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Publication Number

100-3

Manual Section Number

220.6.17

Manual Section Title

Positron Emission Tomography (FDG) for Oncologic Conditions

Version Number

4

Effective Date of this Version

06/11/2013

Implementation Date

03/07/2014

Description Information

Benefit Category

Diagnostic Tests (other)

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description

A. General

FDG (2-[F18] fluoro-2-deoxy-D-glucose) Positron Emission Tomography (PET) is a minimally-invasive diagnostic imaging procedure used to evaluate glucose metabolism in normal tissue as well as in diseased tissues in conditions such as cancer, ischemic heart disease, and some neurologic disorders. FDG is an injected radionuclide (or radiopharmaceutical) that emits sub-atomic particles, known as positrons, as it decays. FDG PET uses a positron camera (tomograph) to measure the decay of FDG. The rate of FDG decay provides biochemical information on glucose metabolism in the tissue being studied. As malignancies can cause abnormalities of metabolism and blood flow, FDG PET evaluation may indicate the probable presence or absence of a malignancy based upon observed differences in biologic activity compared to adjacent tissues.

The Centers for Medicare and Medicaid Services (CMS) was asked by the National Oncologic PET Registry (NOPR) to reconsider section 220.6 of the National Coverage Determinations (NCD) Manual to end the prospective data collection requirements under Coverage with Evidence Development (CED) across all oncologic indications of FDG PET imaging. The CMS received public input indicating that the current coverage framework of prospective data collection under CED be ended for all oncologic uses of FDG PET imaging.

1. Framework

Effective for claims with dates of service on and after June 11, 2013, CMS is adopting a coverage framework that ends the prospective data collection requirements by NOPR under CED for all oncologic uses of FDG PET imaging. CMS is making this change for all NCDs that address coverage of FDG PET for oncologic uses addressed in this decision. This decision does not change coverage for any use of PET imaging using radiopharmaceuticals NaF-18 (fluorine-18 labeled sodium fluoride), ammonia N-13, or rubidium-82 (Rb-82).

2. Initial Anti-Tumor Treatment Strategy

CMS continues to believe that the evidence is adequate to determine that the results of FDG PET imaging are useful in determining the appropriate initial anti-tumor treatment strategy for beneficiaries with suspected cancer and improve health outcomes and thus are reasonable and necessary under §1862(a)(1)(A) of the Social Security Act (the Act).

Therefore, CMS continues to nationally cover one FDG PET study for beneficiaries who have cancers that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy:

- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
- To determine the optimal anatomic location for an invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

See the table at the end of this section for a synopsis of all nationally covered and non-covered oncologic uses of FDG PET imaging.

Indications and Limitations of Coverage

B.1. Initial Anti-Tumor Treatment Strategy Nationally Covered Indications

- CMS continues to nationally cover FDG PET imaging for the initial anti-tumor treatment strategy for male and female breast cancer only when used in staging distant metastasis.
- CMS continues to nationally cover FDG PET to determine initial anti-tumor treatment strategy for melanoma other than for the evaluation of regional lymph nodes.
- CMS continues to nationally cover FDG PET imaging for the detection of pre-treatment metastasis (i.e., staging) in newly diagnosed cervical cancers following conventional imaging.

C.1 Initial Anti-Tumor Treatment Strategy Nationally Non-Covered Indications

- CMS continues to nationally non-cover initial anti-tumor treatment strategy in Medicare beneficiaries who have adenocarcinoma of the prostate.
- CMS continues to nationally non-cover FDG PET imaging for diagnosis of breast cancer and initial staging of axillary nodes.
- CMS continues to nationally non-cover FDG PET imaging for initial anti-tumor treatment strategy for the evaluation of regional lymph nodes in melanoma.
- CMS continues to nationally non-cover FDG PET imaging for the diagnosis of cervical cancer related to initial anti-tumor treatment strategy.

3. Subsequent Anti-Tumor Treatment Strategy

B.2. Subsequent Anti-Tumor Treatment Strategy Nationally Covered Indications

Three FDG PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy shall be determined by the local Medicare Administrative Contractors.

4. Synopsis of Coverage of FDG PET for Oncologic Conditions

Effective for claims with dates of service on and after June 11, 2013, the chart below summarizes national FDG PET coverage for oncologic conditions:

FDG PET for Cancers Tumor Type	Initial Treatment Strategy (formerly diagnosis & staging)	Subsequent Treatment Strategy (formerly restaging & monitoring response to treatment)
Colorectal	Cover	Cover
Esophagus	Cover	Cover
Head and Neck (not thyroid, CNS)	Cover	Cover
Lymphoma	Cover	Cover
Non-small cell lung	Cover	Cover
Ovary	Cover	Cover
Brain	Cover	Cover
Cervix	Cover with exceptions *	Cover
Small cell lung	Cover	Cover
Soft tissue sarcoma	Cover	Cover
Pancreas	Cover	Cover
Testes	Cover	Cover
Prostate	Non-cover	Cover

Thyroid	Cover	Cover
Breast (male and female)	Cover with exceptions *	Cover
Melanoma	Cover with exceptions *	Cover
All other solid tumors	Cover	Cover
Myeloma	Cover	Cover
All other cancers not listed	Cover	Cover

*Cervix: Nationally non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

*Breast: Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

*Melanoma: Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

D. Other

N/A

Claims Processing Instructions

[TN 2873 \(Medicare Claims Processing\)](#)

[TN 3911 \(Medicare Claims Processing\)](#)

Transmittal Information

Transmittal Number

168

Coverage Transmittal Link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R168NCD.pdf>

Revision History

10/2024 - The purpose of the Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations(NCDs). No policy is being changed as a result of these updates. ([TN 12904](#)) (CR13828)

02/2024 - The purpose of this Change Request (CR) is to provide a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. ([TN 12493](#)) (CR13507)

01/2024 - Transmittal 12350 issued November 03, 2023, is being rescinded and replaced by Transmittal 12440 dated January 3, 2024, to make changes to NCD 90.2, Next Generation Sequencing, spreadsheet to align with revisions being made to CR 13278. All other information remains the same. ([TN 12440](#)) (CR13391)

11/2023 - The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations (NCDs). No policy is being changed as a result of these updates. ([TN 12350](#)) (CR13391)

10/2023 - The purpose of this Change Request (CR) is to provide a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations (NCDs). No policy is being changed as a result of these updates. ([TN 12319](#)) (CR13391)

10/2022 - Transmittal 11546, dated August 4, 2022, is being rescinded and replaced by Transmittal 11636, dated, October 5, 2022, to remove ICD-10 dx codes added in error to NCD 150.3, business requirement 12842.4, and restore ICD-10 dx C91.92 removed in error to NCD 110.23, business requirement 12842.3. All other information remains the same. ([TN 11636](#)) (CR12842)

08/2022 - The purpose of this Change Request (CR) is to provide a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. ([TN 11546](#)) (CR12842)

10/2021 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. (TN 11083.) (CR12482)

01/2021 - Transmittal 10515, dated December 10, 2020, is being rescinded and replaced by Transmittal 10566, dated, January 14, 2021 to remove FISS Reason Codes (RCs) 59041, 59042, 59209, and 59210 from the spreadsheet for NCD 160.18. All other information remains the same. (TN 10566.) (CR12027)

12/2020 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process. (TN 10515.) (CR12027)

10/2020 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process. (TN 10432.) (CR12027)

07/2020 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. (TN 10261.) (CR11905)

11/2018 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 2200.) (CR10859)

09/2018 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 2138.) (CR10859)

08/2018 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding to feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 2122.) (CR10859)

05/2018 - This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. (TN 2076.) (CR10622)

02/2018 - Transmittal 2033, dated February 16, 2018, is being rescinded and replaced by Transmittal 2039, dated, February 28, 2018 to correct instructions in business requirement 7, NCD210.3, Colorectal Cancer Screening, and its accompanying spreadsheet. All other information remains the same. (TN 2039.) (CR10473)

02/2018 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 2033.) (CR10473)

01/2018 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding

changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 2005) (CR10318)

11/2017 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. (TN 1975) (CR10318)

07/2017 - This Change Request (CR) constitutes a maintenance update of International Code of Diseases, Tenth Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1875) (CR10184)

05/2017 - This change request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>, along with other CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1854) (CR10086)

02/2017 - This change request (CR) is the 10th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1792) (CR9861)

11/2016 - This change request (CR) is the 9th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, and CR9631. Some are the result of revisions required to other NCD-related CRs released separately.

Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1753) (CR9751)

08/2016 - This change request (CR) is the 9th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, and CR9631. Some are the result of revisions required to other NCD-related CRs released separately.

Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1708) (CR9751)

05/2014 - Transmittal 166, dated April 18, 2014, is being rescinded and replaced by Transmittal 168, dated May 28, 2014 to make a technical correction to delete information in the Pub. 100-03 NCD manual that should not have been included. All other information remains the same. (TN 168) (CR 8739)

04/2014 - Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors (This CR rescinds and fully replaces CR8468/TR2873 dated February 6, 2014) (TN 166) (CR 8739)

02/2014 - 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. Effective date 06/11/2013 Implementation date 03/07/2014 (TN 162) (CR 8468)

09/2010 - On August 4, 2010, CMS issued a final decision that determined the current absolute restriction of one PET scan for therapeutic purposes associated with the initial treatment strategy for suspected solid tumors and myeloma is not supported by available evidence. CMS will amend 220.6.17 of the National Coverage Determinations (NCD) Manual to remove the restriction of only one FDG PET scan to determine the location and/or extent of the tumor for therapeutic purposes related to initial treatment strategy and allow local Medicare contractors discretion to cover (or not cover) within their jurisdictions any additional FDG PET scans for therapeutic purposes related to initial treatment strategy. Effective date 08/04/2010 Implementation date 10/25/2010 (TN 124) (CR 7148)

12/2009 - Effective for claims with dates of service on and after November 10, 2009, CMS will end the coverage with evidence development requirements for FDG PET for cervical cancer and will cover only one FDG PET for cervical cancer for staging in beneficiaries with biopsy-proven tumors when the treating physician determines that the study is needed to determine the location and/or extent of the tumor for specific therapeutic purposes related to initial treatment strategy.

10/2009 - This change request rescinds and replaces Transmittal 106, dated September 18, 2009. The effective date has been changed to April 3, 2009 and the implementation date has been changed to October 30, 2009. Business Requirements

(BR) 6632.6.1 and 6632.6.2 have been revised to clarify that they are subsets of BR 6632.6 and are specific to CED. All other information remains the same.

09/2009 - CMS is adopting a coverage framework that replaces the four-part diagnosis, staging, restaging and monitoring response to treatment categories with a two-part framework that differentiates FDG PET imaging used to inform the initial antitumor treatment strategy from other uses related to guiding subsequent antitumor treatment strategies after the completion of initial treatment. CMS is making this change for all NCDs that address coverage of FDG PET for all oncologic conditions. Effective date 04/06/2009 Implementation date 10/19/2009 (TN 106) (CR 6632)

National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- Original Consideration for Positron Emission Tomography (FDG) (CAG-00065N)
- First reconsideration for Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer (CAG-00065R)
- Original Consideration for Positron Emission Tomography (FDG) for Alzheimer's Disease/Dementia (CAG-00088N)
- First reconsideration for Positron Emission Tomography (FDG) and Other Neuroimaging Devices for Suspected Dementia (CAG-00088R)
- Original Consideration for Positron Emission Tomography (FDG) for Breast Cancer (CAG-00094N)
- Original Consideration for Positron Emission Tomography (FDG) for Thyroid Cancer (CAG-00095N)
- Original Consideration for Positron Emission Tomography (FDG) for Myocardial Viability (CAG-00098N)
- Original Consideration for Positron Emission Tomography (FDG) for Soft Tissue Sarcoma (STS) (CAG-00099N)
- Original Consideration for Positron Emission Tomography (N-13 Ammonia) for Myocardial Perfusion (CAG-00165N)
- Original Consideration for Positron Emission Tomography (FDG) for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers (CAG-00181N)
- First reconsideration for Positron Emission Tomography (FDG) for Solid Tumors (CAG-00181R)
- Second reconsideration for Positron Emission Tomography (FDG) for Cervical Cancer (CAG-00181R2)
- Third reconsideration for Positron Emission Tomography for Initial Treatment Strategy in Solid Tumors and Myeloma (CAG-00181R3)
- Original Consideration for Positron Emission Tomography (FDG) for Infection and Inflammation (CAG-00382N)

Additional Information

Other Versions

Title	Version	Effective Between
Positron Emission Tomography (FDG) for Oncologic Conditions	4	06/11/2013 - N/A

URL for source document:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10319.pdf>

MLN Matters MM10319 Related CR 10319

MLN Matters MM10319 Related CR 10319

New Positron Emission Tomography (PET) Radiopharmaceutical/Tracer Unclassified Codes

MLN Matters Number: MM10319

Related CR Release Date: November 9, 2017 Related CR Transmittal Number: R3911CP

Related Change Request (CR) Number: 10319 Effective Date: January 1, 2018

Implementation Date: December 11, 2017

- MACs; April 2, 2018 - FISS, 2018

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

Positron Emission Tomography (PET) is a nuclear medicine imaging study used to detect normal and abnormal tissues. All PET scan services are billed using PET or PET/ Computed Tomography (CT) Current Procedural Terminology (CPT) codes 78459, 78491, 78492, 78608, and 78811 through 78816. Each of these CPT codes always requires the use of a radiopharmaceutical code, also known as a tracer code. Therefore, an applicable tracer code, along with an applicable CPT code, is necessary for claims processing of any PET scan services.

While there are a number of PET tracers already billable for a diverse number of medical indications, there have been, and may be in the future, additional PET indications that might require a new PET tracer. Under those circumstances, the process to request/approve/implement a new code could be time-intensive.

To help alleviate inordinate spans of time between when a coverage determination is made and when it can be fully implemented via valid claims processing, the Centers for Medicare & Medicaid Services (CMS) has created two new PET radiopharmaceutical unclassified tracer codes that can be used temporarily pending the creation/approval/implementation of permanent CPT codes that would later specifically define their function.

Effective January 1, 2017, with the January 2017 quarterly Healthcare Common Procedure Coding System (HCPCS) update, the two temporary PET HCPCS codes are:

- ◆ A9597 - Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
- A9598 - Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

Make sure that your billing staffs are aware of these changes.

NOTE: HCPCS codes A9597 and A9598 are NOT to be reported for any CMS approved PET indication where a dedicated PET radiopharmaceutical is already assigned. In other words, HCPCS A9597 and A9598 are not replacements for currently approved PET radiopharmaceuticals A9515, A9526, A9552, A9555, A9580, A9586, A9587, or A9588.

NOTE: HCPCS codes A9597 and A9598 are NOT to be reported for any CMS approved PET indication where a dedicated PET radiopharmaceutical is already assigned. In other words, HCPCS A9597 and A9598 are not replacements for currently approved PET radiopharmaceuticals A9515, A9526, A9552, A9555, A9580, A9586, A9587, or A9588.

BACKGROUND

Effective with dates of service on or after January 1, 2018, the above two HCPCS codes shall be used ONLY AS NECESSARY FOR AN INTERIM PERIOD OF TIME under the circumstances explained below:

1. After U.S. Food and Drug Administration (FDA) approval of a PET oncologic indication, or,
2. after CMS approves coverage of a new PET indication, BUT,

ONLY IF either of the above situations requires the use of a dedicated PET radiopharmaceutical/tracer that is currently non-existent.

Once permanent replacement codes are implemented via a subsequent CMS CR, that subsequent CR will also discontinue use of the temporary code for that PET particular indication.

Effective for claims with dates of service on and after January 1, 2018, MACs will ensure when PET tracer code A9597 or A9598 are present on a claim, that claim must also include:

i · An appropriate PET HCPCS code, either 78459, 78491, 78492, 78608, 78811, 78812,

78813, 78814, 78815, or 78816

- If tumor-related, either the -PI or -PS modifier as appropriate
- If clinical trial-, registry-, or study-related outside of NCD220.6.17 PET for solid tumors, clinical trial modifier -Q0
- If Part A outpatient and study-related outside of NCD220.6.17 PET for solid tumors, also include condition code 30 and ICD-10 diagnosis Z00.6
- If clinical trial-, registry-, or study-related, all claims require the 8-digit clinical trial number

Effective for claims with dates of service on and after January 1, 2018, MACs for Part A shall line-item deny and MACs for Part B shall line-item reject, PET claims for A9597 or A9598 that do not include the above elements, as appropriate. When denying or rejecting line items, MACs will use the following remittance messages:

- Remittance Advice Remark Code (RARC) N386
- Claim Adjustment Reason Code (CARC) 50, 96, 16, and/or 119
- Group Code CO (Contractual Obligation) assigning financial liability to the provider

MACs will not search for and adjust previously processed claims but will adjust such claims that you bring to their attention.

ADDITIONAL INFORMATION

The official instruction, CR10319, issued to your MAC regarding this change, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3911CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
November 16, 2017	Initial article released.

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Department of Health & Human Services (DHHS)

Pub 100-04 Medicare Claims Processing Centers for Medicare & Medicaid Services (CMS)

Transmittal 3227 Date: April 2, 2015

Change Request 8614

Transmittal 3091, dated March 7, 2014, is being rescinded and replaced by Transmittal 3227 to incorporate information from CRs 8526 and 8739 that was erroneously overwritten. All other information remains the same.

SUBJECT: Update to Pub. 100-04 Chapter 13 to Provide Language-Only Changes for Updating ICD-10 and ASC X12

I. SUMMARY OF CHANGES: This CR contains language-only changes for updating ICD-10 and ASC X12 language in Pub 100-04, Chapter 13. Also, references to MACs replace the references to old contractor types in the chapter sections that are included in this CR. There are no new coverage policies, payment policies, or

codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

EFFECTIVE DATE:

ICD-10: Upon Implementation of ICD-10

ASC-X12: January 1, 2012

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11,

2013

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

IMPLEMENTATION DATE:

ICD-10: Upon Implementation of ICD-10

ASC X12: November 10, 2014

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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

R/N/D CHAPTER / SECTION / SUBSECTION / TITLE

R 13/Table of Contents

R 13/10/ICD Coding for Diagnostic Tests

R

13/30.1.3.1/A/B MAC (A)Payment for Low Osmolar Contrast Material (LOCM) (Radiology)

R

13/40.1.3/Special Billing Instructions for RHCs and FQHCs

R 13/40.1.4/Payment Requirements

R 13/40.2/Medicare Summary Notices (MSN), Reason Codes, and Remark Codes

R 13/60.1/Billing Instructions

R 13/60.12/Coverage for PET Scans for Dementia and Neurodegenerative Diseases

R 13/60.15/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

R 13/60.16/Billing and Coverage Changes for PET Scans

R 13/60.17/Billing and Coverage Changes for PET Scans for Cervical Cancer Effective for

Services on or After November 10, 2009

R 13/60.18/Billing and Coverage Changes for PET (NaF-18) Scans to Identify Bone Metastasis of Cancer Effective for Claims With Dates of Services on or After February 26, 2010

R 13/130/EMC Formats

R 13/140.1/Payment Methodology and HCPCS Coding

R 13/150/Place of Service (POS) Instructions for the Professional Component (PC or

Interpretation) and the Technical Component (TC) of Diagnostic Tests

Medicare Claims Processing Manual Chapter 13 - Radiology Services and Other Diagnostic Procedures

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(Rev. 3227, Issued 04-02-15)

10 - ICD Coding for Diagnostic Tests

30.1.3.1 A/B MAC (A) Payment for Low-Osmolar Contrast Material (LOCM) (Radiology)

60.16 - Billing and Coverage Changes for PET Scans

10 - ICD Coding for Diagnostic Tests

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

The ICD Coding Guidelines for Outpatient Services (hospital-based and physician office) have instructed physicians to report diagnoses based on test results. Instructions and examples for coding specialists, contractors, physicians, hospitals, and other health care providers to use in determining the use of ICD codes for coding diagnostic test results is found in chapter 23.

30.1.3.1 A/B MAC (A) Payment for Low Osmolar Contrast Material**(LOCM) (Radiology)**

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

The LOCM is paid on a reasonable cost basis when rendered by a SNF to its Part B patients (in addition to payment for the radiology procedure) when it is used in one of the situations listed below.

The following HCPCS are used when billing for LOCM.

HCPCS Code	Description (January 1, 1994, and later)
A4644	Supply of low osmolar contrast material (100-199 mgs of iodine);
A4645	Supply of low osmolar contrast material (200-299 mgs of iodine); or
A4646	Supply of low osmolar contrast material (300-399 mgs of iodine).

When billing for LOCM, SNFs use revenue code 0636. If the SNF charge for the radiology procedure includes a charge for contrast material, the SNF must adjust the charge for the radiology procedure to exclude any amount for the contrast material.

NOTE: LOCM is never billed with revenue code 0255 or as part of the radiology procedure.

The A/B MAC (A) will edit for the intrathecal procedure codes and the following codes to determine if payment for LOCM is to be made. If an intrathecal procedure code is not present, or one of the ICD codes is not present to indicate that a required medical condition is met, the A/B MAC (A) will deny payment for LOCM. In these instances, LOCM is not covered and should not be billed to Medicare.

When LOCM Is Separately Billable and Related Coding Requirements

In all intrathecal injections. HCPCS codes that indicate intrathecal injections are:

70010 70015 72240 72255 72265 72270 72285 72295

One of these must be included on the claim; or

In intravenous and intra-arterial injections only when certain medical conditions are present in an outpatient. The SNF must verify the existence of at least one of the following medical conditions, and report the applicable diagnosis code(s)

either as a principal diagnosis code or other diagnosis codes on the claim:

o A history of previous adverse reaction to contrast material. The applicable

ICD-9-CM codes are V14.8 and V14.9. The applicable ICD-10-CM codes

are Z88.8 and Z88.9. The conditions which should not be considered adverse reactions are a sensation of heat, flushing, or a single episode of nausea or vomiting. If the adverse reaction occurs on that visit with the induction of contrast material, codes describing hives, urticaria, etc. should also be present, as well as a code describing the external cause of injury and poisoning, ICD-

9-CM code E947.8. The applicable ICD-10 CM codes are: T50.8X5A

Adverse effect of diagnostic agents, initial encounter, T50.8X5S Adverse effect of diagnostic agents, sequela , T50.995A Adverse effect of other drugs, medicaments and biological substances, initial encounter, or T50.995S Adverse effect of other drugs, medicaments and biological substances,

sequela;

o A history or condition of asthma or allergy. The applicable ICD-9-CM codes are V07.1, V14.0 through V14.9, V15.0, 493.00, 493.01, 493.10, 493.11,

493.20, 493.21, 493.90, 493.91, 495.0, 495.1, 495.2, 495.3, 495.4, 495.5, 495.6, 495.7, 495.8, 495.9, 995.0, 995.1, 995.2, and 995.3. The applicable

ICD-10-CM codes are in the table below:

ICD-10-CM Codes

J44.0	J44.9	J45.20	J45.22	J45.30	J45.32	J45.40
J45.42	J45.50	J45.52	J45.902	J45.909	J45.998	J67.0
J67.1	JJ67.2	J67.3	J67.4	J67.5	J67.6	J67.7
J67.8	J67.9	J96.00	J96.01	J96.02	J96.90	J96.91
J96.92	T36.0X5A	T36.1X5A	T36.2X5A	T36.3X5A	T36.4X5A	T36.5X5A
T36. 6X5A	T36.7X5A	T36.8X5A	T36.95XA	T37.0X5A	T37.1X5A	T37.2X5A

ICD-10-CM Codes

T37.3X5A	T37.8X5A	T37.95XA	T38.0X5A	T38.1X5A	T38.2X5A	T38.3X5A
T38.4X5A	T38.6X5A	T38.7X5A	T38.805A	T38.815A	T38.895A	T38.905A
T38.995A	T39.015A	T39.095A	T39.1X5A	T39.2X5A	T39.2X5A	T39.315A
T39.395A	T39.4X5A	T39.8X5A	T39.95XA	T40.0X5A	T40.1X5A	T40.2X5A
T40.3X5A	T40.4X5A	T40.5X5A	T40.605A	T40.695A	T40.7X5A	T40.8X5A
T40.905A	T40.995A	T41.0X5A	T41.1X5A	T41.205A	T41.295A	T41.3X5A
T41.4X5A	T41.X5A	T41.5X5A	T42.0X5A	T42.1X5A	T42.2X5A	T42.3X5A
T42.4X5A	T42.5X5A	T42.6X5A	427.5XA	428.X5A	T43.015A	T43.025A
T43.1X5A	T43.205A	T43.215A	T43.225A	T43.295A	T43.3X5A	T43.4X5A
T43.505A	T43.595A	T43.605A	T43.615A	T43.625A	T43.635A	T43.695A
T43.8X5A	T43.95XA	T44.0X5A	T44.1X5A	T44.2X5A	T44.3X5A	T44.6X5A
T44.7X5A	T44.8X5A	T44.905A	T44.995A	T45.0X5A	T45.1X5A	T45.2X5A
T45.3X5A	T45.4X5A	T45.515A	T45.525A	T45.605A	T45.615A	T45.625A
T45.695A	T45.7X5A	T45.8X5A	T45.95XA	T46.0X5A	T46.1X5A	T46.2X5A
T46.3X5A	T46.4X5A	T46.5X5A	T46.6X5A	T46.7X5A	T46.8X5A	T46.905A
T46.995A	T47.0X5A	T47.1X5A	T47.2X5A	T47.3X5A	T47.4X5A	T47.5X5A
T47.6X5A	T47.7X5A	T47.8X5A	T47.95XA	T48.0X5A	T48.1X5A	T48.205A
T48.295A	T48.3X5A	T48.4X5A	T48.5X5A	T48.6X5A	T48.905A	T48.995A
T49.0X5A	T49.1X5A	T49.2X5A	T49.3X5A	T49.4X5A	T49.5X5A	T49.6X5A
T49.6X5A	T47.X5A9	T49.8X5A	T49.95XA	T50.0X5A	T50.1X5A	T50.2X5A
T50.3X5A	T50.4X5A	T50.5X5A	T50.6X5A	T50.7X5A	T50.8X5A	T50.905a

MM10319

T50.995A	T50.A15A	T50.A25A	T50.A95A	T50.B15A	T50.B95A	T50.Z15A
T50.Z95A	T78.2XXA	T78.3XXA	T78.40XA	T78.41XA	T88.52XA	T88.59XA
T88.6XXA	Z51.89	Z88.0	Z88.1	Z88.2	Z88.3	Z88.4
Z88.5	Z88.6	Z88.7	Z88.8	Z88.9	Z91.010	

o Significant cardiac dysfunction including recent or imminent cardiac decompensation, severe arrhythmia, unstable angina pectoris, recent myocardial infarction, and pulmonary hypertension. The applicable ICD-

9-CM codes are:

ICD-9-CM

402.00	402.01	402.10	402.11	402.90	402.91
404.00	404.01	404.02	404.03		
404.10	404.11	404.12	404.13		
404.90	404.91	404.92	404.93		
410.00	410.01	410.02	410.10	410.11	410.12
410.20	410.21	410.22	410.30	410.31	410.32
410.40	410.41	410.42	410.50	410.51	410.52
410.60	410.61	410.62	410.70	410.71	410.72
410.80	410.81	410.82	410.90	410.91	410.92
411.1	415.0	416.0	416.1	416.8	416.9
420.0	420.90	420.91	420.99	424.90	424.91
424.99	427.0	427.1	427.2	427.31	427.32

ICD-9-CM

427.41	427.42	427.5	427.60	427.61	427.69		
427.81	427.89	427.9	428.0	428.1	428.9	429.0	
429.1	429.2	429.3	429.4	429.5	429.6	429.71	
429.79	429.81	429.82	429.89	429.9	785.50	785.51	785.59

o The applicable ICD-10-CM codes are in the table below:

ICD-10-CM Codes

A18.84	I11.0	I11.9	I13.0	I13.10	I13.11	I13.2
I20.0	I21.01	I21.02	I21.09	I21.11	I21.19	I21.21
I21.29	I21.3	I21.4	I22.1	I22.2	I22.8	I23.0
I23.1	I23.2	I23.3	I23.4	I23.5	I23.6	I23.7
I23.8	I25.10	I25.110	I25.700	I25.710	I25.720	I25.730
I25.750	I25.760	I25.790	I26.01	I26.02	I26.09	I27.0
I27.1	I27.2	I27.81	I27.89	I27.9	I30.0	I30.1
I30.8	I30.9	I32	I38	I39	I46.2	I46.8
I46.9	I47.0	I471	I472	I47.9	I48.0	I48.1
I48.1	I48.2	I48.3	I48.4	I48.91	I48.92	I49.01
I49.02	I49.1	I49.2	I49.3	I49.40	I49.49	I49.5
I49.8	I49.9	I50.1	I50.20	I50.21	I50.22	I50.23
I50.30	I50.31	I50.32	I50.33	I50.40	I50.41	I50.42
I50.43	I50.9	I51	I51.0	I51.1	I51.2	I51.3
I51.4	I51.5	I51.7	I51.89	I51.9	I52	I97.0
I97.110	I97.111	I97.120	I97.121	I97.130	I97.131	I97.190
I97.191	M32.11	M32.12	R00.1	R57.0	R57.8	R57.9

o Generalized severe debilitation. The applicable ICD-9-CM codes are:

203.00, 203.01, all codes for diabetes mellitus, 518.81, 585, 586, 799.3, 799.4, and V46.1. The applicable ICD-10-CM codes are: J96.850, J96.00 through J96.02, J96.90 through J96.91, N18.1 through N19, R53.81, R64, and Z99.11 through Z99.12. Or

o Sickle Cell disease. The applicable ICD-9-CM codes are 282.4, 282.60,

282.61, 282.62, 282.63, and 282.69. The applicable ICD-10-CM codes are D56.0 through D56.3, D56.5 through D56.9, D57.00 through D57.1, D57.20, D57.411 through D57.419, and D57.811 through D57.819.

40.1.3 - Special Billing Instructions for RHCs and FQHCs

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

Independent RHCs and free-standing FQHCs bill under bill type 71X and 73X for the professional component utilizing revenue codes 520 and 521 as appropriate. HCPCS coding is not required. The technical component is outside the scope of the RHC/FQHC benefit. The provider of the technical service bills using the ASC X12 837 professional claim format or on Form CMS-1500.

The technical component for a provider based RHC/FQHC is typically furnished by the provider. The provider of that service bills under bill type 13X or 85X as appropriate using its outpatient provider number (not the RHC/FQHC provider number since these services are not covered as RHC/FQHC services). Effective 4/1/06, type of bill 14X is for non-patient laboratory specimens and is no longer applicable for radiology services.

40.1.4 - Payment Requirements

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

For claims with dates of service on and after February 24, 2011, the following diagnosis code and modifier shall be reported on MRI claims for beneficiaries with implanted PMs, that are outside FDA-approved labeling for use in an MRI environment (in a Medicare- approved clinical study):

- Appropriate MRI code
- Q0 modifier
- Condition code 30 (for institutional claims)

If ICD-9-CM is applicable

- o ICD-9 code V70.7- Examination of participant in clinical trial (for institutional claims)
- o ICD-9 code V45.02 (automatic implantable cardiac defibrillator) or
- o ICD-9 code V45.01 (cardiac pacemaker)

If ICD-10-CM is applicable

- o Z00.6 - Encounter for examination for normal comparison and control in clinical research program
- o Z95.810 - Presence of automatic (implantable) cardiac defibrillator or
- o Z95.0 - Presence of cardiac pacemaker

For claims with dates of services on and after July 7, 2011, the following codes shall be reported on MRI claims for beneficiaries with implanted PMs that have FDA-approved labeling for use in an MRI environment:

- Appropriate MRI code
- KX modifier

If ICD-9-CM is applicable

o ICD-9 code V45.01 (cardiac pacemaker)

If ICD-10-CM is applicable

o ICD-10 code Z95.0 (cardiac pacemaker)

Payment is as follows:

Professional claims (practitioners and suppliers) - based on the Medicare

Physician Fee Schedule (MPFS)

Inpatient (11x) - Prospective payment system (PPS), based on the diagnosis- related group

Hospital outpatient departments (13x) - Outpatient PPS, based on the ambulatory payment classification

Rural Health Clinics/Federally Qualified Health Centers (RHCs/FQHCs) (71x/77x) - All-inclusive rate, professional component only, based on the visit furnished to the RHC/FQHC beneficiary to receive the MRI. The technical component is outside the scope of the RHC/FQHC benefit. Therefore the provider of the technical service bills their A/B MAC (B) on the ASC X12 837 professional claim format or hardcopy Form CMS-1500 and payment is made under the MPFS.

Critical access hospitals (CAHs) (85x)

o For CAHs that elected the optional method of payment for outpatient services, the payment for technical services would be the same as the CAHs that did not elect the optional method - Reasonable cost.

o The A/B MAC (A) pays the professional component at 115% of the MPFS. Deductible and coinsurance apply.

40.2 - Medicare Summary Notices (MSN), Reason Codes, and Remark

Codes

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron

Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

When denying MRI line items on institutional claims when billed with the appropriate MRI code and modifier KX is not present, use the following messages:

If ICD-9-CM is applicable, ICD-9 code V45.01

If ICD-10-CM is applicable, ICD-10 code Z95.0

CARC 188 This product/procedure is only covered when used according to the FDA recommendations

MSN 21.8 Services performed using equipment that has not been approved by the Food and Drug Administration are not covered. Spanish Version - Servicios rendidos usando equipo que no es aprobado por la Administración de Alimentos y Drogas no son cubiertos .

When denying MRI line items on professional claims and modifier KX is not present, use the following messages:

If ICD-9-CM is applicable, ICD-9 code V45.01

If ICD-10-CM is applicable, ICD-10 code Z95.0

CARC 188 - This product/procedure is only covered when used according to the FDA recommendations

MSN 21.8 - Services performed using equipment that has not been approved by the Food and Drug Administration are not covered
When denying MRI line items that do not include all of the following line items:

An appropriate MRI code,

If ICD-9-CM is applicable, ICD-9 code V45.02 (automatic implantable cardiac defibrillator) or ICD-9 code V45.01 (cardiac pacemaker),
ICD-10-CM is applicable, ICD-10 code Z95.810 (automatic implantable cardiac defibrillator) or ICD-10 code Z95.0 (cardiac pacemaker),
Modifier Q0,

If ICD-9-CM is applicable, ICD-9 code V70.7 Examination of participant in clinical trial (for institutional claims only) or

If ICD-10-CM is applicable, ICD-10 code Z00.6 Examination of participant in clinical trial (for institutional claims only), and

Condition code 30 (for institutional claims only), use the following messages:

o CARC B5 - Coverage/program guidelines were not met or exceeded

o 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.

o MSN 21.21 - This service was denied because Medicare only covers this service under certain circumstances. Spanish Version - Este servicio fue denegado porque Medicare solamente lo cubre bajo ciertas circunstancias.

60.1 - Billing Instructions

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

A. Billing and Payment Instructions or Responsibilities for A/B MACs (B)

Claims for PET scan services must be billed using the ASC X12 837 professional claim format or on Form-CMS 1500 with the appropriate HCPCS or CPT code and diagnosis codes to the A/B MAC (B). Effective for claims received on or after July 1, 2001, PET modifiers were discontinued and are no longer a claims processing requirement for PET scan claims. Therefore, July 1, 2001, and after the MSN messages regarding the use of PET modifiers can be discontinued. The type of service (TOS) for the new PET scan procedure codes is TOS 4, Diagnostic Radiology. Payment is based on the Medicare Physician Fee Schedule.

B. Billing and Payment Instructions or Responsibilities for A/B MACs (A)

Claims for PET scan procedures must be billed to the A/B MAC (A) on the ASC X12 837 institutional claim format or on Form CMS-1450 with the appropriate diagnosis and HCPCS G code or CPT code to indicate the conditions under which a PET scan was

done. These codes represent the technical component costs associated with these procedures when furnished to hospital and SNF outpatients. They are paid as follows:

under OPPS for hospitals subject to OPPS

under current payment methodologies for hospitals not subject to OPPS

on a reasonable cost basis for critical access hospitals.

on a reasonable cost basis for skilled nursing facilities.

Institutional providers bill these codes under Revenue Code 0404 (PET Scan).

Medicare contractors shall pay claims submitted for services provided by a critical access hospital (CAH) as follows: Method I technical services are paid at 101% of reasonable cost; Method II technical services are paid at 101% of reasonable cost, and professional services are paid at 115% of the Medicare Physician Fee Schedule Data Base.

C. Frequency

In the absence of national frequency limitations, for all indications covered on and after July 1, 2001, contractors can, if necessary, develop frequency limitations on any or all covered PET scan services.

D. Post-Payment Review for PET Scans

As with any claim, but particularly in view of the limitations on this coverage, Medicare may decide to conduct post-payment reviews to determine that the use of PET scans is consistent with coverage instructions. Pet scanning facilities must keep patient record information on file for each Medicare patient for whom a PET scan claim is made. These medical records can be used in any post-payment reviews and must include the information necessary to substantiate the need for the PET scan. These records must include standard information (e.g., age, sex, and height) along with sufficient patient histories to allow determination that the steps required in the coverage instructions were followed. Such information must include, but is not limited to, the date, place and results of previous diagnostic tests (e.g., cytopathology and surgical pathology reports, CT), as well as the results and reports of the PET scan(s) performed at the center. If available, such records should include the prognosis derived from the PET scan, together with information regarding the physician or institution to which the patient proceeded following the scan for treatment or evaluation. The ordering physician is responsible for forwarding appropriate clinical data to the PET scan facility.

Effective for claims received on or after July 1, 2001, CMS no longer requires paper documentation to be submitted up front with PET scan claims. Contractors shall be aware and advise providers of the specific documentation requirements for PET scans for dementia and neurodegenerative diseases. This information is outlined in section 60.12. Documentation requirements such as physician referral and medical necessity determination are to be maintained by the provider as part of the beneficiary's medical record. This information must be made available to the A/B MAC (A or B) upon request of additional documentation to determine appropriate payment of an individual claim.

60.12 - Coverage for PET Scans for Dementia and Neurodegenerative

Diseases

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

Effective for dates of service on or after September 15, 2004, Medicare will cover FDG PET scans for a differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer's disease OR; its use in a CMS-approved practical clinical trial focused on the utility of FDG-PET in the diagnosis or treatment of dementing neurodegenerative diseases. Refer to Pub. 100-03, NCD Manual, section [220.6.13](#), for complete coverage conditions and clinical trial requirements and section 60.15 of this manual for claims processing information.

A. A/B MAC (A and B) Billing Requirements for PET Scan Claims for FDG-PET for the Differential Diagnosis of Fronto-temporal Dementia and Alzheimer's Disease:

CPT Code for PET Scans for Dementia and Neurodegenerative Diseases

Contractors shall advise providers to use the appropriate CPT code from section 60.3.1 for dementia and neurodegenerative diseases for services performed on or after January 28, 2005.

Diagnosis Codes for PET Scans for Dementia and Neurodegenerative Diseases

The contractor shall ensure one of the following appropriate diagnosis codes is present on claims for PET Scans for AD:

If ICD-9-CM is applicable, ICD-9 codes are: 290.0, 290.10 - 290.13, 290.20 - 290.21, 290.3, 331.0, 331.11, 331.19, 331.2, 331.9, 780.93

If ICD-10-CM is applicable, ICD-10 codes are: F03.90, F03.90 plus F05, G30.9, G31.01, G31.9, R41.2 or R41.3

Medicare contractors shall use an appropriate Medicare Summary Notice (MSN) message such as 16.48, "Medicare does not pay for this item or service for this condition" to deny claims when submitted with an appropriate CPT code from section 60.3.1 and with a

diagnosis code other than the range of codes listed above. Also, contractors shall use an appropriate Remittance Advice (RA) such as 11, "The diagnosis is inconsistent with the procedure."

Medicare contractors shall instruct providers to issue an Advanced Beneficiary Notice to beneficiaries advising them of potential financial liability prior to delivering the service if one of the appropriate diagnosis codes will not be present on the claim.

Provider Documentation Required with the PET Scan Claim

Medicare contractors shall inform providers to ensure the conditions mentioned in the NCD Manual, section [220.6.13](#), have been met. The information must also be maintained in the beneficiary's medical record:

- Date of onset of symptoms;
- Diagnosis of clinical syndrome (normal aging, mild cognitive impairment or

- MCI: mild, moderate, or severe dementia);
- Mini mental status exam (MMSE) or similar test score;
 - Presumptive cause (possible, probably, uncertain AD);
 - Any neuropsychological testing performed;
 - Results of any structural imaging (MRI, CT) performed;
 - Relevant laboratory tests (B12, thyroid hormone); and,
 - Number and name of prescribed medications.

B. Billing Requirements for Beta Amyloid Positron Emission Tomography (PET) in

Dementia and Neurodegenerative Disease:

Effective for claims with dates of service on and after September 27, 2013, Medicare will only allow coverage with evidence development (CED) for Positron Emission Tomography (PET) beta amyloid (also referred to as amyloid-beta (A β)) imaging (HCPCS A9586) or (HCPCS **A9599**) (one PET A β scan per patient).

NOTE: Please note that effective January 1, 2014 the following code A9599 will be updated in the IOCE and HCPCS update. This code will be contractor priced.

Medicare Summary Notices, Remittance Advice Remark Codes, and Claim

Adjustment Reason Codes

Effective for dates of service on or after September 27, 2013, contractors shall **return as unprocessable/return to provider** claims for PET A β imaging, through CED during a clinical trial, not containing the following:

- Condition code 30, (FI only)
- Modifier Q0 and/or modifier Q1 as appropriate
- ICD-9 dx code V70.7/ICD-10 dx code Z00.6 (on either the primary/secondary position)
- A PET HCPCS code (78811 or 78814)
- At least, one Dx code from the table below,

ICD-9 Codes Corresponding ICD-10 Codes

290.0 Senile dementia, uncomplicated	F03.90 Unspecified dementia without behavioral disturbance
290.10 Presenile dementia, uncomplicated	F03.90 Unspecified dementia without behavioral disturbance
290.11 Presenile dementia with delirium	F03.90 Unspecified dementia without behavioral disturbance
290.12 Presenile dementia with delusional features	F03.90 Unspecified dementia without behavioral disturbance
290.13 Presenile dementia with depressive features	F03.90 Unspecified dementia without behavioral disturbance
290.20 Senile dementia with delusional features	F03.90 Unspecified dementia without behavioral disturbance
290.21 Senile dementia with depressive features	F03.90 Unspecified dementia without behavioral disturbance
290.3 Senile dementia with delirium	F03.90 Unspecified dementia without behavioral disturbance

290.40 Vascular dementia, uncomplicated	F01.50 Vascular dementia without behavioral disturbance F01.51
290.41 Vascular dementia with delirium	Vascular dementia with behavioral disturbance F01.51
290.42 Vascular dementia with delusions	Vascular dementia with behavioral disturbance F01.51
290.43 Vascular dementia with depressed mood	Vascular dementia with behavioral disturbance F02.80
294.10 Dementia in conditions classified elsewhere without behavioral disturbance	Dementia in other diseases classified elsewhere without behavioral disturbance F02.81
294.11 Dementia in conditions classified elsewhere with behavioral disturbance	Dementia in other diseases classified elsewhere with behavioral disturbance F03.90
294.20 Dementia, unspecified, without behavioral disturbance	Unspecified dementia without behavioral

294.21 Dementia, unspecified, with behavioral disturbance	disturbance F03.91 Unspecified dementia with behavioral disturbance
331.11 Pick's Disease	G31.01 Pick's disease
331.19 Other Frontotemporal dementia	G31.09 Other frontotemporal dementia
331.6 Corticobasal degeneration	G31.85 Corticobasal degeneration
331.82 Dementia with Lewy Bodies	G31.83 Dementia with Lewy bodies
331.83 Mild cognitive impairment, so stated	G31.84 Mild cognitive impairment, so stated R41.1 Anterograde amnesia
780.93 Memory Loss	R41.2 Retrograde amnesia
V70.7 Examination for normal comparison or control in clinical and	R41.3 Other amnesia (Amnesia NOS, Memory loss NOS) Z00.6 Encounter for examination for normal comparison and control in clinical research program

A HCPCS code A9586 or A9599

Contractors shall return as unprocessable claims for PET A imaging using the following messages:

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

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

-Remittance Advice Remark Code N517 - Resubmit a new claim with the requested information.

- Remittance Advice Remark Code N519 - Invalid combination of HCPCS modifiers. Contractors shall line-item **deny** claims for PET A , HCPCS code A9586 or A9599 , where a previous PET A , HCPCS code A9586 or A9599 is paid in history using the following messages:

CARC 149:

Lifetime benefit maximum has been reached for this service/benefit category.

RARC N587: Policy benefits have been exhausted .
 MSN 20.12: This service was denied because Medicare only covers this service once a lifetime.
 Spanish Version: Este servicio fue negado porque Medicare sólo cubre este servicio una vez en la vida.
 Group Code: PR, if a claim is received with a GA modifier
 Group Code: CO, if a claim is received with a GZ modifier

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

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

A/B MACs (A and B)

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.

A/B MACs (B) Only

A/B MACs (B) 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.

A/B MACs (A) Only

In order to pay claims for PET scans on behalf of beneficiaries participating in a CMS- approved clinical trial, A/B MACs (A) require providers to submit claims with, if ICD-9- CM is applicable, ICD-9 code V70.7; if ICD-10-CM is applicable, ICD-10 code Z00.6 in the primary/secondary diagnosis position using the ASC X12 837 institutional claim format or on Form CMS-1450, 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, A/B MACs (A) 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

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

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 A/B MACs (A or B). 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 the following link for a list of appropriate diagnosis codes, http://cms.gov/medicare/coverage/determinationprocess/downloads/petforsolidtumorsoncologicdxcodesattachment_NCD220_6_17.pdf

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.

Short descriptor: PET tumor init tx strat

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.

Short descriptor: PS - PET tumor subsq tx strategy

C. Billing for A/B MACs (A and B)

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 ICD-9 code 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.

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.

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.

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.

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.

60.17 Billing and Coverage Changes for PET Scans for Cervical

Cancer Effective for Services on or After November 10, 2009

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

A. Billing Changes for A/B MACs (A and B)

Effective for claims with dates of service on or after November 10, 2009, contractors shall accept FDG PET oncologic claims billed to inform initial treatment strategy; specifically for staging in beneficiaries who have biopsy-proven cervical cancer when the beneficiary's treating physician determines the FDG PET study is needed to determine the location and/or extent of the tumor as specified in Pub. 100-03, section 220.6.17.

EXCEPTION: CMS continues to non-cover FDG PET for initial diagnosis of cervical cancer related to initial treatment strategy.

NOTE: Effective for claims with dates of service on and after November 10, 2009, the Q0 modifier is no longer necessary for FDG PET for cervical cancer.

B. Medicare Summary Notices, Remittance Advice Remark Codes, and Claim

Adjustment Reason Codes

Additionally, contractors shall return as unprocessable /return to provider for FDG PET

for cervical cancer for initial treatment strategy billed without the following: one of the PET/PET/ CT CPT codes listed in 60.16 C above **AND** modifier PI **AND** a cervical cancer diagnosis code.

Use the following messages:

Claim Adjustment Reason Code 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.

Remittance Advice Remark Code 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.

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

60.18 Billing and Coverage Changes for PET (NaF-18) Scans to Identify Bone Metastasis of Cancer Effective for Claims With Dates of Services on or After February 26, 2010

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron

Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

A. Billing Changes for A/B MACs (A and B)

Effective for claims with dates of service on and after February 26, 2010, contractors shall pay for NaF-18 PET oncologic claims to inform of initial treatment strategy (PI) or subsequent treatment strategy (PS) for suspected or biopsy proven bone metastasis **ONLY** in the context of a clinical study and as specified in Pub. 100-03, section 220.6. All other claims for NaF-18 PET oncology claims remain non-covered.

B. Medicare Summary Notices, Remittance Advice Remark Codes, and Claim

Adjustment Reason Codes

Effective for claims with dates of service on or after February 26, 2010, contractors shall return as unprocessable NaF-18 PET oncologic claims billed with modifier TC or globally (for A/B MACs (A) modifier TC or globally does not apply) and HCPCS A9580 to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis that do not include ALL of the following:

PI or PS modifier AND

PET or PET/CT CPT code (78811, 78812, 78813, 78814, 78815, 78816) AND

Cancer diagnosis code AND

Q0 modifier - Investigational clinical service provided in a clinical research study, are present on the claim.

NOTE: For institutional claims, continue to include ICD-9 diagnosis code V70.7 or

ICD-10 diagnosis code Z00.6 and condition code 30 to denote a clinical study. Use the following messages:

Claim Adjustment Reason Code 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remittance Advice Remark Code 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.

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

Claim Adjustment Reason Code 167 - This (these) diagnosis(es) is (are) not covered.

Effective for claims with dates of service on or after February 26, 2010, contractors shall accept PET oncologic claims billed with **modifier 26** and modifier KX to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis that include the following:

PI or PS modifier AND

PET or PET/CT CPT code (78811, 78812, 78813, 78814, 78815, 78816) AND

Cancer diagnosis code AND

Q0 modifier - Investigational clinical service provided in a clinical research study, are present on the claim.

NOTE: If modifier KX is present on the professional component service, Contractors shall process the service as PET NaF-18 rather than PET with FDG.

Contractors shall also return as unprocessable NaF-18 PET oncologic professional component claims (i.e., claims billed with **modifiers 26** and KX) to inform the initial treatment strategy or subsequent treatment strategy for bone metastasis billed with HCPCS A9580 and use the following message:

Claim Adjustment Reason Code 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

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

Payment Information REF), if present.

130 - EMC Formats

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

Billing instructions for the ASC X12 837 institutional claim format can be found in chapter 24 of this manual or, for Form CMS-1450 can be found in chapter 25 of this manual. Each revenue code requires a HCPCS code, modifier if applicable, units, line- item date of service, and charge.

Billing instructions for the ASC X12 837 professional claim format can be found in chapter 24 of this manual or for Form CMS-1500 can be found in this manual, Chapter 26, "Instructions for Completing Form CMS-1500."

140.1 - Payment Methodology and HCPCS Coding

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

A/B MAC (B) pay for BMM procedures based on the Medicare physician fee schedule. Claims from physicians, other practitioners, or suppliers where assignment was not taken are subject to the Medicare limiting charge.

The A/B MACs (A) pay for BMM procedures under the current payment methodologies for radiology services according to the type of provider.

Do not pay BMM procedure claims for dual photon absorptiometry, CPT procedure code 78351.

Deductible and coinsurance apply.

Any of the following CPT procedure codes may be used when billing for BMMs through

December 31, 2006. All of these codes are bone densitometry measurements except code

76977, which is bone sonometry measurements. CPT procedure codes are applicable to billing A/B MACs (A and B).

76070 76071 76075 76076 76078 76977 78350 G0130

Effective for dates of services on and after January 1, 2007, the following changes apply to BMM:

New 2007 CPT bone mass procedure codes have been assigned for BMM. The following codes will replace current codes, however the CPT descriptors for the services remain the same:

77078 replaces 76070

77079 replaces 76071

77080 replaces 76075

77081 replaces 76076

77083 replaces 76078

Certain BMM tests are covered when used to screen patients for osteoporosis subject to the frequency standards described in chapter 15, section 80.5.5 of the Medicare Benefit Policy Manual.

o Contractors will pay claims for screening tests when coded as follows:

Contains CPT procedure code 77078, 77079, 77080, 77081,

77083, 76977 or G0130, and

Contains a valid diagnosis code indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy. Contractors are to maintain local lists of valid codes for the benefit's screening categories.

o Contractors will deny claims for screening tests when coded as follows:

Contains CPT procedure code 77078, 77079, 77081, 77083, 76977 or G0130, but

Does not contain a valid diagnosis code from the local lists of valid diagnosis codes maintained by the contractor for the benefit's screening categories indicating the reason for the test is postmenopausal female, vertebral fracture,

hyperparathyroidism, or steroid therapy.

Dual-energy x-ray absorptiometry (axial) tests are covered when used to monitor FDA-approved osteoporosis drug therapy subject to the 2-year frequency standards described in chapter 15, section 80.5.5 of the Medicare Benefit Policy Manual.

o Contractors will pay claims for monitoring tests when coded as follows:

Contains CPT procedure code 77080, and

Contains 733.00, 733.01, 733.02, 733.03, 733.09, 733.90, or 255.0 as the ICD-9-CM diagnosis code or M81.0, M81.8, M81.6 or M94.9 as the ICD-10-CM diagnosis code.

o Contractors will deny claims for monitoring tests when coded as follows:

Contains CPT procedure code 77078, 77079, 77081, 77083, 76977 or G0130, and

Contains 733.00, 733.01, 733.02, 733.03, 733.09, 733.90, or 255.0 as the ICD-9-CM diagnosis code, but

Does not contain a valid ICD-9-CM diagnosis code from the local lists of valid ICD-9-CM diagnosis codes maintained by the contractor for the benefit's screening categories indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy.

Does not contain a valid ICD-10-CM diagnosis code from the local lists of valid ICD-10-CM diagnosis codes maintained by the contractor for the benefit's screening categories indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy.

Single photon absorptiometry tests are not covered. Contractors will deny CPT procedure code 78350.

The A/B MACs (A) are billed using the ASC X12 837 institutional claim format or hardcopy Form CMS-1450. The appropriate bill types are: 12X, 13X, 22X, 23X, 34X,

71X (Provider-based and independent), 72X, 73X (Provider-based and freestanding),

83X, and 85X. Effective April 1, 2006, type of bill 14X is for non-patient laboratory specimens and is no longer applicable for bone mass measurements. Information regarding the claim form locators that correspond to the HCPCS/CPT code or Type of Bill are found in chapter 25.

Providers must report HCPCS codes for bone mass measurements under revenue code

320 with number of units and line item dates of service per revenue code line for each bone mass measurement reported.

A/B MACs (B) are billed for bone mass measurement procedures using the ASC X12 837 professional claim format or hardcopy Form CMS-1500.

150 - Place of Service (POS) Instructions for the Professional Component (PC or Interpretation) and the Technical Component (TC) of Diagnostic Tests

(Rev. 3227, Issued: 04-02-15, Effective; ASC-X12: January 1, 2012)

Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: June 11, 2013, ICD-10: Upon Implementation of ICD-10

Implementation: ASC X12: November 10, 2014 Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors: 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), ICD-10: Upon Implementation of ICD-10)

Many of the diagnostic services, including radiology services, provided by physicians/practitioners contain both a technical component (TC) and a professional component (PC). Often, the PC and TC of diagnostic services are furnished in different settings. As a general policy, the POS code assigned by the physician/practitioner for the PC of a diagnostic service shall be the setting in which the beneficiary received the TC service.

A. Interpretation Provided Telephonically by Wireless Remote

Teleradiology services (radiology services that do not require a face-to-face encounter with the patient furnished through the use of a telecommunications system) are discussed in Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 30. The interpretation of an x-ray, electrocardiogram, electroencephalogram and tissue samples are listed as examples of these services.

In cases where the face-to-face requirement is obviated such as those when a physician/practitioner provides the PC/interpretation of a diagnostic test, from a distant site, the POS code assigned by the physician/practitioner shall be the setting in which the beneficiary received the TC service. The POS code for a teleradiology interpretation is generally the place where the beneficiary received the TC, or face-to-face encounter. The POS code representing the setting where the beneficiary received the TC is entered in the ASC X12 837 professional claim format or in item 24B on the paper claim Form CMS

1500. In cases where it is unclear which POS code applies, the Medicare contractor can provide guidance.

For example: A beneficiary receives an MRI at an outpatient hospital near his/her home. The outpatient hospital submits a claim that would correspond to the TC portion of the MRI. The physician furnishes the PC portion of the beneficiary's MRI from his/her

office location - POS code 22(Outpatient Hospital) shall be used on the physician's claim to indicate that the beneficiary received the face-to-face portion of the MRI, the TC, at the outpatient hospital.

B. Interpretation Provided Outside of the United States

Generally, Medicare will not pay for health care or supplies that are performed outside the United States (U.S.). The term "outside the U.S." means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. See Pub. 100-02, chapter 16, section 60, for exceptions to the "outside the U.S." exclusions.

C. Interpretation Provided Under Arrangement - To A Hospital

Separate TC and PC

If a diagnostic test which has a separate TC and PC is provided under arrangement to a hospital, the physician who reads the test can bill and be paid for the professional component. Both the technical and professional components of the test are also subject to the physician self-referral prohibition.

The appropriate POS code for the interpretation (or PC) is the setting where the beneficiary received the TC service. If the interpretation is performed in the physician's office and the patient received the TC service in the provider-based outpatient hospital setting, the physician assigns POS code 22, for outpatient hospital, on the claim for the interpretation or PC.

Global Service

When a physician performs a diagnostic test under arrangement to a hospital and the test and the interpretation are not separately billable, the interpretation cannot be billed by the physician. In this scenario, the hospital is the only entity that can bill for the diagnostic test which encompasses the interpretation. There is no POS code for the interpretation since a physician claim is not generated.

D. Global Billing

Billing globally for services that are split into PC and TC components is only possible when the TC and the physician who provides the PC of the diagnostic service are furnished by the same physician or supplier entity and the PC and TC components are furnished within the same Medicare physician fee schedule payment locality. Merely applying the same POS code to the PC as that of the TC (as described in A above) does not permit global billing for any diagnostic procedure.

E. Determination of Payment Locality

Under the Medicare physician fee schedule (MPFS), payment amounts are based on the relative resources required to provide services and vary among payment localities as resource costs vary geographically as measured by the geographic practice cost indices (GPCIs). The payment locality is determined based on the location where a specific service code was furnished. For purposes of determining the appropriate payment locality, CMS requires that the address, including the ZIP code for each service code be included on the claim form in order to determine the appropriate payment locality. The location in which the service code was furnished is entered on the ASC X12 837 professional claim format or in Item 32 on the paper claim Form CMS 1500.

Global Service Code

If the global diagnostic service code is billed, the biller (either the entity that took the test, physician who interpreted the test, or separate billing agent) must report the address and ZIP code of where the test was furnished on the bill for the global diagnostic service

code. In other words, when the global diagnostic service code is billed, for example, chest x-ray as described by HCPCS code 71010 (no modifier TC and no modifier -26), the locality is determined by the ZIP code applicable to the testing facility, i.e. where the TC of the chest x-ray was furnished. The testing facility (or its billing agent) enters the address and ZIP code of the setting/location where the test took place. This practice location is entered using the ASC X12 837 professional claim format or in Item 32 on the

paper claim Form CMS 1500. As explained in D above, in order to bill for a global diagnostic service code, the same physician or supplier entity must furnish both the TC and the PC of the diagnostic service and the TC and PC must be furnished within the same MPFS payment locality.

Separate Billing of Professional Interpretation

If the same physician or other supplier entity does not furnish both the TC and PC of the diagnostic service, or if the same physician or other supplier entity furnishes both the TC and PC but the professional interpretation was furnished in a different payment locality from where the TC was furnished, the professional interpretation of a diagnostic test must be separately billed with modifier -26 by the interpreting physician.

When the physician's interpretation of a diagnostic test is billed separately from the technical component, as identified by modifier -26, the interpreting physician (or his or her billing agent) must report the address and ZIP code of the interpreting physician's location on the claim form. If the professional interpretation was furnished at an unusual and infrequent location for example, a hotel, the locality of the professional interpretation is determined based on the Medicare enrolled location where the interpreting physician most commonly practices. The address and ZIP code of this practice location is entered using the ASC X12 837 professional claim format or in Item 32 on the paper claim Form CMS 1500.

URL for source document:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3911CP.pdf>

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 3911

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: November 9, 2017

Change Request 10319

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 3911

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: November 9, 2017

Change Request 10319

SUBJECT: New Positron Emission Tomography (PET) Radiopharmaceutical/Tracer Unclassified Codes

1. SUMMARY OF CHANGES:

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: December 11, 2017 - A/B MAC; April 2, 2018 - FISS

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.

2. CHANGES IN MANUAL INSTRUCTIONS: *Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	13/60/3.2 Tracer Codes Required for PET Scans

3. 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.

4. ATTACHMENTS:

Business Requirements Manual Instruction

Number	Requirement	Responsibility							
		A/B MAC	D M E	Shared- System Maintainers	Other				
		A	B	HH		FIS	MC	VM	CW
				H		S	S	S	F

M A
C

Effective for claims with dates of service on or after January 1, 2018, contractors shall allow, under specified coverage determinations, the following two HCPCS PET radiopharmaceuticals/tracers as they determine appropriate, ONLY when no other PET radiopharmaceutical/tracer exists for the intended indication:

10319.1 A9597 - Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified X X

A9598 - Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

Effective for claims with dates of service on and after January 1, 2018, contractors shall ensure when PET tracer code A9597 or A9598 are present on a claim, that claim must also include:

-an appropriate PET HCPCS code, either 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, or 78816,

10319.2 -if tumor-related, either the -PI or -PS modifier as appropriate, X X X

-if clinical trial, registry, or study-related outside of NCD220.6.17 PET for solid tumors, clinical trial modifier -Q0,

-if Part A outpatient and study-related outside of NCD220.6.17 PET for solid tumors, also include condition code 30 and ICD-10 diagnosis Z00.6,

-if clinical trial, registry, or study-related, all claims require the 8-digit clinical trial number.

10319.3 Effective for claims with dates of service on and after January 1, 2018, contractors for Part A shall line-item deny and contractors for Part B shall line-item reject, PET claims for A9597 or A9598 that don't include the elements in requirement 2 above as appropriate. X X

10319.3.1 Contractors shall use the following messaging when line-item denying for Part A or line-item rejecting for X X

Number	Requirement	Responsibility													
		A/B	MAC	D	M	Shared-	System								
				E		Maintainers									
A	B	H	H			F	I	S	M	C	V	M	C	W	Other
		H				S		S	S	S	S		F		
				C											

10319.1 Effective for claims with dates of service on or after January 1, 2018, contractors shall allow, under specified coverage determinations, the following two HCPCS PET radiopharmaceuticals/tracers as they determine appropriate, ONLY when no other PET radiopharmaceutical/tracer exists for the intended indication: X X

A9597 - Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified

A9598 - Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

Effective for claims with dates of service on and after January 1, 2018, contractors shall ensure when PET tracer code A9597 or A9598 are present on a claim, that claim must also include:

-an appropriate PET HCPCS code, either 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, or 78816,

10319.2 -if tumor-related, either the -PI or -PS modifier as appropriate, X X X

-if clinical trial, registry, or study-related outside of NCD220.6.17 PET for solid tumors, clinical trial modifier -Q0,

-if Part A outpatient and study-related outside of NCD220.6.17 PET for solid tumors, also include condition code 30 and ICD-10 diagnosis Z00.6,

-if clinical trial, registry, or study-related, all claims require the 8-digit clinical trial number.

10319.3 Effective for claims with dates of service on and after January 1, 2018, contractors for Part A shall line-item deny and contractors for Part B shall line-item reject, PET claims for A9597 or A9598 that don't include the elements in requirement 2 above as appropriate. X X

10319.3.1 Contractors shall use the following messaging when line-item denying for Part A or line-item rejecting for X X

Attachment - Business Requirements

Pub. 100-04 Transmittal: 3911 Date: November 9, 2017 Change Request: 10319

SUBJECT: New Positron Emission Tomography (PET) Radiopharmaceutical/Tracer Unclassified Codes

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: December 11, 2017 - A/B MAC; April 2, 2018 - FISS

1. GENERAL INFORMATION

1. Background:

While there are a number of PET tracers already billable for a diverse number of medical indications, there have been, and may be in the future, additional PET indications that might require a new PET tracer. Under those circumstances, the process to request/approve/implement a new tracer code could be time-intensive.

To help alleviate inordinate spans of time between when a coverage determination is made and when it can be fully implemented via valid claims processing, the Centers for Medicare & Medicaid Services (CMS) has created two new PET radiopharmaceutical unclassified tracer codes that can be used temporarily pending the creation/approval/implementation of permanent CPT tracer codes that would later specifically define their function.

2. Policy:

A9597 - Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified

A9598 - Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

2. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		D M E		Shared- System Maintainers				
		A	B	H H H		FISS	MCS	VMS	C W F	Other
					M A C					

Part B, PET claims for A9597 or A9598:

Remittance Advice Remark Codes (RARC) N386 Claim Adjustment Reason Code (CARC) 50, 96, 16, and/or 119.

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

MM10319

10319.4 Contractors shall not search for claims but shall adjust any claims that are brought to their attention. X X

Number	Requirement	Responsibility									
		A/B	MAC		D	M	E	Shared-	System	Maintainers	
		A	B	H	H	H		F	I	S	S
								M	C	S	V
											M
											S
											W
											C
											F
											Other

Part B, PET claims for A9597 or A9598:

Remittance Advice Remark Codes (RARC) N386 Claim Adjustment Reason Code (CARC) 50, 96, 16, and/or 119.

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

10319.4 Contractors shall not search for claims but shall adjust any claims that are brought to their attention. X X

Number	Requirement	Responsibility									
		A/B									D
		MAC									M
											E
		A	B	H	H	H					C
											E
											D
											I
											C

10319.5 MLN Article: A provider education article related to this instruction will be available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" 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 5 business days after receipt of the notification from CMS announcing the availability of the 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. X X

Number	Requirement	Responsibility									
		A/B									D
		MAC									M
											E
		A	B	H	H	H					C
											E
											D
											I
											C

10319.5 MLN Article: A provider education article related to this instruction will be available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" 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 5 business days after receipt of the notification from CMS announcing the availability of the 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. X X

3. PROVIDER EDUCATION TABLE

4. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

5. CONTACTS

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov (Coverage) , Stuart Caplan, 410-786-8564 or stuart.caplan@cms.hhs.gov (Coverage) , Wanda Belle, 410-786-7491 or

Post-Implementation Contact(s):

6. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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

ATTACHMENTS: 0

60.3.2 - Tracer Codes Required forPET

Scans

(Rev.3911, Issued: 11-09-17, Effective: 01-01-18, Implementation: 12-11-17)

An applicable tracer/radiopharmaceutical code, along with an applicable Current Procedural Technology (CPT) code, is necessary for claims processing of any Positron Emission Tomography (PET) scan services. While there are a number of PET tracers already billable for a diverse number of medical indications, there have been, and may be in the future, additional PET indications that might require a new PET tracer. Under those circumstances, the process to request/approve/implement a new code could be time-intensive. To help alleviate inordinate spans of time between when a national coverage determination is made, or when the Food and Drug Administration (FDA) approves a particular radiopharmaceutical for an oncologic indication already approved by the Centers for Medicare & Medicaid Services (CMS), and when it can be fully implemented via valid claims processing, CMS has created two new PET radiopharmaceutical unclassified tracer codes that can be used temporarily. This time period would be pending the creation/approval/implementation of permanent CPT codes that would later specifically define their function by CMS in official instructions.

Effective with dates of service on or after January 1, 2018, the following Healthcare Common Procedure Coding System (HCPCS) codes shall be used ONLY AS NECESSARY FOR AN INTERIM PERIOD OF TIME under the circumstances explained here. Specifically, there are two circumstances that would warrant use of the below codes: (1) After FDA approval of a PET oncologic indication, or, (2) after CMS approves coverage of a new PET indication, and ONLY if either of those situations requires the use of a dedicated PET radiopharmaceutical/tracer that is currently non-existent. Once permanent replacement codes are officially implemented by CMS, use of the temporary code for that particular indication will simultaneously be discontinued.

NOTE: The following two codes were effective as of January 1, 2017, with the January 2017 quarterly HCPCS update.

A9597 - Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified

A9598 - Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

Effective for claims with dates of service on and after January 1, 2018, when PET tracer code A9597 or A9598 are present on a claim, that claim must also include:

-an appropriate PET HCPCS code, either 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814,

78815, or 78816,

-if tumor-related, either the -PI or -PS modifier as appropriate,

-if clinical trial, registry, or study-related outside of NCD220.6.17, PET for Solid Tumors, clinical trial modifier â Q0,

-if clinical trial, registry, or study-related, all claims require the 8-digit clinical trial number,

-if Part A OP and clinical trial, registry, or study-related outside of NCD220.6.17, PET for Solid Tumors, also include condition code 30 and ICD-10 diagnosis Z00.6.

Effective for claims with dates of service on and after January 1, 2018, A/Medicare Administrative Contractors (MACs) shall line-item deny, and B/MACs shall line-item reject, PET claims for A9597 or A9598 that don't include the elements noted above as appropriate.

Contractors shall use the following messaging when line-item denying (Part A) or line-item rejecting (Part

B) PET claims containing HCPCS A9597 or A9598: Remittance Advice Remark Codes (RARC) N386

Claim Adjustment Reason Code (CARC) 50, 96, and/or 119.

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

(The above new verbiage will supersede any existing verbiage in chapter 13, section 60.3.2.)

URL for source document:

<https://www.cms.gov/files/document/r12904otn.pdf>

CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 12904

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: October 24, 2024

Change Request 13828

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)â April 2025 (CR 2 of 2)

1. SUMMARY OF CHANGES:

EFFECTIVE DATE: April 1, 2025 - See individual BRs

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

IMPLEMENTATION DATE: November 26, 2024 - BRs 2,4,5,7 November 26, 2024; April 7, 2025 -

BRs 1, 3, 6

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.

2. **CHANGES IN MANUAL INSTRUCTIONS:** *Only One Per Row.*

R/N/D CHAPTER / SECTION / SUBSECTION / TITLE

N/A N/A

3. **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.

4. **ATTACHMENTS:**

One Time Notification

Attachment - One-Time Notification

Pub. 100-20 Transmittal: 12904 Date: October 24, 2024 Change Request: 13828

SUBJECT: International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)â April 2025 (CR 2 of 2)

EFFECTIVE DATE: April 1, 2025 - See individual BRs

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

IMPLEMENTATION DATE: November 26, 2024 - BRs 2,4,5,7 November 26, 2024; April 7, 2025 -

BRs 1, 3, 6

1. SUMMARY OF CHANGES:

2. GENERAL INFORMATION

1. **Background: The purpose of this Change Request (CR) is to provide a maintenance update of ICD- 10 conversions and other coding updates specific to NCDs. These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates that can be found at: <https://>**
2. **Policy: Edits to ICD-10, and other coding updates specific to NCDs, will be included in subsequent quarterly releases as needed. No policy-related changes are included with these updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. Please follow the link below for the NCD spreadsheets included with this CR: <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13828.zip>**

Clarification: Coding (as well as payment) is a separate and distinct area of the Medicare Program from coverage policy/criteria. Revisions to codes within an NCD are carefully and thoroughly reviewed and vetted by the Centers for Medicare & Medicaid Services and are not intended to change the original intent of the NCD. The exception to this is when coding revisions are released as official implementation of new or reconsidered NCD policy following a formal national coverage analysis.

Note: The translations from ICD-9 to ICD-10 are not consistent one-to-one matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (GEMs)* mapping guide or other mapping guides appropriate when reviewed against individual NCD policies. *GEMs mapping is no longer provided by CMS as of October 1, 2019. In addition, for those policies that expressly allow Medicare Administrative Contractor (MAC) discretion, there may be changes to those NCDs based on current review of those NCDs against ICD-10 coding. For these reasons, there may be certain ICD-9 codes that were once considered appropriate prior to ICD-10 implementation that are no longer considered acceptable.

Note/Clarification: A/B MACs Part A and A/B MACs Part B shall complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR.

Note/Clarification: A/B MACs shall use default Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages where appropriate: Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update. When denying claims associated with the attached NCDs, except where otherwise indicated, A/B MACs shall use: Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating a signed Advance Beneficiary Notice (ABN) is on file). Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file). For modifier GZ, use CARC 50 and Medicare Summary Notice (MSN) 8.81 per instructions in CR 7228/TR 2148.

3. BUSINESS REQUIREMENTS TABLE

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

N u m b e r	Requirement	Responsibility												
		A/B MAC		D M E		Shared- System Maintainer s		O						
		A	B	H	H	F I S	M C S	V M S	C W F	t h e r				
1	NCD 190.11 PT/INR for Anticoagulation	X	X			X	X							
3	Management													
8														
2														
8.														
1	Contractors shall be aware of revised descriptor for ICD-10 dx I26.93 and I26.94 effective October 1, 2024. Contractors shall add ICD-10 dx I26.03 and I26.95 effective October 1, 2024. See attached spreadsheet													
1	NCD 200.3 Monoclonal Antibodies	X	X											
3														
8														
2	Contractors shall add J0175 Injection, donanemab-azbt, 2mg for KISUNLAâ effective FDA approval date of July 2, 2024.													
8.														
	See attached spreadsheet.													

N u m b e r	Requirement	Responsibility												
		A/B MAC		D M E		Shared- System Maintainer s		O						
		A	B	H	H	F I S	M C S	V M S	C W F	t h e r				
1	NCD 210.3 Colorectal Cancer	X	X			X	X							
3														

8 Contractors shall end date ICD-10 dx Z86.010 effective September 30, 2024.

2 Contractors shall add ICD-10 dx Z83.72, Z86.0100, Z86.0101, Z86.0102, and Z86.0109 effective October 1, 2024.

8.

3 See attached spreadsheet.

NCD 220.6.17 PET for Solid Tumors

1 Contractors shall add ICD-10 dx C81.0A , C81.1A , C81.2A , C81.3A , C81.4A , C81.7A , C81.9A , C82.0A , C82.1A , C82.2A , C82.3A , C82.4A , C82.5A , C82.6A , C82.8A ,
 3 C82.9A , C83.0A , C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C84.9A, C84.AA , C84.ZA , C85.1A ,
 C85.2A , C85.8A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30,
 C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91 effective

8 October 1, 2024.

X X

2

8. Contractors shall end-date ICD-10 dx C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, C88.8,
 4 C88.9 effective September 30, 2024.

See attached spreadsheet

1 NCD 230.18 Sacral Nerve Stimulation

3

8 Contractors shall add ICD-10 dx T85.111A, T85.113A, T85.121A, T85.193A, T85.840A, Z45.42 effective January 1, 2024.

X X

2

8. See attached spreadsheet.

5

1

3 NCD 260.9 Heart Transplants

8

X X X X

2

8. Contractors shall end-date ICD-10 dx Q23.8 effective September 30, 2024.

8.

6

N u m b e r	Requirement	Responsibility
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	A/B MAC	DME	Shared- System Maintainer s	
	A B HHH	MAC	FISS MCS VMS CWF	O
				t h e
				r

Contractors shall add ICD-10 dx Q23.81, Q23.82, and Q23.88 effective October 1, 2024.

See attached spreadsheet.

1
3 NCD 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds

8
2 Contractors shall add Part B POS codes 12 and 31 to policy effective January 1, 2024. X

8.
7 See attached spreadsheet.

1
3
8
2 Contractors shall not search for claims but may adjust claims that are brought to their attention. X X

4. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and 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.

Impacted Contractors:

5. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information:

6. CONTACTS

Post-Implementation Contact(s):

7. 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: Refer to Section B.

URL for source document:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13828.zip>

NCD:220.6.17

NCD Title:Positron Emission Tomography (FDG) for Oncologic Conditions

IOM:<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&ncdver=4&bc=AgAAQAAAAAAAAAA%3d%3d&>

MCD:<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf>

ICD-10 CM

ICD-10 DX 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.

C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified

C00.8	Malignant neoplasm of overlapping sites of lip
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus

C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C26.1	Malignant neoplasm of spleen
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx

C33	Malignant neoplasm of trachea
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip

C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder

C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum

C49.A9	Gastrointestinal stromal tumor of other sites
C4A.0	Merkel cell carcinoma of lip
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris

C51.8	Malignant neoplasm of overlapping sites of vulva
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C61	Malignant neoplasm of prostate
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus

C67.8	Malignant neoplasm of overlapping sites of bladder
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.59	Malignant neoplasm of other cranial nerves
C73	Malignant neoplasm of thyroid gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified

C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.89	Secondary malignant neoplasm of other digestive organs
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of the bone
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.63	Secondary malignant neoplasm of bilateral ovaries
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum

C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C80.2	Malignant neoplasm associated with transplanted organ
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.0A	Nodular lymphocyte predominant Hodgkin lymphoma, in remission
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.1A	Nodular sclerosis Hodgkin lymphoma, in remission
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.2A	Mixed cellularity Hodgkin lymphoma, in remission
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
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission
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
C81.4A	Lymphocyte-rich Hodgkin lymphoma, in remission
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.7A	Other Hodgkin lymphoma, in remission
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C81.9A	Hodgkin lymphoma, unspecified, in remission
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
C82.0A	Follicular lymphoma grade I, in remission
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.1A	Follicular lymphoma grade II, in remission
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
C82.2A	Follicular lymphoma grade III, unspecified, in remission
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.3A	Follicular lymphoma grade IIIa, in remission
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.4A	Follicular lymphoma grade IIIb, in remission
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.5A	Diffuse follicle center lymphoma, in remission
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.6A	Cutaneous follicle center lymphoma, in remission
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes

C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.8A	Other types of follicular lymphoma, in remission
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C82.9A	Follicular lymphoma, unspecified, in remission
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.0A	Small cell B-cell lymphoma, in remission
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.1A	Mantle cell lymphoma, in remission
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.3A	Diffuse large B-cell lymphoma, in remission
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

C83.5A	Lymphoblastic (diffuse) lymphoma, in remission
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
C83.7A	Burkitt lymphoma, in remission
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
C83.8A	Other non-follicular lymphoma, in remission
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
C83.9A	Non-follicular (diffuse) lymphoma, unspecified, in remission
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.0A	Mycosis fungoides, in remission
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
C84.1A	Sezary disease, in remission
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 inguinal 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
C84.4A	Peripheral T-cell lymphoma, not elsewhere classified, in remission
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
C84.6A	Anaplastic large cell lymphoma, ALK-positive, in remission
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.7B	Anaplastic large cell lymphoma, ALK-negative, in remission
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.9A	Mature T/NK-cell lymphomas, unspecified, in remission
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.AA	Cutaneous T-cell lymphoma, unspecified, in remission
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes

C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.ZA	Other mature T/NK-cell lymphomas, in remission
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.1A	Unspecified B-cell lymphoma, in remission
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.2A	Mediastinal (thymic) large B-cell lymphoma, in remission
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.8A	Other specified types of non-Hodgkin lymphoma, in remission
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission
C86.01	Extranodal NK/T-cell lymphoma, nasal type, in remission
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission
C86.11	Hepatosplenic T-cell lymphoma, in remission
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.21	Enteropathy-type (intestinal) T-cell lymphoma, in remission
C86.30	Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission
C86.31	Subcutaneous panniculitis-like T-cell lymphoma, in remission
C86.40	Blastic NK-cell lymphoma not having achieved remission
C86.41	Blastic NK-cell lymphoma, in remission
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission

C86.51	Angioimmunoblastic T-cell lymphoma, in remission
C86.60	Primary cutaneous CD30-positive T-cell proliferations not having achieved remission
C86.61	Primary cutaneous CD30-positive T-cell proliferations, in remission
C88.00	Waldenstrom macroglobulinemia not having achieved remission
C88.01	Waldenstrom macroglobulinemia, in remission
C88.20	Heavy chain disease not having achieved remission
C88.21	Heavy chain disease, in remission
C88.30	Immunoproliferative small intestinal disease not having achieved remission
C88.31	Immunoproliferative small intestinal disease, in remission
C88.40	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission
C88.41	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission
C88.80	Other malignant immunoproliferative diseases not having achieved remission
C88.81	Other malignant immunoproliferative diseases, in remission
C88.90	Malignant immunoproliferative disease, unspecified not having achieved remission
C88.91	Malignant immunoproliferative disease, unspecified, in remission
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse

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

C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
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)
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D39.0	Neoplasm of uncertain behavior of uterus
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D40.0	Neoplasm of uncertain behavior of prostate
D40.11	Neoplasm of uncertain behavior of right testis
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D41.01	Neoplasm of uncertain behavior of right kidney

D41.02	Neoplasm of uncertain behavior of left kidney
D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis
D41.21	Neoplasm of uncertain behavior of right ureter
D41.22	Neoplasm of uncertain behavior of left ureter
D41.3	Neoplasm of uncertain behavior of urethra
D41.4	Neoplasm of uncertain behavior of bladder
D41.8	Neoplasm of uncertain behavior of other specified urinary organs
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.11	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Neoplasm of uncertain behavior of left adrenal gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D45	Polycythemia vera
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.19	Other specified neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D48.7	Neoplasm of uncertain behavior of other specified sites
G13.0	Paraneoplastic neuromyopathy and neuropathy
R77.9	Abnormality of plasma protein, unspecified
R91.1	Solitary pulmonary nodule
R91.8	Other nonspecific abnormal finding of lung field
R93.0	Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified
R93.2	Abnormal findings on diagnostic imaging of liver and biliary tract
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.41	Abnormal radiologic findings on diagnostic imaging of renal pelvis, ureter, or bladder
R93.421	Abnormal radiologic findings on diagnostic imaging of right kidney
R93.422	Abnormal radiologic findings on diagnostic imaging of left kidney
R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs
R94.02	Abnormal brain scan
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
	NOTE: Whenever a personal history diagnosis code (Z85.XXX) is on a claim, the claim must also contain a diagnosis code from the list of covered C, D or R codes.
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.020	Personal history of malignant carcinoid tumor of stomach

Z85.028	Personal history of other malignant neoplasm of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.05	Personal history of malignant neoplasm of liver
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.12	Personal history of malignant neoplasm of trachea
Z85.21	Personal history of malignant neoplasm of larynx
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.29	Personal history of other malignant neoplasm of other respiratory and intrathoracic organs
Z85.3	Personal history of malignant neoplasm of breast
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.44	Personal history of malignant neoplasm of other female genital organs
Z85.46	Personal history of malignant neoplasm of prostate:III
Z85.47	Personal history of malignant neoplasm of testis
Z85.48	Personal history of malignant neoplasm of epididymis
Z85.49	Personal history of malignant neoplasm of other male genital organs
Z85.51	Personal history of malignant neoplasm of bladder
Z85.520	Personal history of malignant carcinoid tumor of kidney
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.53	Personal history of malignant neoplasm of renal pelvis
Z85.54	Personal history of malignant neoplasm of ureter
Z85.59	Personal history of malignant neoplasm of other urinary tract organ
Z85.6	Personal history of leukemia
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Z85.820	Personal history of malignant melanoma of skin
Z85.821	Personal history of Merkel cell carcinoma
Z85.828	Personal history of other malignant neoplasm of skin
Z85.830	Personal history of malignant neoplasm of bone
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.840	Personal history of malignant neoplasm of eye
Z85.841	Personal history of malignant neoplasm of brain
Z85.848	Personal history of malignant neoplasm of other parts of nervous system
Z85.850	Personal history of malignant neoplasm of thyroid
Z85.858	Personal history of malignant neoplasm of other endocrine glands
Z85.89	Personal history of malignant neoplasm of other organs and systems

NCD:220.6.17

NCD Title:Positron Emission Tomography (FDG) for Oncologic Conditions

IOM:<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&ncdver=4&bc=AgAAQAAAAAAAAAAA%3d%3d&>

MCD:<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf>

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 PCS	ICD-10 PCS Description	Proposed HCPCS/CPT	TOB	Revenue	Modifier	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A	
N/A	N/A									
NCD:220.6.17										
NCDPositron Emission Tomography (FDG) for Oncologic Conditions (CR6632, CR7125, CR7148, CR8381, CR8468, CR8739, CR9751, CR9861, CR10086, CR10184, CR10318, CR10473, CR10622, CR10859, CR11905, CR12027, Title:CR12482, CR12842, <u>CR13391</u> , <u>CR13507</u> , <u>CR13828</u>)										
IOM: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=331&ncdver=4&bc=AgAAQAAAAAAAAAAA%3d%3d&										
MCD: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3162CP.pdf										
Part A	Rule Description Part A	SCAD	Once per	N/A	N/A	PI	N/A	23.17	50	M64
Part A	A/MACs: Effective for claims with DOS on or after 4/3/09, shall accept FDG PET claims billed to inform initial tx strategy with one of the following PET CPT codes AND modifier PI: 78608, 78811, 78812, 78813, 78814, 78815, 78816 and FDG PET HCPCS radiopharmaceutical A9552 or A9609.	78608=PET -PI								
	Note: Whenever a personal history code (Z85.XXX) is on a claim it must also contain a secondary dx code of the same covered cancer dx.	brain								
		OR								
		78811=PET								
		head/neck								
		chest								
		OR								
		78812=PET								
		skull								
		base								
		to								
		mid-thigh								
		OR								
		78813=PET								
		whole								
		body								
		OR								
		78814=PET/								
		CT								
		head/neck								
		chest								
		OR								
		78815=PET/								
		CT								
		skull								
		base								
		to								
		mid-thigh								
		OR								
		78816=PET/								
		CT								
		whole								
		body								

TOB 13X TOB 85X when the revenue code is not 096X, 097X or 098X

Part	Rule Description	HCPCS/CPT	Frequency	POS (Part B)	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B	
		78811								
		78812								
		78813								
		78814								
		78815								
		OR								
		78816								
		AND								
		A9552								
		OR								
		A9609								
		SCAN								
		78608								
		78811								
		78812								
		78813								
		78814								
		78815								
		OR								
		78816								
		AND								
		RADIO								
		A9552							N56	
		OR							or	
Part B	Note: Whenever a personal history code (Z85.XXX) is on a claim it must also contain a secondary dx code of the same covered cancer dx.	A9609	N/A	N/A	N/A	PI	N/A	23.17	96	N386
Part B	B/MACs: Effective for claims with DOS on or after 4/3/09, shall accept FDG PET claims with modifier PS for subsequent tx strategy for solid tumors using one of the CPT codes, FDG PET radio A9552 or A9609, AND a cancer dx code.	78608	per -PS	N/A	N/A	PS	N/A	23.17	96	N386
	Note: Whenever a personal history code (Z85.XXX) is on a claim it must also contain a secondary dx code of the same covered cancer dx.	78811								
		78812								
		78813								
		78814								
		78815								
		OR								
		78816								
		AND								
		A9552								

78814
78815
OR
78816
AND
A9552
OR
A9609
78608
78811
78812
78813
78814
78815
OR
78816
ANI over 3
A9552 -PS
OR without
A9609

B/MACs shall deny subsequent tx 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:

-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 dx.

-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 Part B more than three (PS) services for the same dx.

N386
or
N435
N/A N/A KX N/A 23.17 273

REVISION HISTORY

CR9751: Add additional radiopharmaceutical C9461 Choline C-11 to policy effective 4/1/16.

CR9861: Add ICD-10 dx for neoplasms of uncertain behavior effective 10/1/16: D37.1, D37.2, D37.3, D37.4, D37.5, D37.6, D37.8, D37.01, D37.02, D37.04, D37.05, D37.09, D37.030, D37.031, D37.032, D38.0, D38.1, D38.2, D38.3, D38.4, D38.5, D39.0, D39.2, D39.8, D39.11, D39.12, D40.0, D40.8, D40.11, D40.12, D41.01, D41.02, D41.11, D41.12, D41.21, D41.22, D41.3, D41.4, D41.8, D42.0, D42.1, D43.0, D43.1, D43.3, D43.4, D43.8, D44.0, D44.2, D44.3, D44.4, D44.5, D44.6, D44.7, D44.11, D44.12, D48.0, D48.1, D48.2, D48.3, D48.4, D48.5, D48.61, D48.62, D48.7.

CR9861: Delete ICD-10 unspecified dx where laterality code is available effective 1/1/17: C00.2, C00.5, C03.9, C34.00, C34.10, C34.30, C34.80, C34.90, C40.00, C40.10, C40.20, C40.30, C40.80, C40.90, C43.20, C43.60, C43.70, C44.101, C44.111, C44.121, C44.191, C44.201, C44.211, C44.221, C44.291, C44.601, C44.611, C44.621, C44.691, C44.701, C44.711, C44.721, C44.791, C46.50, C47.10, C47.20, C49.10, C49.20, C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, C50.919, C50.929, C56.9, C57.00, C57.10, C57.20, C62.00, C62.10, C62.90, C63.00, C63.10, C64.9, C65.9, C66.9, C69.00, C69.10, C69.20, C69.30, C69.40, C69.50, C69.60, C69.80, C69.90, C72.20, C72.30, C72.40, C74.00, C74.10, C74.90, C76.40, C76.50, C78.00, C79.00, C79.60, C79.70, D03.10, D03.20, D03.60, D03.70, C4A.10, C4A.20, C4A.60, C4A.70.

MCS per MCS request.

Change RARC N345 to N386 in line 13, CARC N386 to 96 in line 17 per

CORE.

Effective 10/1/15, add ICD-10 dx D47.Z1

Effective 1/1/17, MACs shall add 2 new PET radiopharmaceutical HCPCS codes to the existing logic and edits for this policy in accordance with the 1/1/17 Annual HCPCS Update:

A9588: Fluciclovine f-18, diagnostic, 1 millicurie

A9587: Gallium ga-68, dotatate, diagnostic, 0.1 millicurie

Effective 1/1/17, MACs shall replace deleted PET radiopharmaceutical HCPCS C9461 Choline C-11 with HCPCS A9515 Choline C-11, diagnostic, per study dose up to 20 millicuries.

CR10086: Specify A9515 and A9588 are only approved for suspected prostate cancer recurrence, therefore, they are restricted to ICD-10 dx C61 Malignant neoplasm of prostate, Z85.46, personal history of malignant neoplasm of prostate, and modifier -PS. CMS continues to nationally non-cover initial anti-tumor treatment strategy in Medicare beneficiaries who have adenocarcinoma of the prostate.

ICD-9 codes removed from spreadsheet.

ICD-10 dx depicting in situ cancer delete 10/1/15: D03.0, D03.4, D03.8, D03.9, D03.11, D03.12, D03.21, D03.22, D03.30, D03.39, D03.51, D03.52, D03.59, D03.61, D03.62, D03.71, D03.72.

CR10184: No SSM edits at this time.

Add ICD-10 dx C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, R91.8 effective 10/1/16. Delete ICD-10 dx C79.51, C79.52, C80.0, C80.1 effective 10/1/15.

End-date reference to and edits for A9515, A9587, A9588 that specifically link them to NCD220.6.17 since they are not 'FDG' related effective 10/1/17. These 3 new PET radiopharmaceuticals fall under the coverage parameters in CR8381.

FISS to end-date effective 10/1/15 any non-NCD RCs, 32440 included, and replace with 59XXX NCD RCs.

Add CARC 4 and RARC N386 to row 22

Add "or" to rows 16,18 and 23 RARC Messages

CR10318: End-date ICD-10 dx C96.2 effective 9/30/17.

End-date ICD-10 dx R93.429 effective 9/30/15.

Add ICD-10 dx R91.8, R92.8, R93.0, R93.2, R93.3, R93.4, R93.41, R93.49, R93.421, R93.422, R93.5, R94.02, Z85.01, Z85.038, Z85.048, Z85.118, Z85.12, Z85.21, Z85.22, Z85.3, Z85.43, Z85.79, Z85.810, Z85.818, Z85.820, Z85.828, Z85.830, Z85.850 effective October 1, 2017.

CR10473: Delete ICD-10 dx codes C44.91, C44.92, C57.9 effective 10/1/15.

Fix typo line 20 from RARC N345 to N435.

CR10622: End-date ICD-10 R93.4 effective 9/30/16.

Add ICD-10 R93.41, R93.421, R93.422, and R93.49 effective 10/1/16 (corrected from 10/1/17 in CR10318).

Add back CPT 78608 to column B inadvertently removed.

CR10859: End-date ICD-10 dx effective 9/30/18: C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, C4A.11, C4A.12.

Add 2019 ICD-10 dx effective 10/1/18: C43.111, C43.112, C43.121, C43.122, C44.1021, C44.1022, C44.1091, C44.1092, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991, C44.1992, C4A.111, C4A.112, C4A.121, C4A.122.

Delete ICD-10 dx effective 1/1/19: C00.9, C02.9, C04.9, C05.9, C06.80, C06.9, C08.9, C10.9, C11.9, C13.9, C14.0, C15.9, C16.9, C17.9, C18.9, C21.0, C24.9, C25.9, C26.9, C31.9, C32.9, C34.91, C34.92, C4A.30, C4A.9, C44.310, C44.320, C44.390, C44.99, C45.9, C46.9, C47.9, C48.2, C51.9, C53.9, C54.9, C71.9, C72.50, C75.9, C7A.094, C7A.095, C7A.096, C79.10, R92.8.

Add ICD-10 dx effective 1/1/19: R77.9, R97.21, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, C88.0, C96.29, R97.21, Z85.020, Z85.028, Z85.030, Z85.040, Z85.05, Z85.060, Z85.068, Z85.07, Z85.09, Z85.110, Z85.230, Z85.238, Z85.29, Z85.41, Z85.42, Z85.44, Z85.47, Z85.48, Z85.49, Z85.51, Z85.520, Z85.528, Z85.53, Z85.54, Z85.59, Z85.6, Z85.71, Z85.72, Z85.821, Z85.831, Z85.840, Z85.841, Z85.848, Z85.858, Z85.89.

NOTE: Whenever a personal history diagnosis code (Z85.XXX) is on a claim, the claim must also contain a diagnosis code from the list of covered C, D, or R diagnosis codes.

CR11905: FISS to end-date RCs 59240-59241 effective 1/1/2021.

CR12027: Added "and R codes" to the NOTE in the dx list that was cut off in CR10859 transmission. (The note was complete in both business requirements and history.) Ensure edits are processing correctly.

Add ICD-10 dx effective 4/1/2021 C79.51, C94.40, C94.41, C94.42, D47.Z2, D47.Z9, G13.0.

FISS to remove RC 59240, 59241 not removed in CR 10184.

CR12482: Add ICD-10 dx C56.3, C79.63, C84.7A effective 10/1/2021.

CR12842: Note revised descriptors for: C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, and C84.49 effective 10/1/2022.

CR13391: End-date ICD-10 dx D48.1 effective 9/30/23.

Add ICD-10 dx D48.19 effective 10/1/2023.

CR13507: Add A9609 effective 1/1/2024.

CR13828: Add ICD-10 dx C81.0A, C81.1A, C81.2A, C81.3A, C81.4A, C81.7A, C81.9A, C82.0A, C82.1A, C82.2A, C82.3A, C82.4A, C82.5A, C82.6A, C82.8A, C82.9A, C83.0A, C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C84.9A, C84.AA, C84.ZA, C85.1A, C85.2A, C85.8A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91 effective 10/1/24.

End-date ICD-10 dx C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, C88.8, C88.9 effective 9/30/24.