

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

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

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

EFFECTIVE DATE: March 6, 2024

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

IMPLEMENTATION DATE: October 7, 2024

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

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):

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

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 12627	Date: May 9, 2024	Change Request: 13604
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SUBJECT: Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23

EFFECTIVE DATE: March 6, 2024

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

IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

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

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

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

B. Policy: On March 6, 2024, CMS issued a final decision under National Coverage Determination (NCD) 110.23 to expand Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who have prognostic risk scores of:

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

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

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

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

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13604 - 04.1	<p>Effective for claims with dates of service on and after March 6, 2024, contractors shall be aware that Medicare is expanding coverage for allogeneic (HSCT) using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who have prognostic risk scores of:</p> <ul style="list-style-type: none"> • ≥ 1.5 (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or • ≥ 4.5 (high or very high) using the International Prognostic Scoring System - Revised (IPSS-R), or • ≥ 0.5 (high or very high) using the Molecular International Prognostic Scoring System (IPSS-M). <p>In addition, coverage of all other indications for stem cell transplantation not otherwise specified will be made by local MACs under section 1862(a)(1)(A) of the Act. Please see Pub. 100-03, chapter 1, section 110.23, of the NCD Manual, and Pub. 100-04, chapter 3, section 90.3.1, of the CPM, for further instructions.</p>	X	X							
13604 - 04.2	Contractors shall, effective March 5, 2024, end-date all edits for (HSCT) for (MDS) in the context of a Medicare-approved clinical study under a Coverage with Evidence Development (CED).	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13604 - 04.3	<p>Effective for claims with dates of service on and after March 6, 2024, contractors shall allow payment for HSCT for MDS under NCD 110.23, when the professional claim for HCPCS code 38240 or institutional claim for ICD-10-PCS 30233X2, 30233X3, 30243X2 or 30243X3 included:</p> <ul style="list-style-type: none"> • Modifier KX to indicate that they have a qualifying prognostic risk score in their medical record (professional claims only); • For institutional claims, providers report the “CR13604’ in FL 80 – Remarks to indicate that they have a qualifying prognostic risk score in their medical record: <ul style="list-style-type: none"> • Intermediate-2 or high, or • high or very high, or • high or very high, and • One of the following ICD-10-CM Diagnosis Codes: <p>D46.A</p> <p>D46.B</p> <p>D46.C</p> <p>D46.Z</p>					X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	D46.4 D46.9 D46.20 D46.21 D46.22 Please note the existing PCS codes from CRs 9861 and 13507 related to Allogeneic should apply to claims after 3/6/24 as well.									
13604 - 04.3.1	Per BR 13604-04.3, contractors shall allow payment for HSCT for MDS when a valid ICD-10-PCS and ICD-10-CM diagnosis code is reported and beneficiaries have a qualified prognostic score in their medical record. In order to edit for a qualified prognostic score, contractors shall create an Expert Claims Processing System (ECPS) online event. Contractors shall use the following criteria for the ECPS event: <ul style="list-style-type: none"> • From Date: on or after March 6, 2024, • TOB: 11X • D46.A, D46.B, D46.C, D46.0, D46.1, D46.4, D46.9, D46.20, D46.21, or D46.22 • ICD-10-PCS codes: 30233X2, 30233X3, 30243X2 or 30243X3, • Remark: CR13604 	X								
13604 - 04.3.2	Contractors shall deny claims for HSCT for MDS if not	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	submitted as per BR 13604-04.3									
13604 - 04.3.3	<p>Contractors shall use the following messages, as appropriate, when denying claims for HSCT for MDS that do not meet billing requirements as per 13604-04.3:</p> <p>MSN 9.4 - This item or service was denied because information required to make payment was incorrect.</p> <p>Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta.</p> <p>CARC 96 – Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)</p> <p>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.</p>	X	X							

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

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13604 - 04.6	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.	X	X			

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

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

V. CONTACTS

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

Table of Contents

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

90.3.1 - Allogeneic for Stem Cell Transplantation

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

A. Definition of Acquisition Charges for Allogeneic Stem Cell Transplants

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

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

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

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

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

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

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

Allogeneic hematopoietic stem cell acquisition costs are as follows:

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

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

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

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

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

B. Billing for Acquisition Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D46.A

D46.B

D46.C

D46.Z

D46.4

D46.9

D46.20

D46.21

D46.22

2. Messaging Effective March 6, 2024

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

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

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

CARC 96 – Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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

Group Code: CO

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

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

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

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

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

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

Group Code: CO

D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
Z00.6	Encounter for examination for normal comparison and control in clinical research program
	Cover allogeneic HSCT (38240) no trial for Leukemia, leukemia in remission, aplastic anemia on or after 8/1/78
	Cover allogeneic HSCT (38240) no trial for severe combined immunodeficiency disease (SCID) & Wiskott-Aldrich Syndrome
	Non-Cover allogeneic HSCT (38240) for multiple myeloma 5/24/96 - 1/26/16
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.92	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
C92.92	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
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission

C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.92	Leukemia, unspecified, in relapse
D45	Polycythemia vera
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D81.0	Severe combined immunodeficiency (SCID) with reticular dysgenesis
D81.1	Severe combined immunodeficiency (SCID) with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency (SCID) with low or normal B-cell numbers
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome (APDS)
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
	Cover autologous SCT (38241) no trial for acute leukemia in remission, resistant non-Hodgkins lymphomas, recurrent/refractory neuroblastoma, advanced Hodgkins Disease on or after 4/28/89
	Cover autologous SCT (38241) no trial for Durie-Salmon stage III/IV responsive multiple myeloma and responsive relapse on or after 10/1/00
	autologous SCT (38241) together with high dose melphalan (HDMI) no trial for primary amyloid light chain (AL) amyloidosis on or after 3/15/05
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
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
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
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
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, intrapelitevic lymph nodes

C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites

C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb

C83.35 Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
 C83.36 Diffuse large B-cell lymphoma, intrapelvic lymph nodes
 C83.37 Diffuse large B-cell lymphoma, spleen
 C83.38 Diffuse large B-cell lymphoma, lymph nodes of multiple sites
 C83.39 Diffuse large B-cell lymphoma, extranodal and solid organ sites
 C83.51 Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
 C83.52 Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
 C83.53 Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
 C83.54 Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
 C83.55 Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
 C83.56 Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
 C83.57 Lymphoblastic (diffuse) lymphoma, spleen
 C83.58 Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
 C83.59 Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
 C83.71 Burkitt lymphoma, lymph nodes of head, face, and neck
 C83.72 Burkitt lymphoma, intrathoracic lymph nodes
 C83.73 Burkitt lymphoma, intra-abdominal lymph nodes
 C83.74 Burkitt lymphoma, lymph nodes of axilla and upper limb
 C83.75 Burkitt lymphoma, lymph nodes of inguinal region and lower limb
 C83.76 Burkitt lymphoma, intrapelvic lymph nodes
 C83.77 Burkitt lymphoma, spleen
 C83.78 Burkitt lymphoma, lymph nodes of multiple sites
 C83.79 Burkitt lymphoma, extranodal and solid organ sites
 C83.81 Other non-follicular lymphoma, lymph nodes of head, face, and neck
 C83.82 Other non-follicular lymphoma, intrathoracic lymph nodes
 C83.83 Other non-follicular lymphoma, intra-abdominal lymph nodes
 C83.84 Other non-follicular lymphoma, lymph nodes of axilla and upper limb
 C83.85 Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
 C83.86 Other non-follicular lymphoma, intrapelvic lymph nodes
 C83.87 Other non-follicular lymphoma, spleen
 C83.88 Other non-follicular lymphoma, lymph nodes of multiple sites
 C83.89 Other non-follicular lymphoma, extranodal and solid organ sites
 C83.91 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
 C83.92 Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
 C83.93 Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
 C83.94 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
 C83.95 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
 C83.96 Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
 C83.97 Non-follicular (diffuse) lymphoma, unspecified, spleen
 C83.98 Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
 C83.99 Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
 C84.01 Mycosis fungoides, lymph nodes of head, face, and neck
 C84.02 Mycosis fungoides, intrathoracic lymph nodes
 C84.03 Mycosis fungoides, intra-abdominal lymph nodes
 C84.04 Mycosis fungoides, lymph nodes of axilla and upper limb

C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.41	Peripheral T-cell lymphoma, not 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
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck

C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.01	Acute lymphoblastic leukemia, in remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.Z1	Other lymphoid leukemia, in remission
C92.01	Acute myeloblastic leukemia, in remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission

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

NCD:	110.23 (formerly NCD110.8.1)
NCD Title:	Stem Cell Transplantation
IOM:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3556CP.pdf
MCD:	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=366&ncdver=1&bc=AqAAqAAAAAAAAA%3d%3d&
ICD-10 PCS	ICD-10 PCS Description
	CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy
	Allogeneic * Added coverage for the use of umbilical cord blood stem cell products for MDS
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach
30233U2	Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30233U3	Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30233Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30233Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30243G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach
30243G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach
30243U2	Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30243U3	Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30233X2 *	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach
30233X3 *	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach
30243X2 *	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach
30243X3 *	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous Approach
30243Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30243Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
	Autologous
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach
30233C0	Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Peripheral Vein, Percutaneous Approach
30233Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30243C0	Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Central Vein, Percutaneous Approach
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach
30243Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach

A	B	C	D	E	F	G	H	I	J	K	
1	123 (formerly NCI100.8)										
2	Blow Cell Transplantation (CR1002, CR1375, CR2604, CR3265, CR7137, CR9379, CR4173, CR8981, CR9620, CR9981, CR10086, CR10318, CR11134, CR11392, CR11491, CR12627, CR13124, CR14269, CR14489, CR14944, CR19203, CR19894)										
3	DRG										
4	DRG										
5	MCD										
6	Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TDR Code Part A	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CACR Message Part A	Proposed SARC Message Part A
7		<p>AMAC & FSS: Effective for claims with DOS 8/4/10, pay claims with the following identified ICD-9 or ICD-10 dx codes for blow HCT for tx of Myelodysplastic Syndromes (MDS) in the context of a Medicare-approved clinical study meeting specific criteria pursuant to CED. (CED end-dated 3/6/24)</p> <p>For DOS 8/4/10, ICD-9 dx codes 238.72, 238.73, 238.74, or 238.75. (No editing changes by FISS and be performed for claims with DOS prior to 10/11/10 AND Clinical Trial ICD-9 dx code 370.7</p> <p>For DOS on or after 10/11/10, ICD-10 dx codes D46.A, D46.B, D46.C, D46.D, D46.1, D46.20, D46.21, D46.22, D46.A, or D46.9</p> <p>D46.Z, AND Clinical Trial ICD-10 dx code Z00.8 and 8-digit NCTR. See CR137, (200.8 and NCTR end-dated 3/6/24)</p> <p>Effective 3/6/24: MCD coverage is based on prognostic risk scores of:</p> <ul style="list-style-type: none"> ≤ 1.5 (intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or ≤ 4.5 (high or very high) using the International Prognostic Scoring System- Revised (IPSS-R), or ≤ 0.5 (high or very high) using the Molecular International Prognostic Scoring System (MIPSS-0). 	38240	NA	13X BOX	NA	NA	NA	15.20 15.4 16.77 16.24	50 119	N386 N436N386
8		<p>AMAC & FSS (RC9144-RC9146): Shall pay inpatient hospital claims (C8119X) with discharges on or after 1/27/16 for blow HCT for tx of Multiple Myeloma, Myelofibrosis, or Sickle Cell Disease that contain the following required codes:</p> <ul style="list-style-type: none"> - Clinical Trial ICD-10 dx code Z00.6 - Condition Code 30 - Qualifying Clinical Trial - Value Code 04 - Clinical Trial Number (assigned by NLM/NH with an 8-digit clinicaltrials.gov identifier number listed on the CMS website) <p>Along with 1 appropriate ICD-10 dx code below</p> <p>Multiple Myeloma ICD-10 dx code C90.00, C90.01, or C90.02</p> <p>CR</p> <p>Myelofibrosis ICD-10 dx code C94.40, C94.41, C94.42, D47.1 (7/1/19), D47.4, or D75.81</p> <p>CR</p> <p>Sickle Cell Disease ICD-10 dx code D57.00, D57.01, D57.02, D57.1, D57.20, D57.21, D57.212, D57.219, D57.40, D57.41, D57.412, D57.419, D57.40, D57.811, D57.812, or D57.819. See C-05620</p>		NA	13X	NA	NA	NA	15.20 15.4 16.77	50 119	N386 N436N386

A	B	C	D	E	F	G	H	I	J	K
10	Non-Covered (NCD) Code									
11	Non-Covered (NCD) Code									
12	Non-Covered (NCD) Code									
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98	Non-Covered (NCD) Code									
99	Non-Covered (NCD) Code									
100	Non-Covered (NCD) Code									

A	B	C	D	E	F	G	H	I	J	K
1	11223 (family) NCI100.8									
2	Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265, CR7157, CR93797, CR4173, CR8197, CR8881, CR8620, CR8881, CR10086, CR10318, CR11134, CR11392, CR11491)									
3	CR10027, CR10124, CR12529, CR12489, CR12484, CR13203, CR13844									
4	DOB									
5	DOB									
6	MCO									
7	URL: https://www.cms.gov/medicare-coverage-database/view/submit.aspx?docId=3868&chd=1&bc=0									
8	<p>BIMACs - Autologous SCT is NONCOVERED for tx of:</p> <ul style="list-style-type: none"> Acute leukemia not in remission Chronic granulocytic leukemia Solid tumors (other than neuroblastoma) Up to 10/100, multiple myeloma Tandem transplantation (multiple rounds of autologous stem cell) for patients with multiple myeloma. <p>Effective for DOS 10/1/00, for non primary AL, amyloidosis, and</p> <p>Effective for DOS 10/1/00-3/14/05, for primary AL, amyloidosis</p> <p>For Medicare beneficiaries, see 64 or 65B.</p>									
9	Part B	38241	N/A	N/A	N/A	N/A	N/A	10.20	50	N386

	A	B	C	D	E	F	G	H	I	J	K
1	MD	11223 (formerly MD01008)									
2	MCD	Stem Cell Transplantation (CR1002, CR1375, CR2604, CR3265, CR7157 CR7977, CR4173, CR8197, CR8861, CR8620, CR8861, CR10086, CR10318, CR11134, CR11392, CR11491) CR16207, CR16124, CR16269, CR16489, CR16844, CR19203, CR19864									
3	DOB	https://www.cms.gov/medicare-coverage-database/view/submit.aspx?docId=386&onScreen=18&oc=0									
4	MCD	https://www.cms.gov/medicare-coverage-database/view/submit.aspx?docId=386&onScreen=18&oc=0									
5	Part B	B*MACs. Contractors have discretion for coverage of any indications not listed herein as covered or noncovered.	38240 38241	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6		Revision Explanation									
7		CR1912: POS 21 & 22 retained. 21=Inpatient Facility 22=Outpatient hospital N/A, C/MAC, R/MAC messages added. Add to coding has been previously deleted, only coding for clinical trials remain. Contractors need to be aware that the procedure 38240 can be used for other valid indications									
8		CR8891: Remove POS 21 and 22. Add A/B*MACs. This procedure code can be used for other indications than clinical trial. The message codes listed are applicable only to this policy as they apply to HCCT for treatment of MDS in the context of a Medicare-approved clinical study meeting specific criteria under CED. Add per First Coast to Part B. Effective for claims with DOS on and after 8/4/10, contractors shall be aware that the use of allogeneic HSCT for treatment of MDS is only covered by Medicare if provided in the context of a Medicare-approved clinical study meeting specific criteria under CED. If ICD-10 or DA6 9 or DA6 Z, must have modifier -20 and Z00.6 Remove revenue codes. Add MDS to Part B. Add B-DR clinical trial numbers as reviewed on dates to Part A & B.									
9		CR8861: Add to codes from CR620 for Multiple Myeloma, Myelofibrosis, Sickle Cell Disease, Myelodysplastic Syndromes. Add other policy indications and dx codes for leukemia, leukemia in remission, aplastic anemia, acute leukemia in remission, resistant non-Hodgkins lymphoma, poor prognostic features following initial response, recurrent or refractory neuroblastoma, advanced Hodgkins disease without conventional IV, Cytis-Salmon stage I or III for newly diagnosed or responsive multiple myeloma, partial response to prior chemotherapy, those in responsive remission, amyloid light chain amyloidosis, severe combined immunodeficiency disease, and Wiskott-Aldrich Syndrome. Add autologous procedure codes to procedure list. Refer to CR620, Claims Processing Manual chapter 32, section 90, MCD Manual 110.20, for complete policy (FISB RC 59142-09148) Remove leukemia codes not in remission effective 10/1/15. Remove ungrouped spa codes where appropriate effective 10/1/15. Add ICD-10 dx C92.11 and DA6 effective 10/1/15 Remove allogeneic PCS codes except 30230Y1, 30230Y1, 30233Y1, 30240Y1, 30240Y1, 30243Y1, 30243Y1. Add replacement allogeneic PCS codes effective 10/1/18: 30230G2, 30230G3, 30230Y2, 30230Y3, 30233G2, 30233G3, 30233Y2, 30233Y3, 30240G2, 30240G3, 30240Y2, 30240Y3, 30243G2, 30243G3, 30243Y2, 30243Y3. No changes to MCD0411 per MDS. These specific PCS edits will not be implemented by FISS in CR8861. FISS will implement these edits in the 10/1/17 POC-10 PER.									

