S A F E T Y  A N D  H E A L T H  C A R E  A N D  C O V E R A G E  D E C I S I O N S

SUBJECT: Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This CR rescinds and fully replaces CR8468/TR2873 dated February 6, 2014)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is effective for claims with dates of service on and after June 11, 2013, CMS shall cover three FDG PET scans when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same cancer diagnosis. Coverage of any additional FDG PET scans (that is, beyond three) used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same diagnosis will be determined by the local Medicare Administrative Contractors.

This revision to the Medicare National Coverage Determinations Manual is a national coverage determination (NCD). NCDs are binding on all contractors with the Federal government that review and/or adjudicate claims, determinations, and/or decisions, quality improvement organizations, qualified independent contractors, the Medicare appeals council, and administrative law judges (ALJs) (see 42 CFR section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

EFFECTIVE DATE: June 11, 2013
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: May 19, 2014 - MAC Non-Shared System Edits; July 7, 2014 - CWF development/testing, FISS requirement development; October 6, 2014 - CWF, FISS, MCS Shared System Edits

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.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>CHAPTER / SECTION / SUBSECTION / TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>13/60.15/Billing Requirements for CMS-Approved Clinical Trials and Coverage with Evidence Claims for PET Scans for Neurodegenerative Diseases, Previously Specified Cancer Indications, and All Other Cancer Indications Not Previously Specified</td>
</tr>
<tr>
<td>R</td>
<td>13/60.16/Billing and Coverage Changes for PET Scans</td>
</tr>
</tbody>
</table>

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 obliged 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
SUBJECT: Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This CR rescinds and fully replaces CR8468/TR2873 dated February 6, 2014)

EFFECTIVE DATE: June 11, 2013
*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: May 19, 2014 - MAC Non-Shared System Edits; July 7, 2014 - CWF development/testing, FISS requirement development; October 6, 2014 - CWF, FISS, MCS Shared System Edits

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) was asked to reconsider section 220.6, of the National Coverage Determinations (NCD) Manual, to end the prospective data collection requirements across all oncologic indications of FDG PET in the context of this document. The term FDG PET includes PET/computed tomography (CT) and PET/magnetic resonance (MRI).

The CMS is revising Pub. 100-03, NCD Manual, section 220.6, to reflect that CMS has ended the coverage with evidence development (CED) requirement for 18 fluorodeoxyglucose positron emission tomography (FDG PET) and PET/CT and PET/MRI for all oncologic indications contained in Section 220.6.17 of the NCD Manual. This removes the current requirement for prospective data collection by the National Oncologic PET Registry (NOPR) for oncologic indications for FDG (HCPCS A9552) only.

B. Policy: Effective for claims with dates of service on and after June 11, 2013, CMS shall cover three FDG PET scans when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same cancer diagnosis. Coverage of any additional FDG PET scans (that is, beyond three (3)) used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same diagnosis will be determined by the local Medicare Administrative Contractors.

Refer to CR6632, Transmittal (TR)1833 issued on October 16, 2009, and CR7148, TR124 issued September 24, 2010, for previous information on this coverage.

NOTE: For clarification purposes, as an example, each, different, cancer dx is allowed 1 initial treatment strategy (-PI modifier) FDG PET Scan and 3 subsequent treatment strategy (-PS modifier) FDG PET Scans without the -KX modifier. The 4th FDG PET Scan and beyond for subsequent treatment strategy for the same cancer dx will always require the -KX modifier. If a different cancer dx is reported, whether reported with a -PI modifier or a -PS modifier, that cancer dx will begin a new count for subsequent treatment strategy for that beneficiary.

NOTE: A beneficiary's file may or may not contain a claim for initial treatment strategy with a -PI modifier. The existence or non-existence of an initial treatment strategy claim has no bearing on the frequency count of the subsequent treatment strategy (-PS) claims.
## II. BUSINESS REQUIREMENTS TABLE

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A/B MAC</td>
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<tr>
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<td>A</td>
</tr>
<tr>
<td>8739 - 04.1</td>
<td>Effective for claims with dates of service on or after June 11, 2013, contractors shall continue to accept and pay for FDG PET oncologic claims billed to inform initial treatment strategy (-PI modifier) or subsequent treatment strategy (-PS modifier) for suspected or biopsy proven solid tumors, as specified in Pub. 100-03 NCD Manual, section 220.6.17.</td>
<td>X</td>
</tr>
<tr>
<td>8739 - 04.2</td>
<td>Effective for claims with dates of service on or after June 11, 2013, the shared systems shall accept and pay for FDG PET oncologic claims billed to inform initial treatment strategy or subsequent treatment strategy for suspected or biopsy proven solid tumors for all oncologic conditions without requiring the following:</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>- Q0 modifier: Investigational clinical service provided in a clinical research study that is in an approved clinical research study (institutional claims only),</td>
<td></td>
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<tr>
<td></td>
<td>- Q1 modifier: routine clinical service provided in a clinical research study that is in an approved clinical research study (institutional claims only)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- V70.7: Examination of participant in clinical research, or,</td>
<td></td>
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<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Condition code 30 (institutional claims only)</td>
<td></td>
</tr>
<tr>
<td>8739 - 04.3</td>
<td>Effective for claims with dates of service on or after June 11, 2013, contractors shall pay up to three (3) oncologic FDG PET scans when used to guide subsequent management of anti-tumor treatment strategy (-PS) after completion of initial anti-cancer therapy (-PI) for the same cancer dx</td>
<td>X</td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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<tr>
<td></td>
<td></td>
<td>A/B MAC D M E F I S M C S V M S C W F Other</td>
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<td></td>
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<td>A B H H H M A C</td>
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<tr>
<td>code for the same beneficiary.</td>
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<tr>
<td>NOTE: An initial treatment strategy claim denoting -PI may or may not be submitted for a beneficiary and does not impact the approval or frequency count of the subsequent treatment strategy (-PS) claims.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8739 - 04.4</td>
<td>Effective for claims with dates of service on or after June 11, 2013, contractors shall pay oncologic FDG PET claims for subsequent management, identified by CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816, modifier –PS, HCPCS A9552, and the same cancer dx code (See Attachment A), which exceed 3 FDG PET scans when the -KX modifier is included on the claim line. (The use of the -KX modifier attests that: 1) the requirements specified in the MACs' medical policy have been met, and, 2) the claim is for &gt;3 FDG oncologic PET scans.)</td>
<td>X X</td>
</tr>
<tr>
<td>8739 -04.4.1</td>
<td>CWF shall create two edits for oncologic FDG PET claims to reject to contractors when a beneficiary has reached 4 or greater FDG PET scans for subsequent treatment strategy (-PS) for the same cancer dx and the -KX modifier is not included on the claim line.</td>
<td></td>
</tr>
<tr>
<td>-Edit 1 -will set when an incoming FDG PET scan claim (PS) contains a unit field with more than three (3), or the incoming claim FDG PET scan claim (PS) contains more than three (3) FDG PET scans (PS) detail lines with the same diagnosis.</td>
<td></td>
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</tr>
<tr>
<td>-Edit 2 – will set when the FDG PET scans (PS) on the incoming claim added to the FDG Pet scan (PS) services posted to the auxiliary file equal more than three (PS) services for the same diagnosis.</td>
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<td>X X X X X</td>
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<tr>
<td>8739 -04.4.2</td>
<td>Contractors shall deny subsequent treatment strategy (-PS) claims for oncologic FDG PET scans which exceed 3 when a -KX modifier is not included on the claim line using the following:</td>
<td></td>
</tr>
<tr>
<td>CARC 96: “Non-Covered Charge(s). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if</td>
<td>X X</td>
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</tr>
</tbody>
</table>
present."

RARC N435: “Exceeds number/frequency approved/allowed within time period without support documentation.”

MSN 23.17: “Medicare won’t cover these services because they are not considered medically necessary.”

Spanish Version: “Medicare no cubrirá estos servicios porque no son considerados necesarios por razones médicas.”

Contractors shall use Group Code PR assigning financial liability to the beneficiary, if a claim is received with a GA modifier indicating a signed ABN is on file.

Contractors shall use Group Code CO assigning financial liability to the provider, if a claim is received with a GZ modifier indicating no signed ABN is on file.

8739 - 04.5  CWF shall allow oncologic FDG PET scan claims to begin a new count with each subsequent treatment strategy (-PS) and a different/new cancer dx than what is present in history for that beneficiary.

NOTE: The presence or absence of an initial treatment strategy (-PI) oncologic FDG PET claim in a beneficiary's record does not alter the count of the subsequent treatment strategy (-PS) claims.

8739 - 04.6  When applying frequency limitations to each oncologic FDG PET claim for subsequent treatment strategy (-PS), CWF shall allow both a claim for the professional service and a claim for a facility fee. CWF shall also count 1 PROF, 1 TECH for each global claim received.

8739 -04.6.1  CWF shall identify the following institutional claims as facility fee claims for oncologic FDG PET services:

●TOB 13X ●TOB 85X when the revenue code is
<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not 096X, 097X or 098X</td>
<td></td>
</tr>
<tr>
<td>8739 -04.6.2</td>
<td>CWF shall identify all other oncologic FDG PET scan claims as professional service claims for screening services (professional claims and institutional claims with TOB 85X when the revenue code is 096X, 097X, or 098X).</td>
<td>X</td>
</tr>
<tr>
<td>8739 -04.6.3</td>
<td>CWF shall identify the TECH (TC) and PROF (26) modifiers on claims for oncologic FDG PET services for physician claims. The absence of both the modifiers (TC and 26), qualifies the claim as a global for physicians. HUBC claims received without both the TC and 26 modifier will alert CWF that both components of the service have been received.</td>
<td>X</td>
</tr>
<tr>
<td>8739 -04.7</td>
<td>For FDG PET oncologic claims with dates of service June 11, 2013, or after, contractors shall not search their files. However, contractors shall adjust claims brought to their attention.</td>
<td>X X</td>
</tr>
</tbody>
</table>

### III. PROVIDER EDUCATION TABLE

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established &quot;MLN Matters&quot; listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor’s next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</td>
<td>X X</td>
</tr>
</tbody>
</table>
IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

<table>
<thead>
<tr>
<th>X-Ref Requirement Number</th>
<th>Recommendations or other supporting information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8739.2</td>
<td>CR6632 FDG PET for Solid Tumors and Myeloma</td>
</tr>
</tbody>
</table>

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

V. CONTACTS

Pre-Implementation Contact(s): William Ruiz, 410-786-9283 or william.ruiz@cms.hhs.gov (Institutional Claims), Chanelle Jones, 410-786-9668 or chanelle.jones@cms.hhs.gov (Practitioner Claims), Yvette Cousar, 410-786-2160 or yvette.cousar@cms.hhs.gov (Practitioner Claims), Stuart Caplan, 410-786-8564 or stuart.caplan@cms.hhs.gov (Coverage Policy), Pat Brocato-Simons, 410-786-0261 or patricia.brocatosimons@cms.hhs.gov (Coverage Policy), Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage Policy)

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.

Attachment
60.15 - Billing Requirements for CMS-Approved Clinical Trials and Coverage with Evidence Development Claims for PET Scans for Neurodegenerative Diseases, Previously Specified Cancer Indications, and All Other Cancer Indications Not Previously Specified


- Parts A and B Medicare Administrative Contractors (MACs)

Effective for services on or after January 28, 2005, contractors shall accept and pay for claims for Positron Emission Tomography (PET) scans for lung cancer, esophageal cancer, colorectal cancer, lymphoma, melanoma, head & neck cancer, breast cancer, thyroid cancer, soft tissue sarcoma, brain cancer, ovarian cancer, pancreatic cancer, small cell lung cancer, and testicular cancer, as well as for neurodegenerative diseases and all other cancer indications not previously mentioned in this chapter, if these scans were performed as part of a Centers for Medicare & Medicaid (CMS)-approved clinical trial. (See Pub. 100-03, National Coverage Determinations (NCD) Manual, sections 220.6.13 and 220.6.17.)

Contractors shall also be aware that PET scans for all cancers not previously specified at Pub. 100-03, NCD Manual, section 220.6.17, remain nationally non-covered unless performed in conjunction with a CMS-approved clinical trial.

Effective for dates of service on or after June 11, 2013, Medicare has ended the coverage with evidence development (CED) requirement for FDG (2-[F18] fluoro-2-deoxy-D-glucose) PET and PET/computed tomography (CT) and PET/magnetic resonance imaging (MRI) for all oncologic indications contained in section 220.6.17 of the NCD Manual. Modifier -Q0 (Investigational clinical service provided in a clinical research study that is in an approved clinical research study) or -Q1 (routine clinical service provided in a clinical research study that is in an approved clinical research study) is no longer mandatory for these services when performed on or after June 11, 2013.

- Part B MACs Only

Part B MACs shall pay claims for PET scans for beneficiaries participating in a CMS-approved clinical trial submitted with an appropriate current procedural terminology (CPT) code from section 60.3.1 of this chapter and modifier -Q0/-Q1 for services performed on or after January 1, 2008, through June 10, 2013. (NOTE: Modifier -QR (Item or service provided in a Medicare specified study) and -QA (FDA investigational device exemption) were replaced by modifier -Q0 effective January 1, 2008.) Modifier -QV (item or service provided as routine care in a Medicare qualifying clinical trial) was replaced by modifier -Q1 effective January 1, 2008.) Beginning with services performed on or after June 11, 2013, modifier -Q0/-Q1 is no longer required for PET FDG services.

- Part A MACs Only

In order to pay claims for PET scans on behalf of beneficiaries participating in a CMS-approved clinical trial, Part A MACs require providers to submit claims with ICD-9/ICD-10 code V70.7/Z00.6 in the primary/secondary diagnosis position on the CMS-1450 (UB-04), or the electronic equivalent, with the appropriate principal diagnosis code and an appropriate CPT code from section 60.3.1. Effective for PET scan claims for dates of service on or after January 28, 2005, through December 31, 2007, FIs shall accept claims with the –QR, -QV, or -QA modifier on other than inpatient claims. Effective for services on or after January 1, 2008, through June 10, 2013, modifier -Q0 replaced the -QR and –QA modifier, modifier –Q1 replaced the –QV modifier. Modifier -Q0/-Q1 is no longer required for services performed on or after June 11, 2013.
60.16 - Billing and Coverage Changes for PET Scans


A. Summary of Changes

Effective for services on or after April 3, 2009, Medicare will not cover the use of FDG PET imaging to determine initial treatment strategy in patients with adenocarcinoma of the prostate.

Medicare will also not cover FDG PET imaging for subsequent treatment strategy for tumor types other than breast, cervical, colorectal, esophagus, head and neck (non-CNS/thyroid), lymphoma, melanoma, myeloma, non-small cell lung, and ovarian, unless the FDG PET is provided under the coverage with evidence development (CED) paradigm (billed with modifier -Q0/Q1, see section 60.15 of this chapter).

Medicare will cover FDG PET imaging for initial treatment strategy for myeloma.

Effective for services performed on or after June 11, 2013, Medicare has ended the CED requirement for FDG PET and PET/CT and PET/MRI for all oncologic indications contained in section 220.6.17 of the NCD Manual. Effective for services on or after June 11, 2013, the -Q0/Q1 modifier is no longer required.

Beginning with services performed on or after June 11, 2013, contractors shall pay for up to three (3) FDG PET scans when used to guide subsequent management of anti-tumor treatment strategy (modifier –PS) after completion of initial anti-cancer therapy (modifier –PI) for the exact same cancer diagnosis.

Coverage of any additional FDG PET scans (that is, beyond 3) used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy for the same cancer diagnosis will be determined by the local MACs. Claims will include the –KX modifier indicating the coverage criteria is met for coverage of four or more FDG PET scans for subsequent treatment strategy for the same cancer diagnosis under this NCD.

A different cancer diagnosis whether submitted with a –PI or a –PS modifier will begin the count of one initial and three subsequent FDG PET scans not requiring the –KX modifier and four or more FDG PET scans for subsequent treatment strategy for the same cancer diagnosis requiring the –KX modifier.

NOTE: The presence or absence of an initial treatment strategy claim in a beneficiary’s record does not impact the frequency criteria for subsequent treatment strategy claims for the same cancer diagnosis.

NOTE: Providers please refer to Attachment A of the CR for a list of appropriate diagnosis codes.

For further information regarding the changes in coverage, refer to Pub.100-03, NCD Manual, section 220.6.17.

B. Modifiers for PET Scans

Effective for claims with dates of service on or after April 3, 2009, the following modifiers have been created for use to inform for the initial treatment strategy of biopsy-proven or strongly suspected tumors or subsequent treatment strategy of cancerous tumors:

PI -Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing.
PS - Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treatment physician determines that the PET study is needed to inform subsequent anti-tumor strategy.

C. Billing for A/B MACs

Effective for claims with dates of service on or after April 3, 2009, contractors shall accept FDG PET claims billed to inform initial treatment strategy with the following CPT codes AND modifier –PI: 78608, 78811, 78812, 78813, 78814, 78815, 78816.

Effective for claims with dates of service on or after April 3, 2009, contractors shall accept FDG PET claims with modifier –PS for the subsequent treatment strategy for solid tumors using a CPT code above AND a cancer diagnosis code.

Contractors shall also accept FDG PET claims billed to inform initial treatment strategy or subsequent treatment strategy when performed under CED with one of the PET or PET/CT CPT codes above AND modifier -PI OR modifier -PS AND a cancer diagnosis code AND modifier -Q0/Q1. Effective for services performed on or after June 11, 2013, the CED requirement has ended and modifier -Q0/-Q1, along with condition code 30 (institutional claims only), or V70.7 (both institutional and practitioner claims) are no longer required.

D. Medicare Summary Notices, Remittance Advice Remark Codes, and Claim Adjustment Reason Codes

Effective for dates of service on or after April 3, 2009, contractors shall return as unprocessable/return to provider claims that do not include the -PI modifier with one of the PET/PET/CT CPT codes listed in subsection C. above when billing for the initial treatment strategy for solid tumors in accordance with Pub.100-03, NCD Manual, section 220.6.17.

In addition, contractors shall return as unprocessable/return to provider claims that do not include the -PS modifier with one of the CPT codes listed in subsection C. above when billing for the subsequent treatment strategy for solid tumors in accordance with Pub.100-03, NCD Manual, section 220.6.17.

The following messages apply:

-Claim Adjustment Reason Code (CARC) 4 – the procedure code is inconsistent with the modifier used or a required modifier is missing.

-Remittance Advice Remark Code (RARC) MA-130 - Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Submit a new claim with the complete/correct information.

-RARC M16 - Alert: See our Web site, mailings, or bulletins for more details concerning this policy/procedure/decision.

Also, effective for claims with dates of service on or after April 3, 2009, through June 10, 2013, contractors shall return as unprocessable/return to provider FDG PET claims billed to inform initial treatment strategy or subsequent treatment strategy when performed under CED without one of the PET/PET/CT CPT codes listed in subsection C. above AND modifier -PI OR modifier -PS AND a cancer diagnosis code AND modifier -Q0/-Q1.
The following messages apply to return as unprocessable claims:

- **CARC 4** – the procedure code is inconsistent with the modifier used or a required modifier is missing.

- **RARCA 130** - Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Submit a new claim with the complete/correct information.

- **RARCM 16** - Alert: See our Web site, mailings, or bulletins for more details concerning this policy/procedure/decision.

Effective April 3, 2009, contractors shall deny claims with ICD-9/ICD-10 diagnosis code 185/C61 for FDG PET imaging for the initial treatment strategy of patients with adenocarcinoma of the prostate.

*For dates of service prior to June 11, 2013*, contractors shall also deny claims for FDG PET imaging for subsequent treatment strategy for tumor types other than breast, cervical, colorectal, esophagus, head and neck (non-CNS/thyroid), lymphoma, melanoma, myeloma, non-small cell lung, and ovarian, unless the FDG PET is provided under CED (submitted with the -Q0/Q1 modifier) and use the following messages:

- Medicare Summary Notice 15.4 - Medicare does not support the need for this service or item

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

- Contractors shall use Group Code CO (Contractual Obligation)

If the service is submitted with a -GA modifier indicating there is a signed Advance Beneficiary Notice (ABN) on file, the liability falls to the beneficiary. However, if the service is submitted with a -GZ modifier indicating no ABN was provided, the liability falls to the provider.

Effective for dates of service on or after June 11, 2013, contractors shall use the following messages when denying claims in excess of three for PET FDG scans for subsequent treatment strategy when the –KX modifier is not included, identified by CPT codes 78608, 78811, 78812, 78813, 78814, 78815, or 78816, modifier –PS, HCPCS A9552, and the same cancer diagnosis code.

- **CARC 96**: “Non-Covered Charge(s). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.”

- **RARCN 435**: “Exceeds number/frequency approved/allowed within time period without support documentation.”

- **MSN 23.17**: “Medicare won’t cover these services because they are not considered medically necessary.”

**Spanish Version:** “Medicare no cubrirá estos servicios porque no son considerados necesarios por razones médicas.”

Contractors shall use Group Code PR assigning financial liability to the beneficiary, if a claim is received with a GA modifier indicating a signed ABN is on file.

Contractors shall use Group Code CO assigning financial liability to the provider, if a claim is received with a GZ modifier indicating no signed ABN is on file.
160.8 Malignant neoplasm of other accessory sinuses

160.9 Malignant neoplasm of accessory sinus, unspecified

161.0 Malignant neoplasm of gallbladder

161.1 Malignant neoplasm of supratrochlea

162.0 Malignant neoplasm of trachea

162.1 Malignant neoplasm of main bronchus

162.2 Malignant neoplasm of main bronchus

162.3 Malignant neoplasm of upper lobe, bronchus or lung

162.4 Malignant neoplasm of middle lobe, bronchus or lung

162.5 Malignant neoplasm of lower lobe, bronchus or lung

162.6 Malignant neoplasm of bronchus and lung, unspecified

162.7 Malignant neoplasm of bronchus and lung, unspecified

162.8 Malignant neoplasm of other parts of bronchus or lung

163.0 Malignant neoplasm of parietal pleura

163.1 Malignant neoplasm of visceral pleura

163.2 Malignant neoplasm of visceral pleura

163.3 Malignant neoplasm of pleura, unspecified

163.4 Malignant neoplasm of pleura

163.5 Malignant neoplasm of pleura

163.6 Malignant neoplasm of other specified sites of pleura

163.7 Malignant neoplasm of pleura, unspecified

164.0 Malignant neoplasm of thymus

164.1 Malignant neoplasm of heart

164.2 Malignant neoplasm of anterior mediastinum

164.3 Malignant neoplasm of posterior mediastinum

164.4 Malignant neoplasm of other parts of mediastinum

164.5 Malignant neoplasm of mediastinum, part unspecified

165.0 Malignant neoplasm of upper respiratory tract, part unspecified

165.1 Malignant neoplasm of upper respiratory tract, part unspecified

165.2 Malignant neoplasm of lower respiratory tract, part unspecified

165.3 Malignant neoplasm of lower respiratory tract, part unspecified

165.4 Malignant neoplasm of unspecified sites within the respiratory system

165.5 Malignant neoplasm of bones of skull and face, except mandible

165.6 Malignant neoplasm of bones of skull and face, except mandible

165.7 Malignant neoplasm of long bones of lower limb

165.8 Malignant neoplasm of short bones of lower limb

166.0 Malignant neoplasm of scapula and clavicle

166.1 Malignant neoplasm of scapula and clavicle

166.2 Malignant neoplasm of scapula and clavicle

166.3 Malignant neoplasm of scapula and clavicle

166.4 Malignant neoplasm of scapula and clavicle

166.5 Malignant neoplasm of scapula and clavicle

166.6 Malignant neoplasm of scapula and clavicle

166.7 Malignant neoplasm of scapula and clavicle

166.8 Malignant neoplasm of scapula and clavicle

166.9 Malignant neoplasm of scapula and clavicle

167.0 Malignant neoplasm of pleura, unspecified

167.1 Malignant neoplasm of pleura, unspecified

167.2 Malignant neoplasm of pleura, unspecified

167.3 Malignant neoplasm of pleura, unspecified

167.4 Malignant neoplasm of pleura, unspecified

167.5 Malignant neoplasm of pleura, unspecified

167.6 Malignant neoplasm of pleura, unspecified

167.7 Malignant neoplasm of pleura, unspecified

167.8 Malignant neoplasm of pleura, unspecified

167.9 Malignant neoplasm of pleura, unspecified

168.0 Malignant neoplasm of parietal pleura

168.1 Malignant neoplasm of visceral pleura

168.2 Malignant neoplasm of pleura, unspecified

168.3 Malignant neoplasm of pleura, unspecified

168.4 Malignant neoplasm of pleura, unspecified

168.5 Malignant neoplasm of pleura, unspecified

168.6 Malignant neoplasm of pleura, unspecified

168.7 Malignant neoplasm of pleura, unspecified

168.8 Malignant neoplasm of pleura, unspecified

168.9 Malignant neoplasm of pleura, unspecified

169.0 Malignant neoplasm of bones of skull and face, except mandible

169.1 Malignant neoplasm of bones of skull and face, except mandible

169.2 Malignant neoplasm of bones of skull and face, except mandible

169.3 Malignant neoplasm of bones of skull and face, except mandible

169.4 Malignant neoplasm of bones of skull and face, except mandible

169.5 Malignant neoplasm of bones of skull and face, except mandible

169.6 Malignant neoplasm of bones of skull and face, except mandible

169.7 Malignant neoplasm of bones of skull and face, except mandible

169.8 Malignant neoplasm of bones of skull and face, except mandible

169.9 Malignant neoplasm of bones of skull and face, except mandible

170.0 Malignant neoplasm of unspecified sites within the respiratory system

170.1 Malignant neoplasm of unspecified sites within the respiratory system

170.2 Malignant neoplasm of unspecified sites within the respiratory system

170.3 Malignant neoplasm of unspecified sites within the respiratory system

170.4 Malignant neoplasm of unspecified sites within the respiratory system

170.5 Malignant neoplasm of unspecified sites within the respiratory system

170.6 Malignant neoplasm of unspecified sites within the respiratory system

170.7 Malignant neoplasm of unspecified sites within the respiratory system

170.8 Malignant neoplasm of unspecified sites within the respiratory system

170.9 Malignant neoplasm of unspecified sites within the respiratory system

171.0 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.1 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.2 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.3 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.4 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.5 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.6 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.7 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.8 Malignant neoplasm of connective and other soft tissue of head, face, and neck

171.9 Malignant neoplasm of connective and other soft tissue of head, face, and neck

172.0 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.1 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.2 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.3 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.4 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.5 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.6 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.7 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.8 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

172.9 Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder

173.0 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.1 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.2 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.3 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.4 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.5 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.6 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.7 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.8 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

173.9 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder

174.0 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.1 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.2 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.3 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.4 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.5 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.6 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.7 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.8 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

174.9 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip

175.0 Malignant neoplasm of unspecified sites within the respiratory system

175.1 Malignant neoplasm of unspecified sites within the respiratory system

175.2 Malignant neoplasm of unspecified sites within the respiratory system

175.3 Malignant neoplasm of unspecified sites within the respiratory system

175.4 Malignant neoplasm of unspecified sites within the respiratory system

175.5 Malignant neoplasm of unspecified sites within the respiratory system

175.6 Malignant neoplasm of unspecified sites within the respiratory system

175.7 Malignant neoplasm of unspecified sites within the respiratory system

175.8 Malignant neoplasm of unspecified sites within the respiratory system

175.9 Malignant neoplasm of unspecified sites within the respiratory system
173.19 Other specified malignant neoplasm of eyelid, including canthus C44.191 Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
173.19 Other specified malignant neoplasm of eyelid, including canthus C44.192 Other specified malignant neoplasm of skin of right eyelid, including canthus
173.19 Other specified malignant neoplasm of eyelid, including canthus C44.193 Other specified malignant neoplasm of skin of left eyelid, including canthus
173.20 Unspecified malignant neoplasm of skin of ear and external auditory canal C44.201 Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
173.20 Unspecified malignant neoplasm of skin of ear and external auditory canal C44.202 Unspecified malignant neoplasm of skin of right ear and external auricular canal
173.20 Unspecified malignant neoplasm of skin of ear and external auditory canal C44.203 Unspecified malignant neoplasm of skin of left ear and external auricular canal
173.21 Basal cell carcinoma of skin of ear and external auditory canal C44.211 Basal cell carcinoma of skin of unspecified ear and external auricular canal
173.21 Basal cell carcinoma of skin of ear and external auditory canal C44.212 Basal cell carcinoma of skin of right ear and external auricular canal
173.21 Basal cell carcinoma of skin of ear and external auditory canal C44.219 Basal cell carcinoma of skin of left ear and external auricular canal
173.22 Squamous cell carcinoma of skin of ear and external auditory canal C44.221 Squamous cell carcinoma of skin of unspecified ear and external auricular canal
173.22 Squamous cell carcinoma of skin of ear and external auditory canal C44.222 Squamous cell carcinoma of skin of right ear and external auricular canal
173.22 Squamous cell carcinoma of skin of ear and external auditory canal C44.229 Squamous cell carcinoma of skin of left ear and external auricular canal
173.22 Other specified malignant neoplasm of skin of ear and external auditory canal C44.231 Other specified malignant neoplasm of skin of right ear and external auricular canal
173.22 Other specified malignant neoplasm of skin of ear and external auditory canal C44.232 Other specified malignant neoplasm of skin of left ear and external auricular canal
173.22 Other specified malignant neoplasm of skin of ear and external auditory canal C44.239 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
173.23 Other specified malignant neoplasm of skin of ear and external auditory canal C44.241 Other specified malignant neoplasm of skin of right ear and external auricular canal
173.23 Other specified malignant neoplasm of skin of ear and external auditory canal C44.242 Other specified malignant neoplasm of skin of left ear and external auricular canal
173.23 Other specified malignant neoplasm of skin of ear and external auditory canal C44.249 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
173.24 Squamous cell carcinoma of skin of ear and external auditory canal C44.251 Squamous cell carcinoma of skin of unspecified ear and external auricular canal
173.24 Squamous cell carcinoma of skin of ear and external auditory canal C44.252 Squamous cell carcinoma of skin of right ear and external auricular canal
173.24 Squamous cell carcinoma of skin of ear and external auditory canal C44.259 Squamous cell carcinoma of skin of left ear and external auricular canal
173.24 Other specified malignant neoplasm of skin of ear and external auditory canal C44.261 Other specified malignant neoplasm of skin of right ear and external auricular canal
173.24 Other specified malignant neoplasm of skin of ear and external auditory canal C44.262 Other specified malignant neoplasm of skin of left ear and external auricular canal
173.24 Other specified malignant neoplasm of skin of ear and external auditory canal C44.269 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
173.25 Other specified malignant neoplasm of skin of ear and external auditory canal C44.271 Other specified malignant neoplasm of skin of right ear and external auricular canal
173.25 Other specified malignant neoplasm of skin of ear and external auditory canal C44.272 Other specified malignant neoplasm of skin of left ear and external auricular canal
173.25 Other specified malignant neoplasm of skin of ear and external auditory canal C44.279 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
173.26 Other specified malignant neoplasm of skin of ear and external auditory canal C44.281 Other specified malignant neoplasm of skin of right ear and external auricular canal
173.26 Other specified malignant neoplasm of skin of ear and external auditory canal C44.282 Other specified malignant neoplasm of skin of left ear and external auricular canal
173.26 Other specified malignant neoplasm of skin of ear and external auditory canal C44.289 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
173.27 Other specified malignant neoplasm of skin of ear and external auditory canal C44.291 Other specified malignant neoplasm of skin of right ear and external auricular canal
173.27 Other specified malignant neoplasm of skin of ear and external auditory canal C44.292 Other specified malignant neoplasm of skin of left ear and external auricular canal
173.27 Other specified malignant neoplasm of skin of ear and external auditory canal C44.299 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
173.92 Squamous cell carcinoma of skin, site unspecified C44.92 Squamous cell carcinoma of skin, unspecified
173.99 Other specified malignant neoplasm of skin, site unspecified C44.99 Other specified malignant neoplasm of skin, unspecified
174.0 Malignant neoplasm of nipple and areola, right female breast C50.011 Malignant neoplasm of nipple and areola, right female breast
174.0 Malignant neoplasm of nipple and areola of female breast C50.012 Malignant neoplasm of nipple and areola, left female breast
174.0 Malignant neoplasm of nipple and areola of male breast C50.019 Malignant neoplasm of nipple and areola, unspecified male breast
174.1 Malignant neoplasm of central portion of female breast C50.111 Malignant neoplasm of central portion of right female breast
174.1 Malignant neoplasm of central portion of female breast C50.112 Malignant neoplasm of central portion of left female breast
174.1 Malignant neoplasm of central portion of female breast C50.119 Malignant neoplasm of central portion of unspecified female breast
174.2 Malignant neoplasm of upper-inner quadrant of female breast C50.211 Malignant neoplasm of upper-inner quadrant of right female breast
174.2 Malignant neoplasm of upper-inner quadrant of female breast C50.212 Malignant neoplasm of upper-inner quadrant of left female breast
174.3 Malignant neoplasm of lower-inner quadrant of female breast C50.311 Malignant neoplasm of lower-inner quadrant of right female breast
174.3 Malignant neoplasm of lower-inner quadrant of female breast C50.312 Malignant neoplasm of lower-inner quadrant of left female breast
174.3 Malignant neoplasm of lower-inner quadrant of female breast C50.319 Malignant neoplasm of lower-inner quadrant of unspecified female breast
174.4 Malignant neoplasm of upper-outter quadrant of female breast C50.411 Malignant neoplasm of upper-outter quadrant of right female breast
174.4 Malignant neoplasm of upper-outter quadrant of female breast C50.412 Malignant neoplasm of upper-outter quadrant of left female breast
174.4 Malignant neoplasm of upper-outter quadrant of female breast C50.419 Malignant neoplasm of upper-outter quadrant of unspecified female breast
174.5 Malignant neoplasm of lower-outter quadrant of female breast C50.511 Malignant neoplasm of lower-outter quadrant of right female breast
174.5 Malignant neoplasm of lower-outter quadrant of female breast C50.512 Malignant neoplasm of lower-outter quadrant of left female breast
174.5 Malignant neoplasm of lower-outter quadrant of female breast C50.519 Malignant neoplasm of lower-outter quadrant of unspecified female breast
174.6 Malignant neoplasm of axillary tail of female breast C50.611 Malignant neoplasm of axillary tail of right female breast
174.6 Malignant neoplasm of axillary tail of female breast C50.612 Malignant neoplasm of axillary tail of left female breast
174.6 Malignant neoplasm of axillary tail of female breast C50.619 Malignant neoplasm of axillary tail of unspecified female breast
174.8 Malignant neoplasm of other specified sites of female breast C50.811 Malignant neoplasm of overlapping sites of right female breast
174.8 Malignant neoplasm of other specified sites of female breast C50.812 Malignant neoplasm of overlapping sites of left female breast
174.8 Malignant neoplasm of other specified sites of female breast C50.819 Malignant neoplasm of overlapping sites of unspecified female breast
174.9 Malignant neoplasm of breast (female), unspecified C50.911 Malignant neoplasm of unspecified site of right female breast
174.9 Malignant neoplasm of breast (female), unspecified C50.912 Malignant neoplasm of unspecified site of left female breast
174.9 Malignant neoplasm of breast (female), unspecified C50.919 Malignant neoplasm of unspecified site of unspecified female breast
175.0 Malignant neoplasm of nipple and areola of male breast C50.021 Malignant neoplasm of nipple and areola, right male breast
175.0 Malignant neoplasm of nipple and areola of male breast C50.022 Malignant neoplasm of nipple and areola, left male breast
175.0 Malignant neoplasm of nipple and areola of male breast C50.029 Malignant neoplasm of nipple and areola of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.121 Malignant neoplasm of central portion of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.122 Malignant neoplasm of central portion of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.129 Malignant neoplasm of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.221 Malignant neoplasm of lower-inner quadrant of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.222 Malignant neoplasm of lower-inner quadrant of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.229 Malignant neoplasm of lower-inner quadrant of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.321 Malignant neoplasm of lower-outer quadrant of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.322 Malignant neoplasm of lower-outer quadrant of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.329 Malignant neoplasm of lower-outer quadrant of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.421 Malignant neoplasm of upper-outter quadrant of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.422 Malignant neoplasm of upper-outter quadrant of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.429 Malignant neoplasm of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.521 Malignant neoplasm of lower-inner quadrant of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.522 Malignant neoplasm of lower-inner quadrant of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.529 Malignant neoplasm of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.621 Malignant neoplasm of axillary tail of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.622 Malignant neoplasm of axillary tail of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.629 Malignant neoplasm of axillary tail of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.821 Malignant neoplasm of overlapping sites of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.822 Malignant neoplasm of overlapping sites of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.829 Malignant neoplasm of overlapping sites of unspecified male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.921 Malignant neoplasm of unspecified site of right male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.922 Malignant neoplasm of unspecified site of left male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast C50.929 Malignant neoplasm of unspecified site of unspecified male breast
176.0 Kaposi's sarcoma, skin C46.0 Kaposi's sarcoma of skin
176.1 Kaposi's sarcoma, soft tissue C46.1 Kaposi's sarcoma of soft tissue
176.2 Kaposi's sarcoma, palate C46.2 Kaposi's sarcoma of palate
176.3 Kaposi's sarcoma, gastrointestinal sites C46.4 Kaposi's sarcoma of gastrointestinal sites
176.4 Kaposi's sarcoma, lung C46.50 Kaposi's sarcoma of unspecified lung
176.4 Kaposi's sarcoma, lung C46.51 Kaposi's sarcoma of right lung
176.4 Kaposi's sarcoma, lung C46.52 Kaposi's sarcoma of left lung
176.5 Kaposi's sarcoma, lymph nodes C46.83 Kaposi's sarcoma of lymph nodes
176.6 Kaposi's sarcoma, other specified sites C46.7 Kaposi's sarcoma of unspecified sites
176.6 Kaposi's sarcoma, other specified sites C46.9 Kaposi's sarcoma of unspecified site
179 Malignant neoplasm of uterus, part unspecified C55 Malignant neoplasm of uterus, part unspecified
180.0 Malignant neoplasm of endocervix C53.0 Malignant neoplasm of endocervix
180.1 Malignant neoplasm of exocervix C53.1 Malignant neoplasm of exocervix
180.8 Malignant neoplasm of other specified sites of cervix C53.8 Malignant neoplasm of other specified sites of cervix uteri
180.9 Malignant neoplasm of cervix uteri, unspecified site C53.9 Malignant neoplasm of cervix uteri, unspecified
181 Malignant neoplasm of placenta C58 Malignant neoplasm of placenta
182.0 Malignant neoplasm of corpus uteri, except isthmus C54.1 Malignant neoplasm of endometrium
Malignant neoplasm of corpus uteri, except isthmus C64.2 Malignant neoplasm of myometrium
Malignant neoplasm of corpus uteri, except isthmus C64.3 Malignant neoplasm of fundus uteri
Malignant neoplasm of corpus uteri, except isthmus C64.9 Malignant neoplasm of unspecified corpus uteri
Malignant neoplasm of isthmus C64.0 Malignant neoplasm of isthmus uteri
Malignant neoplasm of other specified sites of body of uterus C64.8 Malignant neoplasm of overlapping sites of corpus uteri
Malignant neoplasm of right ovary C65.1 Malignant neoplasm of right ovary
Malignant neoplasm of ovary C65.2 Malignant neoplasm of left ovary
Malignant neoplasm of ovary C65.9 Malignant neoplasm of unspecified ovary
Malignant neoplasm of fallopian tube C67.00 Malignant neoplasm of unspecified fallopian tube
Malignant neoplasm of fallopian tube C67.01 Malignant neoplasm of right fallopian tube
Malignant neoplasm of left fallopian tube C67.02 Malignant neoplasm of left fallopian tube
Malignant neoplasm of broad ligament of uterus C67.10 Malignant neoplasm of unspecified broad ligament
Malignant neoplasm of broad ligament of uterus C67.11 Malignant neoplasm of right broad ligament
Malignant neoplasm of broad ligament of uterus C67.12 Malignant neoplasm of left broad ligament
Malignant neoplasm of round ligament of uterus C67.20 Malignant neoplasm of unspecified round ligament
Malignant neoplasm of round ligament of uterus C67.21 Malignant neoplasm of right round ligament
Malignant neoplasm of round ligament of uterus C67.22 Malignant neoplasm of left round ligament
Malignant neoplasm of other specified sites of uterine adnexa C67.4 Malignant neoplasm of uterine adnexa, unspecified
Malignant neoplasm of uterine adnexa, unspecified site C67.4 Malignant neoplasm of uterine adnexa, unspecified
Malignant neoplasm of vagina C62.0 Malignant neoplasm of vagina
Malignant neoplasm of labia majora C51.0 Malignant neoplasm of labium majus
Malignant neoplasm of labia minora C51.1 Malignant neoplasm of labium minus
Malignant neoplasm of clitoris C51.2 Malignant neoplasm of clitoris
Malignant neoplasm of vulva, unspecified site C51.9 Malignant neoplasm of vulva, unspecified
Malignant neoplasm of other specified sites of female genital organs C57.7 Malignant neoplasm of other specified female genital organs
Malignant neoplasm of other specified sites of female genital organs C57.8 Malignant neoplasm of overlapping sites of female genital organs
Malignant neoplasm of female genital organ, site unspecified C57.9 Malignant neoplasm of female genital organ, unspecified
Malignant neoplasm of prostate C61.0 Malignant neoplasm of prostate
Malignant neoplasm of undescended testis C62.00 Malignant neoplasm of unspecified undescended testis
Malignant neoplasm of undescended testis C62.01 Malignant neoplasm of unspecified right testis
Malignant neoplasm of undescended testis C62.02 Malignant neoplasm of unspecified left testis
Malignant neoplasm of other and unspecified testis C62.10 Malignant neoplasm of unspecified descended right testis
Malignant neoplasm of other and unspecified testis C62.11 Malignant neoplasm of unspecified descended left testis
Malignant neoplasm of other and unspecified testis C62.12 Malignant neoplasm of unspecified descended testis
Malignant neoplasm of other and unspecified testis C62.90 Malignant neoplasm of unspecified whether descended or undescended
Malignant neoplasm of other and unspecified testis C62.91 Malignant neoplasm of right testis, unspecified whether descended or undescended
Malignant neoplasm of other and unspecified testis C62.92 Malignant neoplasm of left testis, unspecified whether descended or undescended
Malignant neoplasm of prepuce C60.0 Malignant neoplasm of prepuce
Malignant neoplasm of glans penis C60.1 Malignant neoplasm of glans penis
Malignant neoplasm of body of penis C60.2 Malignant neoplasm of body of penis
Malignant neoplasm of penis, part unspecified C60.9 Malignant neoplasm of penis, unspecified
Malignant neoplasm of epididymis C63.00 Malignant neoplasm of unspecified epididymis
Malignant neoplasm of epididymis C63.01 Malignant neoplasm of right epididymis
Malignant neoplasm of epididymis C63.02 Malignant neoplasm of left epididymis
Malignant neoplasm of spermatic cord C63.10 Malignant neoplasm of unspecified spermatic cord
Malignant neoplasm of spermatic cord C63.11 Malignant neoplasm of right spermatic cord
Malignant neoplasm of spermatic cord C63.12 Malignant neoplasm of left spermatic cord
Malignant neoplasm of scrotum C63.2 Malignant neoplasm of scrotum
Malignant neoplasm of other specified sites of male genital organs C63.8 Malignant neoplasm of overlapping sites of penis
Malignant neoplasm of other specified sites of male genital organs C63.9 Malignant neoplasm of unspecified male genital organs
Malignant neoplasm of bladder, part unspecified C67.9 Malignant neoplasm of bladder, unspecified
Malignant neoplasm of trigone of urinary bladder C67.0 Malignant neoplasm of trigone of bladder
Malignant neoplasm of dome of urinary bladder C67.1 Malignant neoplasm of dome of bladder
Malignant neoplasm of lateral wall of urinary bladder C67.2 Malignant neoplasm of lateral wall of bladder
Malignant neoplasm of anterior wall of urinary bladder C67.3 Malignant neoplasm of anterior wall of bladder
Malignant neoplasm of posterior wall of urinary bladder C67.4 Malignant neoplasm of posterior wall of bladder
Malignant neoplasm of bladder neck C67.5 Malignant neoplasm of bladder neck
Malignant neoplasm of ureteric orifice C67.6 Malignant neoplasm of ureteric orifice
Malignant neoplasm of urethra C67.7 Malignant neoplasm of urethra
Malignant neoplasm of other specified sites of bladder C67.8 Malignant neoplasm of overlapping sites of bladder
Malignant neoplasm of bladder, part unspecified C67.9 Malignant neoplasm of bladder, unspecified
Malignant neoplasm of right kidney, except pelvis C64.1 Malignant neoplasm of right kidney, except pelvis
Malignant neoplasm of right kidney, except pelvis C64.2 Malignant neoplasm of left kidney, except pelvis
Malignant neoplasm of left kidney, except pelvis C64.9 Malignant neoplasm of unspecified kidney, except renal pelvis
Malignant neoplasm of right renal pelvis C65.1 Malignant neoplasm of right renal pelvis
Malignant neoplasm of left renal pelvis C65.2 Malignant neoplasm of left renal pelvis
Malignant neoplasm of unspecified renal pelvis C65.9 Malignant neoplasm of unspecified renal pelvis
Malignant neoplasm of ureter C66.1 Malignant neoplasm of right ureter
Malignant neoplasm of left ureter C66.2 Malignant neoplasm of left ureter
Malignant neoplasm of ureter C66.9 Malignant neoplasm of unspecified ureter
Anaplastic large cell lymphoma, spleen

Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb

Hodgkin's paragranuloma, lymph nodes of axilla and upper limb

Hodgkin's paragranuloma, intrapelvic lymph nodes

Hodgkin's paragranuloma, intra-abdominal lymph nodes

Primary cutaneous CD30-positive T-cell proliferations

Other non-follicular (diffuse) lymphoma, unspecified site
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>C82.28</td>
<td>Follicular lymphoma, grade III, unspecified, lymph nodes of multiple sites</td>
<td>Nodular lymphoma, lymph nodes of multiple sites</td>
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<td>C82.38</td>
<td>Follicular lymphoma, grade IIla, lymph nodes of multiple sites</td>
<td>Nodular lymphoma, lymph nodes of multiple sites</td>
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<td>C82.48</td>
<td>Follicular lymphoma, grade IIb, lymph nodes of multiple sites</td>
<td>Nodular lymphoma, lymph nodes of multiple sites</td>
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<td>C82.68</td>
<td>Cutaneous follicle center lymphoma, lymph nodes of multiple sites</td>
<td>Nodular lymphoma, lymph nodes of multiple sites</td>
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<tr>
<td>C82.88</td>
<td>Other types of follicular lymphoma, lymph nodes of multiple sites</td>
<td>Nodular lymphoma, lymph nodes of multiple sites</td>
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<td>C84.00</td>
<td>Mycosis fungoides, unspecified site, extranodal and solid organ sites</td>
<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>C84.09</td>
<td>Mycosis fungoides, unspecified site, extranodal and solid organ sites</td>
<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>C84.01</td>
<td>Mycosis fungoides, lymph nodes of head, face, and neck</td>
<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>Mycosis fungoides, lymph nodes of axilla and upper limb</td>
<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>Mycosis fungoides, lymph nodes of inguinal region and lower limb</td>
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<td>Mycosis fungoides, intrapelvic lymph nodes</td>
<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>Mycosis fungoides, spleen</td>
<td>Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites</td>
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<td>Mycosis fungoides, lymph nodes of multiple sites</td>
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216.9 Benign neoplasm of skin, site unspecified
216.7 Benign neoplasm of skin of lower limb, including hip
216.5 Benign neoplasm of skin of upper limb, including shoulder
216.1 Benign neoplasm of eyelid, including canthus
216.0 Benign neoplasm of skin of lip
236.3 Neoplasm of uncertain behavior of other and unspecified female genital organs D39.8 Neoplasm of uncertain behavior of other specified female genital organs
236.3 Neoplasm of uncertain behavior of other and unspecified female genital organs D39.9 Neoplasm of uncertain behavior of female genital organs, unspecified
236.4 Neoplasm of uncertain behavior of testis D40.10 Neoplasm of uncertain behavior of unspecified testis
236.4 Neoplasm of uncertain behavior of testis D40.11 Neoplasm of uncertain behavior of right testis
236.4 Neoplasm of uncertain behavior of testis D40.12 Neoplasm of uncertain behavior of left testis
236.4 Neoplasm of uncertain behavior of prostate D40.13 Neoplasm of uncertain behavior of prostate
236.5 Neoplasm of uncertain behavior of other and unspecified male genital organs D40.8 Neoplasm of uncertain behavior of other specified male genital organs
236.5 Neoplasm of uncertain behavior of other and unspecified male genital organs D40.9 Neoplasm of uncertain behavior of male genital organ, unspecified
236.7 Neoplasm of uncertain behavior of bladder D41.4 Neoplasm of uncertain behavior of bladder
236.9 Neoplasm of uncertain behavior of urinary organ, unspecified D41.9 Neoplasm of uncertain behavior of unspecified urinary organ
236.9 Neoplasm of uncertain behavior of kidney and ureter D41.00 Neoplasm of uncertain behavior of unspecified kidney and ureter
236.9 Neoplasm of uncertain behavior of kidney and ureter D41.01 Neoplasm of uncertain behavior of right kidney
236.9 Neoplasm of uncertain behavior of kidney and ureter D41.02 Neoplasm of uncertain behavior of left kidney
236.9 Neoplasm of uncertain behavior of kidney and ureter D41.10 Neoplasm of uncertain behavior of unspecified renal pelvis
236.9 Neoplasm of uncertain behavior of kidney and ureter D41.11 Neoplasm of uncertain behavior of right renal pelvis
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236.9 Neoplasm of uncertain behavior of kidney and ureter D41.22 Neoplasm of uncertain behavior of left ureter
236.9 Neoplasm of uncertain behavior of other and unspecified urinary organs D41.3 Neoplasm of uncertain behavior of urethra
236.9 Neoplasm of uncertain behavior of other and unspecified urinary organs D41.8 Neoplasm of uncertain behavior of other specified urinary organs
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237.0 Neoplasm of uncertain behavior of pituitary gland and craniofaryngeal duct D44.4 Neoplasm of uncertain behavior of craniofaryngeal duct
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237.3 Neoplasm of uncertain behavior of paraganglia D44.7 Neoplasm of uncertain behavior of aortic body and other paraganglia
237.4 Neoplasm of uncertain behavior of other and unspecified endocrine glands D44.0 Neoplasm of uncertain behavior of unspecified endocrine glands
237.4 Neoplasm of uncertain behavior of other and unspecified endocrine glands D44.2 Neoplasm of uncertain behavior of parathyroid gland
237.4 Neoplasm of uncertain behavior of other and unspecified endocrine glands D44.9 Neoplasm of uncertain behavior of other and unspecified endocrine gland
237.5 Neoplasm of uncertain behavior of brain and spinal cord D43.0 Neoplasm of uncertain behavior of brain, supratentorial
237.5 Neoplasm of uncertain behavior of brain and spinal cord D43.1 Neoplasm of uncertain behavior of brain, infratentorial
237.5 Neoplasm of uncertain behavior of brain and spinal cord D43.2 Neoplasm of uncertain behavior of brain, unspecified
237.5 Neoplasm of uncertain behavior of brain and spinal cord D43.3 Neoplasm of uncertain behavior of brain, supratentorial and infratentorial
237.6 Neoplasm of uncertain behavior of cephalic meningines D45.0 Neoplasm of uncertain behavior of cerebral meningines
237.6 Neoplasm of uncertain behavior of meningies D42.1 Neoplasm of uncertain behavior of spinal meningies
237.6 Neoplasm of uncertain behavior of meningies D42.9 Neoplasm of uncertain behavior of meningies, unspecified
237.70 Neurofibromatosis, unspecified Q85.00 Neurofibromatosis, unspecified
237.71 Neurofibromatosis, type 1 [von Recklinghausen’s disease] Q85.01 Neurofibromatosis, type 1
237.72 Neurofibromatosis, type 2 [neurofibromatosis 2] Q85.02 Neurofibromatosis, type 2
237.73 Schwannomatosis Q85.03 Schwannomatosis
237.79 Other neurofibromatosis Q85.09 Other neurofibromatosis
237.9 Neoplasm of uncertain behavior of other and unspecified parts of nervous system D43.3 Neoplasm of uncertain behavior of cranial nerves
237.9 Neoplasm of uncertain behavior of other and unspecified parts of nervous system D43.8 Neoplasm of uncertain behavior of other specified parts of central nervous system
237.9 Neoplasm of uncertain behavior of other and unspecified parts of nervous system D43.9 Neoplasm of uncertain behavior of other and unspecified parts of central nervous system, unspecified
238.0 Neoplasm of uncertain behavior of bone and articular cartilage D48.0 Neoplasm of uncertain behavior of bone, articular cartilage
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238.1 Neoplasm of uncertain behavior of connective and other soft tissue D48.2 Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
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238.3 Neoplasm of uncertain behavior of breast D48.61 Neoplasm of uncertain behavior of right breast
238.3 Neoplasm of uncertain behavior of breast D48.62 Neoplasm of uncertain behavior of left breast
238.4 Polythecynoma vera D49 Polythecynoma vera
238.5 Neoplasm of uncertain behavior of histiocytic and mast cells D47.0 Histiocytic and mast cell tumors of uncertain behavior
238.6 Neoplasm of uncertain behavior of plasma cells D47.29 Other specified neoplasms of uncertain behavior of lymphoid, hemopoietic and related tissue
238.71 Essential thrombocythemia D47.3 Essential (hemorrhagic) thrombocythemia
238.72 Low grade myelodysplastic syndrome lesions D46.0 Refractory anemia without ring sideroblasts, so stated
238.72 Low grade myelodysplastic syndrome lesions D46.1 Refractory anemia with ring sideroblasts
238.72 Low grade myelodysplastic syndrome lesions D46.2 Refractory anemia with excess of blasts, unspecified
238.72 Low grade myelodysplastic syndrome lesions D46.21 Refractory anemia with excess of blasts 1
238.72 Low grade myelodysplastic syndrome lesions D46.4 Refractory anemia, unspecified
238.72 Low grade myelodysplastic syndrome lesions D46.8 Refractory cytopenia with multilineage dysplasia
238.72 Low grade myelodysplastic syndrome lesions D46.88 Refractory cytopenia with multilineage dysplasia and ring sideroblasts
238.73 High grade myelodysplastic syndrome lesions D46.22 Refractory anemia with excess of blasts 2
238.74 Myelodysplastic syndrome with 5q deletion D46.C Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
238.75 Myelodysplastic syndrome, unspecified D46.9 Myelodysplastic syndrome, unspecified
238.75 Myelodysplastic syndrome, unspecified D46.Z Other myelodysplastic syndromes
238.76 Myelofibrosis with myeloid metaplasia D47.1 Chronic myeloproliferative disease
238.77 Post-transplant lymphoproliferative disorder (PTLD) D47.21 Post-transplant lymphoproliferative disorder (PTLD)
238.79 Other lymphatic and hematopoietic tissues C88.8 Other malignant immunoproliferative diseases
238.79 Other lymphatic and hematopoietic tissues C94.40 Acute panmyelosis with myelofibrosis not having achieved remission
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