SUBJECT: National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS)

I. SUMMARY OF CHANGES: CMS IS SENSITIVE TO THE CONCERNS OF ITS STAKEHOLDERS REGARDING THE INTERPRETATION OF THIS POLICY AND WILL WORK WITH THE MACS TO ADJUST THEIR RESPECTIVE CLAIMS PROCESSING SYSTEMS ACCORDINGLY. THANK YOU FOR YOUR PATIENCE AS WE WORK THROUGH THESE OUTSTANDING ISSUES.

The purpose of this Change Request (CR) is to inform contractors that effective March 16, 2018, the Centers for Medicare & Medicaid Services covers diagnostic laboratory tests using next generation sequencing when performed in a Clinical Laboratory Improvement Amendments-certified laboratory when ordered by a treating physician and when specific requirements are met.

THIS CHANGE REQUEST (CR) AND PUBLICATION (PUB.) 100-03 MANUAL TRANSMITTAL REFLECTS THE AGENCY’S FINAL DECISION DATED MARCH 16, 2018, REGARDING THE NATIONAL COVERAGE DETERMINATION (NCD) 90.2, ON NEXT GENERATION SEQUENCING (NGS). A SUBSEQUENT CR WILL BE RELEASED AT A LATER DATE THAT CONTAINS A PUB. 100-04 CLAIMS PROCESSING MANUAL UPDATE AND FURTHER, ACCOMPANYING INSTRUCTIONS. UNTIL THAT TIME, THE MEDICARE ADMINISTRATIVE CONTRACTORS (MACS) SHALL BE RESPONSIBLE FOR IMPLEMENTING NCD 90.2.

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

EFFECTIVE DATE: March 16, 2018

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

IMPLEMENTATION DATE: April 8, 2019 - 120 days from issuance of initial CR10878 issued on 11/30/18—A/B MACs

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.
II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>CHAPTER / SECTION / SUBSECTION / TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>1/Table of Contents</td>
</tr>
<tr>
<td>N</td>
<td>1/90.2/Next Generation Sequencing (NGS)</td>
</tr>
</tbody>
</table>

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

IV. ATTACHMENTS:
Business Requirements
Manual Instruction
SUBJECT: National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS)

EFFECTIVE DATE: March 16, 2018
*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 8, 2019 - 120 days from issuance of initial CR10878 issued on 11/30/18—A/B MACs

I. GENERAL INFORMATION

A. Background: Clinical laboratory diagnostic tests can include tests that, for example, predict the risk associated with one or more genetic variations. In addition, in vitro companion diagnostic laboratory tests provide a report of test results of genetic variations and are essential for the safe and effective use of a corresponding therapeutic product. Next Generation Sequencing (NGS) is one technique that can measure one or more genetic variation as a laboratory diagnostic test, such as when used as a companion in vitro diagnostic test.

Patients with advanced cancer can have recurrent, relapsed, refractory, metastatic, and/or stages III or IV of cancer. Clinical studies show that genetic variations in a patient’s cancer can, in concert with clinical factors, predict how each individual responds to specific treatments.

In application, a report of results of a diagnostic laboratory test using NGS (i.e., information on the cancer’s genetic variations) can contribute to predicting a patient’s response to a given drug: good, bad, or none at all. Applications of NGS to predict a patient’s response to treatment occurs ideally prior to initiation of the drug.

The Centers for Medicare & Medicaid Services (CMS) reviewed the evidence for laboratory diagnostic tests using NGS in patients with cancer, and determined that such tests with analytical and clinical validity, and clinical utility, could also improve health outcomes for Medicare beneficiaries with advanced cancer. Therefore CMS shall cover certain diagnostic laboratory tests using NGS under the conditions specified below.

B. Policy: Effective for claims with dates of service on or after March 16, 2018, CMS has determined that the evidence is sufficient to cover diagnostic laboratory tests that use NGS under specified conditions. CMS will cover such testing under the Medicare program for beneficiaries with recurrent, relapsed, refractory, metastatic cancer, or advanced stages III or IV cancer if the beneficiary has either not been previously tested using the same NGS test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician, and decided to seek further cancer treatment (e.g., therapeutic chemotherapy). The test must be ordered by the treating physician, performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory, and have all of the following requirements met:

- Food & Drug Administration (FDA) approval or clearance as a companion in vitro diagnostic; and,
- an FDA-approved or -cleared indication for use in that patient’s cancer; and,
- results provided to the treating physician for management of the patient using a report template to specify treatment options.
Additionally, Medicare Administrative Contractors may determine coverage of other diagnostic laboratory tests using NGS for patients with cancer only when the test is performed in a CLIA-certified laboratory, ordered by the treating physician and the patient has:

- either recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer; and,
- either not been previously tested using the same NGS test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician; and,
- decided to seek further cancer treatment (e.g., therapeutic chemotherapy).

A diagnostic laboratory test using NGS is non-covered when cancer patients do not have the above-noted indications for cancer under either national or local coverage criteria.

II. BUSINESS REQUIREMENTS TABLE

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>10878.1</td>
<td>Effective for dates of service on or after March 16, 2018, contractors shall cover diagnostic laboratory tests using NGS consistent with the NCD Manual, Publication 100.3, Part 1, Section 90.2.</td>
<td>X X</td>
</tr>
<tr>
<td>10878.2</td>
<td>Contractors shall refer to Attachment 1 for a list of covered clinical diagnostic laboratory tests using NGS and respective allowed ICD-10 diagnosis codes for the listed effective dates. Contractors shall refer to Attachment 1 for a list of covered tests using NGS and respective allowed ICD-10 diagnosis codes for effective date listed. Contractors shall be notified of updates to Attachment 1 through a Technical Direction Letter. NOTE: While the attached ICD-10 diagnosis code lists include a number of ‘unspecified’ codes, CMS clarifies that it continues to advocate for and encourage that claims be prepared with codes that provide the highest level of specificity when they are available.</td>
<td>X X</td>
</tr>
<tr>
<td>10878.2.1</td>
<td>Contractors shall use CPT code 81455 for covered clinical diagnostic laboratory test FoundationOne CDx and this test’s respective allowed ICD-10 diagnosis codes listed in Attachment 1 for claims with dates of service between 03/16/2018 and 03/31/2018.</td>
<td>CMS</td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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</tbody>
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| 10878.3  | Contractors shall use default CAQH CORE messages where appropriate: RARC N386 with 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 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 MSN 8.81 per instructions in CR 7228/TR 2148.  
NOTE: This replicates the note under the Policy section. | X X            |
| 10878.4  | A/B MACs shall work together collaboratively from a clinical aspect to ensure consistent national editing across jurisdictions. | X X            |
| 10878.4.1| Contractors shall attend up to four 1-hour calls to discuss feedback regarding implementation of coding for this policy and how to ensure consistent national editing across MACs.  
NOTE: CMS shall schedule the calls at a later date.  | X X            |
| 10878.4.2| Contractors shall be responsible for taking meeting notes on a rotating basis and submit notes to ECHIMP within 3 business days of meeting.  
Contractors shall appoint appropriate points-of-contact for staffing the meetings within seven business days from the date of this CR and email the name(s) to:Katherine.Szarama@cms.hhs.gov  | X X            |
<p>| 10878.5  | Contractors shall provide consensus recommendations to CMS in a final report uploaded into ECHIMP, under the Post Issued tab, Analysis Call Documents | X X            |</p>
<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td></td>
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<td>A/B MAC</td>
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<td>D M E MAC</td>
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<td></td>
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<td>Shared-System Maintainers</td>
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<td></td>
<td></td>
<td>Other</td>
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<tr>
<td></td>
<td>sub-tab, no later than 30 business days following the final meeting.</td>
<td>X</td>
</tr>
<tr>
<td>10878.6</td>
<td>Contractors shall ensure that no co-insurance or deductible is applied for covered tests using NGS when paid under the Clinical Laboratory Fee Schedule (CLFS).</td>
<td>X</td>
</tr>
<tr>
<td>10878.7</td>
<td>A/B MACs shall implement local edits in each respective jurisdiction until such time as CMS may determine shared edits to be appropriate, which will be relayed via a subsequent CR.</td>
<td>X X</td>
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</tbody>
</table>

### III. PROVIDER EDUCATION TABLE

<table>
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<td>Shared-System Maintainers</td>
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<td></td>
<td></td>
<td>Other</td>
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<td></td>
<td>MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.</td>
<td>X X</td>
</tr>
</tbody>
</table>

### IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.
Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage and Analysis), Katherine Szarama, 410-786-2840 or Katherine.Szarama@cms.hhs.gov (Coverage and Analysis), Patricia Brocato-Simons, 410-786-0261 or Patricia.Brocatosimons@cms.hhs.gov (Coverage and Analysis)

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

VI. FUNDING

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

ATTACHMENTS: 1
90.2 Next-Generation Sequencing for Patients with Advanced Cancer
90.2 Next Generation Sequencing (NGS) for Patients with Advanced Cancer

(Rev.215, Issued: 04-10-19, Effective: 03-16-18, Implementation: 04-08-19)

A. General

Clinical laboratory diagnostic tests can include tests that, for example, predict the risk associated with one or more genetic variations. In addition, in vitro companion diagnostic laboratory tests provide a report of test results of genetic variations and are essential for the safe and effective use of a corresponding therapeutic product. Next Generation Sequencing (NGS) is one technique that can measure one or more genetic variations as a laboratory diagnostic test, such as when used as a companion in vitro diagnostic test.

Patients with cancer can have recurrent, relapsed, refractory, metastatic, and/or advanced stages III or IV of cancer. Clinical studies show that genetic variations in a patient’s cancer can, in concert with clinical factors, predict how each individual responds to specific treatments.

In application, a report of results of a diagnostic laboratory test using NGS (i.e., information on the cancer’s genetic variations) can contribute to predicting a patient’s response to a given drug: good, bad, or none at all. Applications of NGS to predict a patient’s response to treatment occurs ideally prior to initiation of such treatment.

B. Nationally Covered Indications

Effective for services performed on or after March 16, 2018, the Centers for Medicare & Medicaid Services (CMS) has determined that Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory, when ordered by a treating physician, and when all of the following requirements are met:

1. **Patient has:**
   - either recurrent, relapsed, refractory, metastatic, or advanced stage III or IV cancer; and,
   - either not been previously tested using the same NGS test for the same primary diagnosis of cancer, or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician; and,
   - decided to seek further cancer treatment (e.g., therapeutic chemotherapy).

2. **The diagnostic laboratory test using NGS must have:**
   - Food & Drug Administration (FDA) approval or clearance as a companion in vitro diagnostic; and,
   - an FDA-approved or -cleared indication for use in that patient’s cancer; and,
   - results provided to the treating physician for management of the patient using a report template to specify treatment options.

C. Nationally Non-Covered

Effective for services performed on or after March 16, 2018, NGS as a diagnostic laboratory test for patients with cancer are non-covered if the cancer patient does not meet the criteria noted in section B.1. above.
D. Other

1. Effective for services performed on or after March 16, 2018, Medicare Administrative Contractors (MACs) may determine coverage of other NGS as a diagnostic laboratory test for patients with cancer only when the test is performed in a CLIA-certified laboratory, ordered by a treating physician, and the patient has:

- either recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer; and,
- either not been previously tested using the same NGS test for the same primary diagnosis of cancer or repeat testing using the same NGS test was performed only when a new primary cancer diagnosis is made by the treating physician; and,
- decided to seek further cancer treatment (e.g., therapeutic chemotherapy).

(This NCD last reviewed March 2018.)
Effective Date: 04/01/2018

Angiosarcoma of liver
Malignant neoplasm of uvula
Malignant neoplasm of tongue, unspecified
Malignant neoplasm of extrahepatic bile duct
Malignant neoplasm of cardia
Malignant neoplasm of overlapping sites of esophagus
Malignant neoplasm of middle third of esophagus
Malignant neoplasm of anterior two-thirds of tongue, part unspecified
Malignant neoplasm of fundus of stomach
Malignant neoplasm of pharynx, unspecified
Malignant neoplasm of lateral wall of nasopharynx
Malignant neoplasm of tonsil, unspecified
Malignant neoplasm of accessory sinus, unspecified
Malignant neoplasm of hepatic flexure
Malignant neoplasm of overlapping sites of tonsil
Malignant neoplasm of posterior wall of nasopharynx
Malignant neoplasm of overlapping sites of tongue
Malignant neoplasm of hard palate
Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
Malignant neoplasm of soft palate
Malignant neoplasm of stomach, unspecified
Malignant neoplasm of pancreas, unspecified
Malignant neoplasm of descending colon
Malignant neoplasm of spleen
Malignant neoplasm of overlapping sites of lip
Malignant neoplasm of ascending colon
Other sarcomas of liver
Malignant neoplasm of vestibule of mouth
Malignant neoplasm of overlapping sites of other parts of mouth
Malignant neoplasm of lesser curvature of stomach, unspecified
Malignant neoplasm of transverse colon
Malignant neoplasm of overlapping sites of pancreas
Malignant neoplasm of small intestine, unspecified
Malignant neoplasm of lateral wall of oropharynx
Malignant neoplasm of anus, unspecified
Malignant neoplasm of external upper lip
Malignant neoplasm of overlapping sites of accessory sinuses
Malignant neoplasm of nasal cavity
Malignant neoplasm of major salivary gland, unspecified
Malignant neoplasm of overlapping sites of rectum, anus and anal canal
Malignant neoplasm of ethmoidal sinus
Malignant neoplasm of body of pancreas
Malignant neoplasm of gallbladder
Malignant neoplasm of frontal sinus
Malignant neoplasm of anal canal
Liver cell carcinoma
Malignant neoplasm of lower lip, inner aspect
Malignant neoplasm of rectum
Malignant neoplasm of jejunum
Malignant neoplasm of sigmoid colon
Malignant neoplasm of cecum
Malignant neoplasm of rectosigmoid junction
Malignant neoplasm of posterior wall of hypopharynx
Malignant neoplasm of gum, unspecified
Malignant neoplasm of overlapping sites of small intestine
Malignant neoplasm of external lip, unspecified
Malignant neoplasm of greater curvature of stomach, unspecified
Malignant neoplasm of retromolar area
Malignant neoplasm of overlapping sites of oropharynx
Malignant neoplasm of commissure of lip, unspecified
Malignant neoplasm of sublingual gland
Malignant neoplasm of tonsillar pillar (anterior) (posterior)
Malignant neoplasm of superior wall of nasopharynx
Malignant neoplasm of cheek mucosa
Malignant neoplasm of submandibular gland
Malignant neoplasm of other parts of pancreas
Malignant neoplasm of upper third of esophagus
Malignant neoplasm of anterior wall of nasopharynx
Malignant neoplasm of duodenum
Malignant neoplasm of oropharynx, unspecified
Malignant neoplasm of parotid gland
Malignant neoplasm of ventral surface of tongue
Malignant neoplasm of tail of pancreas
Malignant neoplasm of splenic flexure
Malignant neoplasm of overlapping sites of nasopharynx
Malignant neoplasm of tonsillar fossa
Malignant neoplasm of ampulla of Vater
Malignant neoplasm of overlapping sites of colon
Malignant neoplasm of esophagus, unspecified
Malignant neoplasm of colon, unspecified
Meckel's diverticulum, malignant
Malignant neoplasm of middle ear
Malignant neoplasm of lower gum
Malignant neoplasm of lip, unspecified
Malignant neoplasm of intestinal tract, part unspecified
Malignant neoplasm of head of pancreas
Malignant neoplasm of border of tongue
Malignant neoplasm of pyloric antrum
Malignant neoplasm of anterior surface of epiglottis
Malignant neoplasm of upper lip, inner aspect
Malignant neoplasm of floor of mouth, unspecified

Note that claims for F1CDx test 03/16/2018-03/31/2018 will be recognized with NOC/NOS code 81455 coverable under this policy.
Malignant neoplasm of glottis
Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
Malignant neoplasm of laryngeal cartilage
Malignant neoplasm of overlapping sites of left bronchus and lung
Squamous cell carcinoma of skin of right upper eyelid, including canthus Effective 10/1/2018
Malignant neoplasm of upper respiratory tract, part unspecified
Unspecified malignant neoplasm of skin of right ear and external auricular canal
Squamous cell carcinoma of skin of left lower eyelid, including canthus Effective 10/1/2018
Malignant melanoma of unspecified eyelid, including canthus
Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
Malignant neoplasm of lower lobe, right bronchus or lung
Unspecified malignant neoplasm of skin of left lower eyelid, including canthus Effective 10/1/2018
Malignant neoplasm of larynx, unspecified
Malignant neoplasm of overlapping sites of right bronchus and lung
Malignant neoplasm of unspecified bones and articular cartilage of left limb
Malignant melanoma of left lower limb, including hip
Malignant neoplasm of unspecified part of left bronchus or lung
Malignant neoplasm of pleura
Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
Malignant neoplasm of unspecified part of left bronchus or lung
Malignant neoplasm of lower lobe, unspecified bronchus or lung
Malignant neoplasm of vertebral column
Basal cell carcinoma of skin of right lower eyelid, including canthus Effective 10/1/2018
Malignant neoplasm of lower respiratory tract, part unspecified
Basal cell carcinoma of skin of unspecified parts of face
Malignant neoplasm of pelvic bones, sacrum and coccyx
Malignant melanoma of unspecified part of face
Malignant neoplasm of other parts of face
Malignant neoplasm of unspecified bones and articular cartilage, unspecified
Malignant neoplasm of unspecified eyelid, including canthus Expired 9/30/2018
Malignant neoplasm of right lower eyelid, including canthus Expired 9/30/2018
Malignant neoplasm of left lower eyelid, including canthus Expired 9/30/2018
Malignant melanoma of unspecified part of face Expired 9/30/2018
Malignant melanoma of unspecified lower limb, including hip
Malignant neoplasm of short bones of unspecified lower limb
Malignant neoplasm of right main bronchus
Basal cell carcinoma of skin of other parts of face
Other specified malignant neoplasm of skin of left lower eyelid, including canthus Effective 10/1/2018
Malignant neoplasm of mediastinum, part unspecified
Unspecified malignant neoplasm of skin of right upper eyelid, including canthus Effective 10/1/2018
Malignant melanoma of anal skin
Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
Malignant neoplasm of trachea
Malignant melanoma of other part of trunk
Malignant melanoma of unspecified lower limb, including hip
Malignant melanoma of unspecified part of face
Other specified malignant neoplasm of skin of right upper eyelid, including canthus Effective 10/1/2018
Malignant melanoma of pelvic bones, sacrum and coccyx
Malignant melanoma of unspecified part of face
Malignant melanoma of other parts of face
Malignant neoplasm of upper-inner quadrant of left male breast
Malignant neoplasm of vagina
Malignant neoplasm of axillary tail of unspecified male breast
Malignant neoplasm of right testis, unspecified whether descended or undescended
Malignant neoplasm of unspecified site of left male breast
Malignant neoplasm of paraurethral glands
Malignant neoplasm of lower-inner quadrant of left female breast
Malignant neoplasm of right ureter
Malignant neoplasm of overlapping sites of cervix uteri
Malignant neoplasm of axillary tail of left male breast
Malignant neoplasm of unspecified undescended testis
Malignant neoplasm of left ureter
Malignant neoplasm of right broad ligament
Malignant neoplasm of right spermatic cord
Malignant neoplasm of vulva, unspecified
Malignant neoplasm of body of penis
Malignant neoplasm of placenta
Malignant neoplasm of lower-inner quadrant of unspecified male breast
Malignant neoplasm of right conjunctiva
Malignant neoplasm of upper-outer quadrant of left male breast
Malignant neoplasm of bladder neck
Malignant neoplasm of unspecified site of right male breast
Malignant neoplasm of upper-inner quadrant of unspecified male breast
Malignant neoplasm of exocervix
Malignant neoplasm of overlapping sites of male genital organs
Malignant neoplasm of myometrium
Malignant neoplasm of right epididymis
Malignant neoplasm of clitoris
Malignant neoplasm of parametrium
Malignant neoplasm of undescended right testis
Malignant neoplasm of right spermatic cord
Malignant neoplasm of lateral wall of bladder
Malignant neoplasm of overlapping sites of right female breast
Malignant neoplasm of overlapping sites of unspecified male breast
Malignant neoplasm of female genital organ, unspecified
Malignant neoplasm of left cornea
Malignant neoplasm of fundus uteri
Malignant neoplasm of unspecified ureter
Malignant neoplasm of endometrium
Malignant neoplasm of lower-inner quadrant of unspecified female breast
Malignant neoplasm of lower-outer quadrant of right male breast
Malignant neoplasm of axillary tail of right male breast
Malignant neoplasm of corpus uteri, unspecified
Malignant neoplasm of unspecified choroid
Malignant neoplasm of descended left testis
Malignant neoplasm of lower-outer quadrant of left female breast
Malignant neoplasm of overlapping sites of unspecified female breast
Malignant neoplasm of right ciliary body
Malignant neoplasm of parametrium
Malignant neoplasm of other specified male genital organs
Malignant neoplasm of upper-outer quadrant of unspecified male breast
Malignant neoplasm of unspecified conjunctiva
Malignant neoplasm of left testis, unspecified whether descended or undescended
Malignant neoplasm of overlapping sites of bladder
Malignant neoplasm of overlapping sites of urinary organs
Malignant neoplasm of uterus, part unspecified
Malignant neoplasm of unspecified site of right female breast
Malignant neoplasm of ureteric orifice
Malignant neoplasm of right ovary
Malignant neoplasm of isthmus uteri
Malignant neoplasm of lower-outer quadrant of unspecified female breast
Malignant neoplasm of glans penis
Malignant neoplasm of of unspecified site of right breast
Malignant neoplasm of left round ligament
Malignant neoplasm of right choroid
Malignant neoplasm of upper-outer quadrant of unspecified female breast
Malignant neoplasm of unspecified site of unspecified male breast
Malignant neoplasm of lower-inner quadrant of right male breast
Malignant neoplasm of overlapping sites of female genital organs
Malignant neoplasm of scrotum
Malignant neoplasm of other specified female genital organs
Malignant neoplasm of anterior wall of bladder
Malignant neoplasm of right ureter
Malignant neoplasm of unspecified site of unspecified male breast
Malignant neoplasm of overlapping sites of urinary organs
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<th>ICD-10-CM Code Descriptor</th>
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<tr>
<td>C33</td>
<td>Malignant neoplasm of trachea</td>
</tr>
<tr>
<td>C34.00</td>
<td>Malignant neoplasm of unspecified main bronchus</td>
</tr>
<tr>
<td>C34.01</td>
<td>Malignant neoplasm of right main bronchus</td>
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<tr>
<td>C34.02</td>
<td>Malignant neoplasm of left main bronchus</td>
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<tr>
<td>C34.10</td>
<td>Malignant neoplasm of upper lobe, unspecified bronchus or lung</td>
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<tr>
<td>C34.11</td>
<td>Malignant neoplasm of upper lobe, right bronchus or lung</td>
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<td>C34.12</td>
<td>Malignant neoplasm of upper lobe, left bronchus or lung</td>
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<td>C34.2</td>
<td>Malignant neoplasm of middle lobe, bronchus or lung</td>
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<td>Malignant neoplasm of lower lobe, unspecified bronchus or lung</td>
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<tr>
<td>C34.31</td>
<td>Malignant neoplasm of lower lobe, right bronchus or lung</td>
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<tr>
<td>C34.32</td>
<td>Malignant neoplasm of lower lobe, left bronchus or lung</td>
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<tr>
<td>C34.80</td>
<td>Malignant neoplasm of overlapping sites of unspecified bronchus and lung</td>
</tr>
<tr>
<td>C34.81</td>
<td>Malignant neoplasm of overlapping sites of right bronchus and lung</td>
</tr>
<tr>
<td>C34.82</td>
<td>Malignant neoplasm of overlapping sites of left bronchus and lung</td>
</tr>
<tr>
<td>C34.90</td>
<td>Malignant neoplasm of unspecified part of unspecified bronchus or lung</td>
</tr>
<tr>
<td>C34.91</td>
<td>Malignant neoplasm of unspecified part of right bronchus or lung</td>
</tr>
<tr>
<td>C34.92</td>
<td>Malignant neoplasm of unspecified part of left bronchus or lung</td>
</tr>
</tbody>
</table>