payment for HSCT for MDS under NCD 110.23, when the professional claim for HCPCS code 38240 or institutional claim for ICD-10-PCS 30233X2, 30233X3, 30243X2 or 30243X3 included:

- Modifier KX to indicate that they have a qualifying prognostic risk score in their medical record (professional claims only);
- For institutional claims, providers report the "CR13604" in **FL 80 Remarks** to indicate that they have a qualifying prognostic risk score in their medical record:
 - Intermediate-2 or high, or
 - high or very high, or
 - high or very high, and
- One of the following ICD-10-CM Diagnosis Codes:



D46.21

D46.22

2. Messaging Effective March 6, 2024

Contractors shall use the following messages, as appropriate, when denying claims without required diagnostic or procedure coding:

MSN 9.4 - This item or service was denied because information required to make payment was incorrect.

Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta.

CARC 96 – Non-covered charge(s). 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.)

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

Group Code: CO

Contractors shall use the following messages, as appropriate, when denying claims for HSCT for MDS, if submitted with a TOB other than TOB 11X:

Contractors shall use the following messages when denying claims with a TOB other than TOB 11X:

MSN 9.4 - This item or service was denied because information required to make payment was incorrect.

Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta.

CARC 16 - Claim/service lacks information or has submission/billing error(s). Usage: 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC MA30 - Missing/incomplete/invalid type of bill.

Group Code: CO

NCD:	1410-22 (formerly NCD440-9-1)
NCD: NCD Title:	110.23 (tormerly NCD110.8.1) Stem Cell Transplantation
NOD TIME.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2062CP.pdf
IOM:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3556CP.pdf
	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=45&ncdver=5&bc=AgAAgAAAAAA&
	https://www.cms.gov/medicare-coverage-database/details/ncd-
MCD:	details.aspx?NCDId=366&ncdver=1&bc=AgAAgAAAAAAAAAA3d%3d&
	Non-Cover Autologous SCT (38241) for acute leukemia not in remission, chronic granulocytic leukemia, solid tumors
	other than neuroblastoma, multiple myeloma prior to 10/1/00
	Non-Cover Autologous SCT (38241) for tandem transplants, non-primary AL amyloidosis on or after 10/1/00
	Non-Cover Autologous SCT (38241) for primary AL amyloidosis age 64 and older from 10/1/00 - 3/14/05
	CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy
ICD-10 CM	ICD-10 DX Description
100-10 0111	Cover Allogeneic STC in Clinical Trial (38240) for Myelodyplastic Syndrome on or after 8/4/10-3/6/24. Effective 3/6/24
	based on prognostic risk score.
D46.9	Myelodysplastic syndrome, unspecified
D46.Z	Other myelodysplastic syndromes
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B D46.C	Refractory cytopenia with multilineage dysplasia and ring sideroblasts Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22 D46.4	Refractory anemia with excess of blasts 2 Refractory anemia, unspecified
D-10.4	Cover Allogeneic STC in Clinical Trial (38240) for Multiple Myeloma on or after 1/27/16
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
Z00.6	Encounter for examination for normal comparison and control in clinical research program Cover Allogeneic SCT in Clinical Trial (38240) for Myelofibrosis on or after 1/27/16
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
D47.1	Chronic myeloproliferative disease
D47.4 D75.81	Osteomyelofibrosis Myelofibrosis
Z00.6	Encounter for examination for normal comparison and control in clinical research program
200.0	Cover Allogeneic STC in Clinical Trial (38240) for Sickle Cell Disease on or after 1/27/16
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.03 D57.09	Hb-SS disease with cerebral vascular involvement Hb-SS disease with crisis with other specified complication
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212 D57.213	Sickle-cell/Hb-C disease with splenic sequestration
D57.218	Sickle-cell/Hb-C disease with cerebral vascular involvement Sickle-cell/Hb-C disease with crisis with other specified complication
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia, unspecified, with acute chest syndrome
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.413 D57.418	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.419	Sickle-cell thalassemia, unspecified, with crisis
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.813 D57.818	Other sickle-cell disorders with cerebral vascular involvement Other sickle-cell disorders with crisis with other specified complication
D57.819	Other sickle-cell disorders with crisis, unspecified
D57.42	Sickle-cell thalassemia beta zero without crisis
D57.431	Sickle-cell thalassemia beta zero with acute chest syndrome
D57.432	Sickle-cell thalassemia beta zero with splenic sequestration
D57.433 D57.438	Sickle-cell thalassemia beta zero with cerebral vascular involvement Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.438 D57.439	Sickle-cell thalassemia beta zero with crisis with other specified complication Sickle-cell thalassemia beta zero with crisis, unspecified
D57.44	Sickle-cell thalassemia beta plus without crisis
D57.451	Sickle-cell thalassemia beta plus with acute chest syndrome
D57.452	Sickle-cell thalassemia beta plus with splenic sequestration
D57.453	Sickle-cell thalassemia beta plus with cerebral vascular involvement

D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.456 D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
Z00.6	Encounter for examination for normal comparison and control in clinical research program
	Cover allogeneic HSCT (38240) no trial for Leukemia, leukemia in remission, aplastic anemia on or after 8/1/78
	Cover allogeneic HSCT (38240) no trial for severe combined immunodeficiency disease (SCID) & Wiskott-Aldrich
	Syndrome Non-Cover allogeneic HSCT (38240) for multiple myeloma 5/24/96 - 1/26/16
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.00	Acute lymphoblastic leukemia, in remission 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 C91.31	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission Prolymphocytic leukemia of B-cell type, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTV-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 C91.90	Prolymphocytic leukemia of T-cell type, in relapse Lymphoid leukemia, unspecified not having achieved 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 C91.Z2	Other lymphoid leukemia, in remission 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 C92.20	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission 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 C92.41	Acute promyelocytic leukemia, not having achieved remission Acute promyelocytic leukemia, in remission
C92.41	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 C92.62	Acute myeloid leukemia with 11q23-abnormality in remission Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved 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 C92.Z1	Other myeloid leukemia not having achieved remission Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in refinission 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 C93.12	Chronic myelomonocytic leukemia, in remission Chronic myelomonocytic leukemia, in relapse
C93.12	Juvenile myelomonocytic leukemia, in relapse 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
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1 C93.Z2	Other monocytic leukemia, in remission Other monocytic leukemia, in relapse
C93.22	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

C94.22 Acute megakaryoblastic leukemia, in relapse C94.31 Mast cell leukemia, in relapse C94.31 Mast cell leukemia, in relapse C94.32 Mast cell leukemia, in relapse C94.33 Mast cell leukemia, in relapse C94.81 Other specified leukemias in or having achieved remission C94.81 Other specified leukemias, in relapse C94.81 Other specified leukemias, in relapse C95.02 Other specified leukemias, in relapse C95.00 Acute leukemia of unspecified cell type, in memission C95.01 Acute leukemia of unspecified cell type, in memission C95.02 Acute leukemia of unspecified cell type, in relapse C95.03 Chronic leukemia of unspecified cell type, in relapse C95.04 Chronic leukemia of unspecified cell type, in relapse C95.10 Chronic leukemia of unspecified cell type, in relapse C95.11 Chronic leukemia of unspecified cell type, in remission C95.12 Chronic leukemia of unspecified cell type, in remission C95.12 Chronic leukemia of unspecified cell type, in remission C95.90 Leukemia, unspecified not having achieved remission C96.90 Chronic acquired pure red cell aplasia D60.0 Chronic acquired pure red cell aplasia D60.1 Transient acquired pure red cell aplasia D60.3 Other acquired pure red cell aplasia D60.4 Other acquired pure red cell aplasia D60.9 Acquired pure red cell aplasia D60.9 Acquired pure red cell aplasia D61.10 Other constitutional aplastic anemia D61.2 Aplastic anemia due to other external agents D61.3 Idiopathic aplastic anemia D61.4 Drug-induced aplastic anemia D61.8 Other acquired parexipopenia D61.8 Other acquired parexipopenia D61.8 Other drug-induced pancytopenia D61.8 Other drug-induced pancytopenia D61.8 Other drug-induced pancytopenia D61.8 Other drug-induced pancytopenia D61.9 Aplastic anemia, unspecified D81.0 Severe combined immunodeficiency (SCID) with rown or normal B-cell numbers D81.2 Severe combined immunodeficiency (SCID) with low		
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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	C47.0 C47.0 C47.11 C47.12 C47.21 C47.22 C47.3 C47.4 C47.5 C47.6 C47.6 C72.0 C72.1 C72.21 C72.22 C72.31 C72.22 C72.32 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.43 C72.41 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.43 C72.41 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.	Wiskott-Aldrich syndrome 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 Cover autologous SCT (38241) no trial for Durie-Salmon stage Il/Ill responsive multiple myeloma and responsive relay on or after 10/1/00 Cover autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05 Malignant neoplasm of peripheral nerves of head, face and neck Malignant neoplasm of peripheral nerves of right upper limb, including shoulder Malignant neoplasm of peripheral nerves of left upper limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of trunk, unspecified Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system Malignant neoplasm of spinal cord Malignant neoplasm of spinal cord Malignant neoplasm of right offactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of other cranial nerves Malignant neoplasm of other cranial nerves Malignant neoplasm of other cranial nerves Malignant neoplasm of right acoustic nerve Malignant neoplasm of other cranial nerves Malignant neoplasm of medulla of right adrenal gland Malignant neoplasm of medulla of left adrenal gland Malignant neoplasm of medulla of left adrenal gland Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
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	C47.0 C47.0 C47.11 C47.12 C47.21 C47.22 C47.3 C47.4 C47.5 C47.6 C47.6 C72.0 C72.1 C72.21 C72.22 C72.31 C72.22 C72.32 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.43 C72.41 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.43 C72.41 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.42 C72.	Wiskott-Aldrich syndrome 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 Cover autologous SCT (38241) no trial for Durie-Salmon stage Il/Ill responsive multiple myeloma and responsive relay on or after 10/1/00 Cover autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05 Malignant neoplasm of peripheral nerves of head, face and neck Malignant neoplasm of peripheral nerves of right upper limb, including shoulder Malignant neoplasm of peripheral nerves of left upper limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of trunk, unspecified Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system Malignant neoplasm of spinal cord Malignant neoplasm of spinal cord Malignant neoplasm of right offactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of other cranial nerves Malignant neoplasm of other cranial nerves Malignant neoplasm of other cranial nerves Malignant neoplasm of right acoustic nerve Malignant neoplasm of other cranial nerves Malignant neoplasm of medulla of right adrenal gland Malignant neoplasm of medulla of left adrenal gland Malignant neoplasm of medulla of left adrenal gland Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.05 Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	D81.9 D82.0 C47.0 C47.11 C47.12 C47.21 C47.22 C47.3 C47.4 C47.5 C47.6 C47.8 C72.0 C72.1 C72.21 C72.21 C72.22 C72.31 C72.32 C72.31 C72.32 C72.41 C72.42 C72.59 C74.11 C74.12 C81.01 C81.02	Wiskott-Aldrich syndrome 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 Cover autologous SCT (38241) no trial for Durie-Salmon stage II/III responsive multiple myeloma and responsive relay on or after 10/100 Cover autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05 Malignant neoplasm of peripheral nerves of head, face and neck Malignant neoplasm of peripheral nerves of left upper limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of abdomen Malignant neoplasm of peripheral nerves of pelvis Malignant neoplasm of peripheral nerves of pelvis Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system Malignant neoplasm of cauda equina Malignant neoplasm of cauda equina Malignant neoplasm of left olfactory nerve Malignant neoplasm of left olfactory nerve Malignant neoplasm of left olfactory nerve Malignant neoplasm of right optic nerve Malignant neoplasm of medulla of right admental gland Malignant neoplasm of pedominant Hodgkin lymphoma, lymph nodes of head, face, and neck
	D81.9 D82.0 C47.0 C47.11 C47.12 C47.21 C47.22 C47.3 C47.4 C47.5 C47.6 C47.6 C47.8 C72.1 C72.21 C72.22 C72.31 C72.22 C72.31 C72.41 C72.22 C72.31 C72.42 C72.59 C74.11 C74.12 C81.01 C81.02 C81.03	Wiskott-Aldrich syndrome 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 Cover autologous SCT (38241) no trial for Durie-Salmon stage Il/III responsive multiple myeloma and responsive relay on or after 10/1/00 Cover autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05 Malignant neoplasm of peripheral nerves of head, face and neck Malignant neoplasm of peripheral nerves of right upper limb, including shoulder Malignant neoplasm of peripheral nerves of left upper limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of thorax Malignant neoplasm of peripheral nerves of tronax Malignant neoplasm of peripheral nerves of trunk, unspecified Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system Malignant neoplasm of spiral cord Malignant neoplasm of right olfactory nerve Malignant neoplasm of right olfactory nerve Malignant neoplasm of left olfactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of right acoustic nerve Malignant neoplasm of medulla of left adrenal gland Malignant neoplasm of medulla of left adrenal gland Malignant neoplasm of medulla of left adrenal gland Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
100 1.00 1.00 1.00 1.00 1.00 1.00 1.00	D81.9 D82.0 C47.0 C47.11 C47.12 C47.21 C47.22 C47.3 C47.4 C47.6 C47.6 C47.8 C72.0 C72.1 C72.21 C72.21 C72.21 C72.21 C72.21 C72.32 C72.41 C72.42 C72.42 C72.41 C74.42 C81.01 C81.02 C81.01 C81.03 C81.04	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 Cover autologous SCT (38241) no trial for Durie-Salmon stage II/III responsive multiple myeloma and responsive relar on or after 10/100 Cover autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05 Malignant neoplasm of peripheral nerves of head, face and neck Malignant neoplasm of peripheral nerves of left upper limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of betwork Malignant neoplasm of peripheral nerves of abdomen Malignant neoplasm of peripheral nerves of abdomen Malignant neoplasm of peripheral nerves of pelvis Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system Malignant neoplasm of infolt offactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of left offactory nerve Malignant neoplasm of right optic nerve Malignant neoplasm of left ofter core of the coustic nerve Malignant neoplasm of medulla of left adrenal gland Malignant neoplasm of medulla of right adrenal gland Malignant neoplasm of perdominant Hodgkin lymphoma, lymph nodes of head, face, and neck Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of Nodular lymphocyte predominant Hodgkin lymphoma.
	D81.9 D82.0 C47.0 C47.11 C47.12 C47.21 C47.22 C47.3 C47.4 C47.5 C47.6 C47.8 C72.1 C72.21 C72.21 C72.21 C72.22 C72.31 C72.32 C72.41 C72.42 C72.59 C72.41 C74.12 C81.02 C81.03 C81.04 C81.05	Wiskott-Aldrich syndrome 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 Cover autologous SCT (38241) no trial for Durie-Salmon stage Il/III responsive multiple myeloma and responsive relar on or after 10/100 Cover autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05 Malignant neoplasm of peripheral nerves of head, face and neck Malignant neoplasm of peripheral nerves of left upper limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including shoulder Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of left lower limb, including hip Malignant neoplasm of peripheral nerves of trunk unspecified Malignant neoplasm of peripheral nerves of trunk, unspecified Malignant neoplasm of peripheral nerves of trunk, unspecified Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system Malignant neoplasm of rocauda equina Malignant neoplasm of right olifactory nerve Malignant neoplasm of right olifactory nerve Malignant neoplasm of left olifactory nerve Malignant neoplasm of left olicatory nerve Malignant neoplasm of medulla of right adrenal gland Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb

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 axiila and apper limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.17	Nodular scierosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular scierosis Hodgkin lymphoma, extranodal and solid organ sites
C81.19	
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.22	
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
	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
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
C82.11	
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
	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 Illa, lymph nodes of head, face, and neck
C82.32 C82.33	Follicular lymphoma grade IIIa, intrathoracic lymph nodes 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 Illa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade Illa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade Illa, lymph nodes of multiple sites
C82.39 C82.41	Follicular lymphoma grade IIIa, extranodal and solid organ sites Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.41	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 C82.48	Follicular lymphoma grade IIIb, spleen Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade lilb, 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 C82.56	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, intrapervic lymph nodes 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 C82.64	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.65	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb 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 C82.83	Other types of follicular lymphoma, intrathoracic lymph nodes 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 C82.91	Other types of follicular lymphoma, extranodal and solid organ sites 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 C82.98	Follicular lymphoma, unspecified, spleen 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 C83.06	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb 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 C83.15	Mantle cell lymphoma, lymph nodes of axilla and upper limb Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.15	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 C83.33	Diffuse large B-cell lymphoma, intrathoracic lymph nodes Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
	O

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

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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 elsewhere classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inquinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not elsewhere classified, spleen
C84.48	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not elsewhere 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 inquinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
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 inquinal 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
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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 C84.Z2	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2 C84.Z3	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes 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 C85.15	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb Unspecified B-cell lymphoma, lymph nodes of inquinal 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 C85.28	Mediastinal (thymic) large B-cell lymphoma, spleen 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 C86.0	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites 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 C88.8	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma
C88.9	Other malignant immunoproliferative diseases Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.00	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 C91.01	Solitary plasmacytoma in relapse
C91.01	Acute lymphoblastic leukemia, in remission 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.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

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C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.31	Myeloid sarcoma, in remission
C92.41	Acute promyelocytic leukemia, in remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.Z1	Other myeloid leukemia, in remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.Z1	Other monocytic leukemia, in remission
C94.01	Acute erythroid leukemia, in remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.31	Mast cell leukemia, in remission
C94.81	Other specified leukemias, in remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D45	Polycythemia vera
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified

NCD:	110.23 (formerly NCD110.8.1)
NCD Title:	Stem Cell Transplantation
IOM:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3556CP.pdf
MCD:	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=366&ncdver=1&bc=AgAAgAAAAAAAAAAA3d%3d&
CD-10 PCS	ICD-10 PCS Description
	CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy
	Allogeneic
	* Added coverage for the use of umbilical cord blood stem cell products for MDS
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach
2022212	Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30233U2	Transfusion of Allogeneic Related 1-cell Depleted Hematopoletic Stem Cells IIIto Peripheral Velli, Percutaneous Approach
30233U3	Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells 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
30243G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach
30243G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach
30243U2	Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30243U3	Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30233X2 *	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach
30233X3 *	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach
30243X2 *	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach
30243X3 *	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells 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
	Autologous
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
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

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Н.		110.23 (formerly NCD110.8.1)			-			- 0			_ ^
н	NCD.	110.23 (formerly NCD110.8.1) Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265.	CR7137 CR37	7 CR4173 CR	8197 CR8	691 CR96	20 CR9861	CR10086 (R10318 CR	11134 CR113	2 CR11491
2	NCD Title:	CR12027, CR12124, CR12399, CR12480, CR12842, CR13507,		, CIO4113, CI	D131, C140	us i, circac	20, 010001,	CITTO000, 0	21110210 011	11134, GICTIS	2, 01111491,
3	IOM:			R2062CP.pdf							
4	MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspr	?nodid=366&no	dver=1&bc=0							
5					_	_					
									Proposed	Proposed	Proposed
			Proposed			Revenue			MSN	CARC	RARC
			HCPC8/CPT	Frequency	TOB	Code	Modifier	Provider	Message	Message	Message Part
6	Part A	Rule Description Part A	Part A	Limitations	(Part A)	Part A	Part A	Specialty	Part A	Part A	A
		A/MACs & FISS: Effective for claims with DOS 8/4/10, pay									
		claims with the following clarified ICD-9 or ICD-10 dx codes for									
		allogeneic HSCT for tx of Myelodysplastic Syndromes (MDS) in the context of a Medicare-approved clinical study meeting									
		specific criteria pursuant to CED. (CED end-dated 3/6/24)									
		For DOS 8/4/10 - 9/30/15 ICD-9 dx codes 238.72, 238.73.									
		238.74, or 238.75, (No editing changes by FISS shall be									
		performed for claims with DOS prior to 10/1/15) AND Clinical Trial			I	l					l
		ICD-9 dx code V70.7:			I	l	1	1	1		
		For DOS on or after 10/1/15. ICD-10 dx codes D46.A, D46.B,									
		D46.C, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, or D46.9,									
		D46.Z, AND Clinical Trial ICD-10 dx code Z00.6 and 8-digit									
		NCT#. See CR7137. (Z00.6 and NCT# end-dated 3/6/24).									
		Effective 3/6/24: MDS coverage is based on prognostic risk scores of:									
		42 1.5 (Intermediate-2 or high) using the International Prognostic									
		Scoring System (IPSS), or									
		4.5 (high or very high) using the International Prognostic									
		Scoring System - Revised (IPSS-R), or							15.20		
		◆≥ 0.5 (high or very high) using the Molecular International							15.4		
		Prognostic Scoring System (IPSS-M).							16.77 (end-		
					13X				dated	50	N386
7			38240	N/A	85X	N/A	NA	N/A	3/6/24)	119	N435/N386
П											
					1	l	1	1	1		
					1	l	1	1	1		
					1	l	1	1	1		
		A/MACs & FISS (RC59144-RC59145): Shall pay inpatient			1	l	1	1	1		
1		hospital claims (TOB11X) with discharges on or after 1/27/16 for		1	1	ı				ı	l
		allogeneic HSCT for tx of Multiple Myeloma, Myelofibrosis, or Sickle Cell Disease that contain the following required codes:			1	l	1	1	1		
		Clinical Trial ICD-10 dx code - Z00.6:			1	l	1	1	1		
		Condition Code 30 – Qualifying Clinical Trial;			1	l	1	1	1		
		Value Code D4 – Clinical Trial Number (assigned by NLM/NIH)			1	l	1	1	1		
		with an 8-digit clinicaltrials gov identifier number listed on the			1	l	1	1	1		
		CMS website):			1	l	1	1	1		
		Along with 1 appropriate ICD-10 dx code below:			I	l	1	1	1		
		Multiple Myeloma ICD-10 dx code C90.00, C90.01, or C90.02			I	l	1	1	1		
		OR			I	l	1	1	1		
		Myelofibrosis ICD-10 dx code C94.40, C94.41, C94.42, D47.1			I	l	1	1	1		
		(7/1/19), D47.4, or D75.81	l		I	l	1	1	1		
		OR Sickle Cell Disease ICD-10 dx code D57.00. D57.01. D57.02.	Allogeneic Transfusion		I	l	1	1	1		
		D57.1. D57.20. D57.211. D57.212. D57.219. D57.40. D57.411.	Codes on		I	l	1	1	15 20		
			Procedure		I	l			15.20	50	N386
		CR9620.	Tah	N/A	11X	N/A	NA	N/Δ	16.77	119	N435/N386
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1 2 NC 3	CD Title:	B 110.23 (formerly NCD110.8.1)	С	D	E	F	G	н	_	J	K	
1 2 NC 3	CD Title:	110.23 (formerly NCD110.8.1)										
2 NC	CD Title:											
2 NC 3	CD Title:	Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265, CR7137 CR3797, CR4173, CR8197, CR8691, CR9620, CR9861, CR10086, CR10318 CR11134, CR11392, CR11491,										
4		CR12027, CR12124, CR12399, CR12480, CR12842, CR13507,	CR13604)									
4		http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/idownloads/R2062CP.pdf										
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	MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?nodid=366&ncdver=1&bc=0										
_g Par	rt A	AMACA & FES (RC 99142.99142). Pry outpatient frospital claims (TDM s174 and 816) with TDD on or after 1927/96 for all claims (TDM s174 and 816) with TDD on or after 1927/96 for all claims (TDM s174 and 816) with TDD on or after 1927/96 for the TDM s174 and TDM s174	38240		13X 85X	N/A	N/A	NA.	15.20 15.4 16.77	50	N386 N435N386	
		D57.818, D57.819, D57.42, D57.431, D57.432, D67.433,				96X,			15.20	l	l	
L.I		D57.438, D57.439, D57.44, D57.451, D57.452, D57.453 or	38240	NIA	nev	97X, or 98X			15.4	119	N386 N435/N386	
10		D57.458. See CR9620 and CRXXXXXX.	38240	NA.	XdS	18X	QU	N/A	16.77	119	N435/N386	

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MOTOR Control Cont	F	A NCD-	B 110 23 (formerly NCD110 8 1)	С	D	E	F	G	Н		J	К
10 10 10 10 10 10 10 10	2	NCD Title:	Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265, CR12027, CR12124, CR12399, CR12490, CR12842, CR13507,	CR7137 CR379 CR13604)	97, CR4173, CR	3197, CR8	691, CR96	20, CR9861,	CR10086, 0	R10318 CR	11134, CR1139	2, CR11491,
Part A	3	IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmi	ttals/downloads	R2062CP.pdf							
Part A	٦	MCD:	https://www.cms.gov/medicare-coverage-database/viewmod.aspin A/MACe: Effective for DOS on or ofter 9/1/79, cover allocaterio	modid=3668no	dver=180c=0							
Part A	11	Part A	HSCT for leukemia, leukemia in remission, or aplastic anemia when reasonable and necessary. See CR dx tab.	38240	N/A	N/A	N/A	NA	N/A	15.20	50	N386
	Г											
AMACA Electrical to 1000 1400 core additional 50 for the purposes before programs before positive and the purposes before positive and the purposes before positive and the purposes before programs before positive and the purposes before programs before positive and the purposes before programs before	12	Dart A	AMACs: Effective for DOS on or after 8/1/78, cover allogeneic HSCT for leukemia, leukemia in remission, or aplastic anemia when representation and persentants. See divide	see	N/A	ANA.	N/A	AVA.	NIA	NIA	N/A	N/A
AMACA Electrical to 1000 1400 core additional 50 for the purposes before programs before positive and the purposes before positive and the purposes before positive and the purposes before programs before positive and the purposes before programs before positive and the purposes before programs before	ľ	Part A	When reasonable and necessary. See of the A/MACs: Effective for DOS on or after 8/1/78, cover allogeneic HSCT for bt of: leukemia, leukemia in remission, or adiastic	procedure sab	NA.	nen.	NA	NA.	IVA	NA	NO.	NA.
AMACA Electrical to 1000 1400 core additional 50 for the purposes before programs before positive and the purposes before positive and the purposes before positive and the purposes before programs before positive and the purposes before programs before positive and the purposes before programs before			anemia when reasonable and necessary. Allogeneic HSCT is NON-COVERED for tx of: multiple myeloma for DOS 5/24/96-									
19 Park American 10 Col 10 Co	13	Part A	1/26/16 See dx tab. A/MACs: Effective for DOS 4/28/89, cover <u>autologous</u> SCT for	38240	N/A	NA	N/A	NA	NA	NIA	NA	N/A
19 Park American 10 Col 10 Co			acuse seusema in remission wrings processity of relapse & no HLA-matched donor, resistant non-Hodgkins lymphomas or those with poor prognosis following initial response, recurrent or									
19 Park American 10 Col 10 Co			refractory neuroblastoma, or advanced Hodgkins disease with failed conventional therapy and no HLA-matched donor.									
Marchest See CHISTS CORROS CHISCOS.	14	Part A		38241	N/A	N/A	N/A	NA	NΑ	15.20	50	N386
Marchest See CHISTS CORROS CHISCOS.			Durie-Salmon stage III or III for newly diagnosed or responsive multiple myeloma, including patients with previously untreated									
Marchest See CHISTS CORROS CHISCOS.			disease, those with at least partial response to prior chemotherapy (defined as 50% decrease either in measurable									
AMACE Riffering \$15000, convert pulseration \$25000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$100000 \$1000000 \$1000000 \$10000000 \$1000000000 \$10000000000			paraprotein (serum and/or urine) or in bone marrow infiltration, sustained for at least 1 month), and those in responsive relapse, and have adequate confine, monthly impropriate the parties.									
AMACE INCIDENCE AND COLORS AND CO			function. See CR1375, CR2604, CR1002.									
30 Part A	15		A/MACs: Effective 3/15/05, cover autologous SCT together with high does match less (MDM) for Medicana bounficiences of any one	38241	N/A	NA	NA	NA	NA	15.20	50	N386
30 Part A			group with primary amyloid light chain (AL) amyloidosis who meet the following criteria: Arryloid deposition in 2 or fewer organs:									
17 Part 8	L	Part A	and, Cardiac left ventricular ejection fraction (EF) greater than 45%. See CR3797.	20244								
17 Part 8	16		A/MACs: Effective for DOS 6/3/85, cover allogeneic HSCT for tx	-4471								
Effective br (COLD 6) COLD Are purply As implications and provided the color of t	17	Part A	of severe combined immunodeficiency disease & Wiskott-Aldrich Syndrome.	38240	N/A	N/A	N/A	N/A	NA	15.20	50	N386
Effective br (COLD 6) COLD Are purply As implications and provided the color of t	П											
Effective br (COLD 6) COLD Are purply As implications and provided the color of t	ı		A/MACs: Autologous SCT is NON-COVERED for: Acute leukemia not in remission "Chronic granuforutio leukemia"									
Effective br (COLD 6) COLD Are purply As implications and provided the color of t			-Solid tumors (other than neuroblastoma); -Up to 10/1/00, multiple myeloma;									
Address Colored Co			-Tandem transplantation (multiple rounds of autologous stem cell) for patients with multiple myeloma;									
Address Colored Co	1.0	Part A	 Enecuive for DOS 10/1/00, for non primary AL amyloidosis; and, Effective for DOS 10/1/00-3/14/05, for primary AL amyloidosis for Medicare beneficiaries age 64 or older. 	38241	N/A	N/A	N/A	N/A	N/A	15.20	50	N386
Payed Paye		Dart A	AMACs: Contractors have discretion for coverage of any		N/A	ANA.	N/A	AVA.	NIA	NIA	N/A	N/A
### BANACA & MCG (N.H.) ERRories for victim with mOSD 8419, per cares with following distinct CCO or VCD 10 is cross to adoption; 150C for to x Maybridge in the property of the control of the person of CCO (CCC) or VCD 10 is cross to adoption; 150C for to x Maybridge in the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or	20									Proposed	Proposed	Proposed
### BANACA & MCG (N.H.) ERRories for victim with mOSD 8419, per cares with following distinct CCO or VCD 10 is cross to adoption; 150C for to x Maybridge in the property of the control of the person of CCO (CCC) or VCD 10 is cross to adoption; 150C for to x Maybridge in the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or vCD 10 is cross to the person of CCC (CCC) or				Proposed HCPCS/CPT	Frequency	POS		Modifier	Provider	MSN Message	CARC Message	RARC Message Part
29 24 N. M. 1973 B. 20 code of programs (Code of Code	21	Part B	Rule Description Part B	Part B	Limitations	(Part B)	n/a	Part B	Specialty	Part B	Part B	В
29 24 N. M. 1973 B. 20 code of programs (Code of Code												
29 24 N. M. 1973 B. 20 code of programs (Code of Code			B/MACs & MCS (041L) Effective for claims with DOS 8/4/10, pay claims with the following clarified ICD-9 or ICD-10 dx codes									
29 24 N. M. 1973 B. 20 code of programs (Code of Code			for allogeneic HSCT for tx of Myelodysplastic Syndromes (MDS) in the context of a Medicare-approved clinical study meeting									
Fig. DOEs on a date PVIDES (DOES As cooks DAR), DARS, DARS			specinic criteria pursuant to CED. (CED end-dated 3/6/24) For DOS 8/4/10 - 9/30/15 ICD-9 dx codes 238.72, 238.73, 238.74 or 238.75 (No entition channes by ELSS shall be									
Fig. DOEs on a date PVIDES (DOES As cooks DAR), DARS, DARS			performed for claims with DOS prior to 10/1/15) AND Clinical Trial									
1 1 2 0 more called 20 of high levels for the international Proposate Bodies of payment. Proc Acade (1988), 67 of the international Proposate School (1988) of the international Proposate School (1988) of the international Proposate School (1988) of the international School (1988) of the internat			ICD-9 dx code V70.7.									
1 1 2 0 more called 20 of high levels for the international Proposate Bodies of payment. Proc Acade (1988), 67 of the international Proposate School (1988) of the international Proposate School (1988) of the international Proposate School (1988) of the international School (1988) of the internat	1		ICD-9 dx code V70.7. For DOS on or after 10/1/15. ICD-10 dx codes D46.A, D46.B, D46.C, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, or D46.9,									
4.6 Elight on the Planty in the Company of the Co			ICD-9 dx code V70.7. For DDS on or after 101/15. ICD-10 dx codes D46.A, D46.B, D46.C, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, or D46.9, D46.21, D46.22, D46.4, or D46.9, D46.2, AND Circlinal Trial ICD-10 dx code 2005. and 8-dGH NCTH. See CR7137. (200.6 and NCTH end-dated 36/24). Effective 38/24. MDS coverage is based on proposatior risk									
Section Sect			For DDS on or after 101/15, ICD-10 dx codes D46.A, D46.B, D46.C, D46.0, D46.1, D46.2, D46.4, D46.2, D46.4, D46.D46.D46.D46.D46.2, D46.4, D46.D46.D46.D46.D46.D46.D46.D46.D46.D46.									
Mayorithrosis, or Global Cold Disease that contain the Orbinary			For DOS on or after 101/17.5 (DC-10 dx codes D4A, D. D4B, D4B, D4B, D4B, C. D4B, D4B, D4B, D4B, D4B, D4B, D4B, D4B,							15.20 15.4		
Mayorithrosis, or Global Cold Disease that contain the Orbinary	22	Part B	For DOS on or after 101/17.5 (DC-10 dx codes D4A, D. D4B, D4B, D4B, D4B, C. D4B, D4B, D4B, D4B, D4B, D4B, D4B, D4B,	38240	N/A	19 21 22	N/A.	<u> ao</u>	N/A	15.20 15.4 16.77 (end- dated 3/6/24)	50	N386 N435/N386
Marghe Myelmen (CD-10 de code C0000, C0010, C0010 C, C001	22	Part B	For DOS on or after 10/11/5: ICI-10 dx cooks DMA. DMB. AGE, C PMG. DMB. 20 MB. 20 MB. 20 MB. 20 MB. 20 MB. 40 MB. NOTE. See CRY137. (2006 and NCTE end-dated 38/24). NOTE. See CRY137. (2006 and NCTE end-dated 38/24). ROTE. See CRY137. (2006 and NCTE end-dated 38/24). Section 39/240. High coverage is based on proposatior fast scores of the common section of the common	38240	N/A	19 21 22	N/A	Q0	N/A	15.20 15.4 16.77 (end- dated 3/6/24)	50 119	N386 N435/N386
Marghe Myelmen (CD-10 de code C0000, C0010, C0010 C, C001	22	Part B	For DOS on or after 101/15 (CE) to discouse DAS, DASS, in DASS, and the Committee of the C	38240	N/A	19 21 22	N/A	Q00	N/A	15.20 15.4 16.77 (and- dated 3/6/24)	50 119	N386 N435/N386
17/199_DPT_A_CTDTAS	22	Part B	For DOEs on or after 101/15 (CLV) to decide DAE, DAER, and CARL ADER (DAER) and CARL ADER (DA	38240	N/A	19 21 22	NA	<u>0</u> 0	N/A	15.20 15.4 16.77 (end- dated 3/6/24)	50	N386 N435/N386
17/199_DPT_A_CTDTAS	22	Part B	For DOEs on or after 101/15 (CLV) to decide DAE, DAER, and CARL ADER (DAER) and CARL ADER (DA	38240	N/A	19 21 22	NA	00	N/A	15.20 15.4 16.77 (end- dated 3/6/24)	50	N386 N435N386
22 PAPE	22	Part B	For DOEs on or their 10/11/2 (CCA) to close DAE, A DAE, is a CAS DAE, A DAE, is a CAS DAE, A DAE, and CAS DAE, A DAE, and CAS DAE, A DA	38240	N/A	19 21 22	N/A	<u>0</u> 0	N/A	15.20 15.4 16.77 (end- dated 3/6/24)	50 119	N386 N435iN386
22 PAPE	22	Part B	For DOEs on or after 10/11/2 (CLV) of a codes DAEA, DAEA, in CARL DAEA, CARL SERVICE AND COMMENTARY OF A COMME	38240	N/A	19 21 22 22	NA	00	N/A	15.20 15.4 16.77 (end- dated 3/6/24)	50 119	N386 N435iN386
22 PAPE	22	Part B	For DOEs on or after 10/11/2 (CLV) of a codes DAEA, DAEA, in CARL DAEA, CARL SERVICE AND COMMENTARY OF A COMME	38240	N/A	19 21 22	NA	00	N/A	15.20 15.4 18.77 (end- diated 3/8/24)	50 119	N386 N435N386
22 PAPE	-22	Part B	For DOEs on or after 10/11/2 (CLV) of a codes DAEA, DAEA, in CARL DAEA, CARL SERVICE AND COMMENTARY OF A COMME	38240	N/A	19 21 22 22	N/A	00	N/A	15.20 15.4 16.77 (end-dated 3/6/24)	50 119	N386 N435/N286
BAMCA: Effective for COS on or after 81/17, cover abbyeness when reasonable and necessary or or operation among the second of th	22	Part B	For DOEs on or after 10/11/2 (CLV) of a codes DARA, DARA (DARA (DARA) of the codes DARA (DARA (DARA) of the codes DARA (DARA) of the codes DARA (DARA) of the code DARA (DARA) of the CODE (DARA) of the C	38240	N/A	22	N/A	Q0	N/A	15.4 16.77 (end- dated 3/6/24)	119	N435IN386
BAMCA: Effective for COS on or after 81/17, cover abbyeness when reasonable and necessary or or operation among the second of th	22	Part B	For DOEs on or other 1001/15 (CC-10 decade DAEA, DAEA). FOR DOES on or other 1001/15 (CC-10 decade DAEA, DAEA). REAL PARC CIRCUIT SELECT 10 decade DAEA (DAEA) and SELECT 1000 AND ADEA (DAEA). REAL PARC CIRCUIT SELECT 1000 AND ADEA (DAEA) and AND ADEA (DAE	38240	.N/A	19 21	NA NA	00	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
BAMCA: Effective for COS on or after 81/17, cover abbyeness when reasonable and necessary or or operation among the second of th	22	Part 8	For DOEs on or other 1001/15 (CC-10 decade DAEA, DAEA). FOR DOES on or other 1001/15 (CC-10 decade DAEA, DAEA). BOLL 2, AND CIRCUIS of 1100-10 decade DAEA of DAEA, DA	38240	N/A.	19 21	N/A	00	NA.	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
SAMPLE : Black of this Chick of the COS 4/388B, cover analogous SCT for Local seasons an extraction whigh probability of relapse & to the Local seasons an extraction whigh probability of relapse & to the Local seasons and the Local seasons which probability of relapse & to the Local seasons and the Local seasons which probability of relapse & to the Local seasons which proposes belowing enter exposure or an extraction of the Local seasons which is a season which is a season of the Local seasons which is a season of the	23	Part B	For DOEs on or after 10/11/2 (CC-10 of codes) DAEA, DAEA, BIS (A) CARRA (CC-10 of codes) DAEA, DAEA, BIS (A) CARRA (CC-10 of codes) DAEA, DAEA, BIS (A) CARRA (CC-10 of code) DAEA (CC-10 of code) DAE	38240 38240 38240	N/A N/A	19 21	NA NA	00 00	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
SAMPLE : Black of this Chick of the COS 4/388B, cover analogous SCT for Local seasons an extraction whigh probability of relapse & to the Local seasons an extraction whigh probability of relapse & to the Local seasons and the Local seasons which probability of relapse & to the Local seasons and the Local seasons which probability of relapse & to the Local seasons which proposes belowing enter exposure or an extraction of the Local seasons which is a season which is a season of the Local seasons which is a season of the	23	Part B Part B	For DOEs on or after 10/11/2 (CC-10 of codes) DAEA, DAEA, BIS (A) CARRA (CC-10 of codes) DAEA, DAEA, BIS (A) CARRA (CC-10 of codes) DAEA, DAEA, BIS (A) CARRA (CC-10 of code) DAEA (CC-10 of code) DAE	38240 38240 38240	N/A N/A	19 21	NA NA	00 00	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
BAMACs : Effective DCOS (1910), over authorpus SCT ter multiple regional, including patient with processing virtualised disease, those with it bears patient seponses by prior plantenthrough (solidate) and SN consequent their processing virtualised subtained for all teast in more), and those in seponses by prior putalised for all teast in more), and those in seponses in reliques, and the subdequire cardiars, more), and those in seponses in reliques, and characters. SIGN consequent and subdequire cardiars, more and includes. SIGN consequent and subdequire cardiars, more and includes and includes and includes and includes and includes and includes and includes and includes and includes and includes and includes and inc	22	Part B Part B	For DOEs on or files 10/15; (CC-10 decade DAEA, DAEA). FOR DOES on or files 10/15; (CC-10 decade DAEA, DAEA). AND CRISICAL TRUE COLOR COLOR CARROLL CARROL	38240 38240 38240	N/A N/A	19 21	NA NA	00 00	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
BAMACs : Effective DCOS (1910), over authorpus SCT ter multiple regional, including patient with processing virtualised disease, those with it bears patient seponses by prior plantenthrough (solidate) and SN consequent their processing virtualised subtained for all teast in more), and those in seponses by prior putalised for all teast in more), and those in seponses in reliques, and the subdequire cardiars, more), and those in seponses in reliques, and characters. SIGN consequent and subdequire cardiars, more and includes. SIGN consequent and subdequire cardiars, more and includes and includes and includes and includes and includes and includes and includes and includes and includes and includes and includes and inc	23	Part B Part B	For DOEs on or after 10/11/2 (CA) to close DARA, DARA in 16/2 (A) and CA) and	38240 38240 38240	NA.	19 21	NA NA NA	00 00	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
BAMACs : Effective DCOS (1910), over authorpus SCT ter multiple regional, including patient with processing virtualised disease, those with it bears patient seponses by prior plantenthrough (solidate) and SN consequent their processing virtualised subtained for all teast in more), and those in seponses by prior putalised for all teast in more), and those in seponses in reliques, and the subdequire cardiars, more), and those in seponses in reliques, and characters. SIGN consequent and subdequire cardiars, more and includes. SIGN consequent and subdequire cardiars, more and includes and includes and includes and includes and includes and includes and includes and includes and includes and includes and includes and inc	23	Part B Part B	For DOEs on or after 10/11/2 (CA) to close DARA, DARA in 16/2 (A) and CA) and	38240 38240 38240 38240	N/A N/A N/A	19 21	NA NA	00 00 NA	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
	23 24 25	Part B Part B	For DOEs on or after 10/11/2 (CA) to close DARA, DARA in 16/2 (A) and CA) and	38240 38240 38240 38240	N/A N/A N/A	19 21	NA NA	00 NA	NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
	23 24 25	Part B Part B	For DOEs on or faller (DVIT). (CAS) to codes DARA, DARA, BAS DARA CAS CAS CAS CAS CAS CAS CAS CAS CAS CA	38249 38249 38249 38249	N/A. N/A. N/A.	19 21	NA NA NA	OO OO NA NA NA	NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
	23 24 25	Part B Part B	For DOEs on or faller (DVIT). (CAS) to codes DARA, DARA, BAS DARA CAS CAS CAS CAS CAS CAS CAS CAS CAS CA	38240 38240 38240 38241	N6A. N6A. N6A	19 21	NA NA NA	QQ QQ NA NA NA NA	NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
22 Part 6	23 24 25	Part B Part B	For DOEs on or after 10/11/2 (CA) to close DARA, DARA is Not CAN TO CAN	38249 38249 38240 38240	N/A. N/A. N/A.	19 21	NA NA NA	OO OO NA NA NA	NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
28 Part B 45%. 38241 NA NA NA NA NA 15.20 50 N386	23 24 25	Part B Part B	For DOEs on or after 10/11/2 (CA) to close DARA, DARA is Not CAN TO CAN	36240 36240 36240 36240	N/A N/A N/A N/A	19 21	NA NA NA	00 00 NA NA NA	NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
28 Part B 45%. 38241 NA NA NA NA NA 15.20 50 N386	23 24 25 25	Part B Part B	For DOEs on or faller (DVIT). (CAS-10 is colored DAEA, DAEA, in CAS-10 is CA	30249 30249 30249 30241	N/A N/A N/A N/A N/A N/A N/A	19 21	NA NA NA	00 00 NA NA NA NA	NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
28 Part B 45%. 38241 NA NA NA NA NA 15.20 50 N386	23 24 25 26	Part B Part B	For DOEs on or faller (DVIT). (CAS-10 is colored DAEA, DAEA, in CAS-10 is CA	38240 38240 38240 38240 38241	190A. 190A. 190A. 190A. 190A.	19 21	NA NA NA NA	OO OO NA NA NA NA	NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
BMACs : Efficient for DOS 6/085, cover allogenics HSCT for Assess content content content of the Content conte	23 24 25 27	Part B Part B	For DOEs on or faller (DVIT). (CAS-10 is colored DAEA, DAEA, in CAS-10 is CA	38240 38240 38240 38240 38241	NA.	19 21	NA NA NA	00 00 NA NA NA NA	NA NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
29 Part B Aldrich Syndrome. '38240 NA NA NA NA NA 15.20 50 N386	23 24 25 26 27	Part B Part B	For DOEs on or faller (DVI)** (DCI-10)** (access DAEA, DAEA)** FOR DOES on or faller (DVI)** (DCI-10)** (access DAEA, DAEA)** BOARD AND CRISICAL STREET (COINT)** BOARD AND CRISICAL STREET (COIN	38349 38349 38340 38341 38341	NGA. NGA. NGA. NGA. NGA.	19 21	NA NA NA	OO OO NA NA NA NA NA	NA NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386
	23 24 25 25 27	Part B Part B	For DOEs on or faller (DVI)** (DCI-10)** (access DAEA, DAEA)** FOR DOES on or faller (DVI)** (DCI-10)** (access DAEA, DAEA)** BOARD AND CRISICAL STREET (COINT)** BOARD AND CRISICAL STREET (COIN	38340 38340 38340 38340 38341	NOA	19 21	NA NA NA	00 00 NA NA NA NA NA	NA NA NA NA	15.4 16.77 (end-dated 3/6/24)	119	N435/N386

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	A	В	С	۵	E	ш.	G	Ξ	_	J	K
1	NCD:	110.23 (formerly NCD110.8.1)									
		Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265,	CR7137 CR379	77. CR4173. CR	8197, CR8	691, CR96	20. CR9861.	CR10086.	R10318 CR	11134, CR1139	2. CR11491.
2	NCD Title:	CR12027, CR12124, CR12399, CR12480, CR12842, CR13507,	CR13604)								
3		http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmit		R2062CP.pdf							
4	MCD:	https://www.cms.gov/medicare-coverage-database/view/nod.asgx	?nodid=366&no	dver=1&bc=0							
							1	1	1	1	
		B/MACs: Autologous SCT is NON-COVERED for tx of:									
		Acute leukemia not in remission									
		-Chronic granulocytic leukemia;									
		-Solid tumors (other than neuroblastoma);									
		-Up to 10/1/00, multiple myeloma;									
		-Tandem transplantation (multiple rounds of autologous stem cell)									
		for patients with multiple invelores:									
		-Effective for DOS 10/1/00, for non primary AL amyloidosis; and,									
		-Effective for DOS 10/1/00-3/14/05, for primary AL amyloidosis									
20		for Medicare beneficiaries age 64 or older.	38241	N/A	N/A	N/A	N/A	N/Δ	15.20	50	N386
-30	FMILD	for medicare beneficiallies age of or older.	30241	180	190	TEN	180	140	10.20	30	14200

П	A	В	С	D	E	F	G	Н		J	K
1		110.23 (formerly NCD110.8.1)									
		Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265,		77, CR4173, CR	8197, CRE	691, CR9	620, CR9861,	CR10086,	CR10318 CR	11134, CR1139	2, CR11491,
2		CR12027, CR12124, CR12399, CR12480, CR12842, CR13507,									
3	IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2082CP.pdf									
		· · · · · · · · · · · · · · · · · · ·									
4	MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?nodid=3668.ncdver=18.bc=0									
		B/MACs: Contractors have discretion for coverage of any	38240								
31	Part B	indications not noted herein as covered or non-covered.	38241	N/A	NA	N/A	NA	N/A	NA	N/A	N/A
32											
33		Revision Explanation									
		CR8197: POS 21 & 22 retained. 21=Inpatient Facility 22=Outpatient hospital									
		SMRIDZ: POS 21 a 22 retained: 21-impatern Facility 22-Coopaners respiral MSN. CARC. RARC messages added.									
34		All dx coding has been previously deleted, only coding for clinical trials remain. Contractors need to be aware that the procedure 38240 can be used for other valid indications.									
35											
		CR8691: Remove POS 21 and 22.									
		Add A/B MACs. This procedure code can be used for other indications than clinical trials									
		The message codes isted are applicable only to this policy as they apply to HSCT for treatment of MDS in the context of a Medicare-approved clinical study meeting specific criteria under CED									
		Add per First Coast to Part B: Effective for claims with DOS on and after 84/10, contractors shall be aware that the use of allogeneic HSCT for treatment of MDS is only covered by Medicare! for covided in the context of a Medicare-accroved clinical study meeting seculities contributed upon the Committee of the									
		Remove review or december of the context of a medicate-approved certical study meeting specific criteria driber CED. If ICCS-10 dx D46.2 or D46.2, mast have middler -up and 200.6 Remove review codes									
		remove revenue cours. Add MCS to Part R									
36		Add 8-digit clinical trial numbers as required on claims to Part A & B.									
		CR9861: Add dx codes from CR9620 for Multiple Myeloma, Myelofibrosis, Sickle Cell Disease, Myelodysplastic Syndromes.									
		Add other policy indications and dx codes for leukemia, leukemia in remission, aplastic anemia, acute leukemia in remission, resistant non-Hodgkins lymphoma, poor prognostic features									
		following initial response, recurrent or refractory neuroblastoma, advanced Hodgkins disease witailed conventional bx, Durie-Salmon stage II or III for newly diagnosed or responsive multiple									
		myeloma, partial response to prior chemotherapy, those in responsive relapse, amyloid light chain amyloidosis, severe combined immunodeficiency disease, and Wiskott-Aldrich Syndrome.									
		Add autologous procedure codes to procedure tab. Refer to CR9620, Claims Processing Manual chapter 32, section 90, NCD Manual 110.23, for complete policy.(FISS RC 59142-59145) Remove leukemia codes not in remission effective 10/11/15.									
		Nemove seusema codes not in remission effective 10/1/15. Remove unspecified site codes where approximate effective 10/1/15.									
		remove unspecialism size consists where appropriate entective no 1715. Add ICD-10 dr C92-11 and D45 effective 101/115									
		Remove alloceneic PCS codes expired 9/30/16: 30230G1, 30230G1, 30233G1, 30233G1, 30240G1, 30240Y1, 30243G1, 30243G1, 30243Y1.									
		Add replacement allocenesic PCS codes effective 10/1/16: 30230G2, 30230G2, 30230Y2, 30230Y3, 30233G2, 30233G2, 30233Y2, 30233Y3, 30240G2, 30240G3, 30240Y3, 30240Y3, 30240G3, 30240G3, 30240Y3, 30240G3, 30240Y3, 30240G3, 30240G3, 30240G3, 30240Y3, 30240G3, 30240G2, 30240G3, 30240G2,									
		30243G2, 30243G3, 30243Y2, 30243Y3 No changes to MCS041L per MCS. These specific PCS edits will not be implemented by FISS in CR9861. FISS will implement these edits in the									
37		10/17 ICD-10 CR.	,	,			,				

	A	В	С	D	E	F	G	Н	_	J	K	
1		110.23 (formerly NCD110.8.1)										
		Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265, CR7137 CR3797, CR4173, CR8197, CR8691, CR9620, CR9661, CR10086, CR10318 CR11134, CR11392, CR11491,										
2		CR12027, CR12124, CR12399, CR12480, CR12842, CR13507, CR13604)										
3	IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2062CP.pdf										
4	MCD:	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=3668.ncdver=18.bc=0										
		R10086: FISS to implement PCS code deletions and additions noted in CR9861. (FISS RC 59144-59145)										
38		Remove ICD-9 dx codes from spreadsheet.										
		CR10318: End-date ICD-10 dx C96.2 and E85.8 effective 9/30/17.										
39		Add ICD-10 dx C96.20, C96.21, C96.22, C96.29, E85.81, E85.89 effective 10/1/17.										
40		CR11134: Add ICD-10 dx D47.1 effective 7/1/19.										
70		SALTING NO. LCT-10 OK DWT. I INNEUTIVE 77 (19. CT. 10.										
41		CRT1352: CIN-case ICD-10 PCS 3025041, 3025041, 3025041, 3025041, 3026041, 3026041, 3026041, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040000, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040, 3025040										
42		CR11491: Add POS 19, 21, 22 for consistency with CR9620 effective 1/27/16. (MCS 041L)										
76		, ,										
		CR12027: Add ICD-10 dx D67.03, D57.09, D57.213, D57.218, D57.413, D57.418, D57.813, D57.818, D57.42, D57.431, D57.432, D57.433, D57.438, D57.438, D57.439, D										
		DS7.452, DS7.453, DS7.459, DS7.459 effective 101/12/220. Description changes for ICD-104 DS7.411, DS7.412 and DS7.419 effective 101/12/220.										
		Description changes for ICU-10 at Usr / 411, Usr / 412 and Usr / 419 effective 1011/2020. Add PCS codes 3023000. 302300. 302300. 3024000. 3024500 effective 1011/2020.										
-		HD PCS 00889 30238-0. 30238-0. 30240-0. 30245-0 BIRGUYE NO 112020.										
44		CR12124: Remove modifier -Q0 from AMAC responsibility placed there erroneously. (FISS RC 59142/59143)										
		CR12399: Add ICD-10 dx C47.0, C47.11, C47.12, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C72.0, C72.1, C72.21, C72.22, C72.31, C72.32, C72.41, C72.42, C72.50,										
		C72.59. C72.9. C74.11. C74.12. for autologous stem cell transplantation (38241) for recurrent or refractory neuroblastomas effective 10/1/2015.										
45												
		CR12480: Add C84.7A for Autologous SCT effective 10/01/2021.										
	End-date PCS codes 30230G2, 30230G3, 30230Y2, 30230Y3, 30240G2, 30240G3, 30240Y2, 30240Y3 for Alloceneic SCT, and 30230C0, 30230G0, 30230Y0, 30240C0, 30230C0, 30230C							30240G0.				
		30240Y0 for Autologous SCT effective 9/30/2021. Delete unspecified ICD-10 dx 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.										
										6, C85.97,		
46		C85.98. C85.99. C95.91. C96.20. C93.91. C92.91. C91.91. C96.9 effective 4/1/22. In addition, delete unspecified ICD-10 dx C85.95 effective 4/1/2022.										
		CR12842: Add ICD-10 dx DB1.82 effective 10/1/22, C91.92 effective 10/1/15, under allogeneic HSCT (38240) not under clinical trial. FISS RC 59142/59143.										
47		Note revised ICD-10 dx descriptors C84.41,C84.42,C84.43,C84.44,C84.45,C84.46,C84.47,C84.49 under autologous SCT (38241) effective 10/1/2022.										
48		CR13507: Add Alloseneic ICD-10-PCS codes 30233UZ 30233UZ 30233UZ 30243UZ 30243UZ 30243U3 effective 10/1/2019. FISS RC 59144/59145.										
	ı	CR13604: Add Allogeneic ICD-10-PCS codes 30233X2,30233X3,30243X2,30243X3 for MDS effective 03/06/2024 as per Final Decision Memo CAG-00415R.										
		End-date 200.6 for MDS as CED requirement has been removed effective 3/6/24 and add expanded MDS coverage based on prognostic risk scores.										
49		IDS MSN 16.77 end-dated 3/6/24 as clinical trial requirement has been removed.										