Omisirge (omidubicel-onlv)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Hematologic malignancies encompass a group of cancers that affect the blood, bone marrow, and lymph nodes - all integral components of the body's circulatory and immune systems. Such conditions, including leukemia, lymphoma, and myelodysplastic syndromes, can be severe and life-threatening, often necessitating complex and multidimensional treatment plans.

The management of hematologic malignancies typically depends on various factors such as the specific type and stage of the disease, the patient's overall health, and personal preferences. Common therapeutic strategies frequently involve chemotherapy, radiation therapy, and in certain cases, stem cell transplantation. The choice of specific medicines or biological therapies is usually dictated by the cancer type and the genetic alterations present within the cancer cells.

Stem cell transplantation, including bone marrow transplantation, stands as a cornerstone treatment for a multitude of hematologic malignancies, especially those that exhibit an aggressive course or tend to recur. This procedure involves replacing the patient's diseased bone marrow with healthy stem cells that are capable of generating new blood cells. These stem cells may be autologous, meaning they originate from the patient, or allogeneic, indicating they are donated by a third party.

Against this backdrop of standard therapies, Omisirge (omidubicel-onlv) emerges as an innovative approach to stem cell transplantation. Unlike traditional methods that use stem cells directly obtained from bone marrow or peripheral blood, Omisirge (omidubicel-onlv) leverages cultured cells. These cells are grown and enhanced in a laboratory setting to increase their quantity and improve their engraftment capability. This novel methodology aspires to enhance transplantation success, decrease the risk of complications, and shorten the engraftment timeline.

Omisirge (omidubicel-onlv) is specifically designed for both adults and children aged 12 years and above diagnosed with hematologic malignancies. It is slated for patients poised for umbilical cord blood transplantation following myeloablative conditioning - a potent form of chemotherapy that eradicates the existing bone marrow to prepare for the new, transplanted cells. The therapeutic objectives of Omisirge (omidubicel-onlv) are twofold: it aims to accelerate neutrophil recovery - a crucial type of white blood cell pivotal for combating infection, and concurrently, it seeks to reduce the incidence of infections among these patients.

In clinical trials, Omisirge (omidubicel-onlv) showcased its effectiveness by catalyzing faster neutrophil recovery compared to standard umbilical cord blood transplantation. It also demonstrated a reduction in the incidence of severe bacterial and fungal infections. These potential advantages could have profound implications for patient outcomes, considering that delayed engraftment and infections pose significant challenges in stem cell transplantation.

However, while the results from trials are encouraging, it's crucial to underscore that Omisirge (omidubicel-onlv) is a patient-specific therapy, and the risk of manufacturing failures exists. In addition, akin to other transplant products, it carries potential risks, including hypersensitivity reactions, infusion reactions, Graft-versus-Host-Disease, Engraftment Syndrome, Graft Failure, and the risk of transmitting infectious or genetic diseases.

Therefore, given these considerations, the use of Omisirge (omidubicel-onlv) should be integrated within a comprehensive treatment plan and be administered under the supervision of a healthcare provider experienced in stem cell transplantation for hematologic malignancies.

Severe aplastic anemia (SAA) is a life-threatening hematologic disorder in which the bone marrow cannot produce sufficient blood cells. Treatment for SAA depends on age and usually consists of either immunosuppressive therapy and/or hematopoietic stem cell transplant/bone marrow transplant preferably from a matched sibling or matched related donor. If a donor is not available, the use of umbilical cord transplant to treat SAA is an option. Omisirge (omidubicel-onlv) is a nicotinamide (vitamin B3) modified allogeneic hematopoietic progenitor stem cell therapy derived from cord blood. Omisirge (omidubicel-onlv) provides an additional graft option for patients with SAA who need hematopoietic stem cell transplant (HSCT).

Definitions

"Aplastic anemia" is when the bone marrow stops producing enough new blood cells (red cells, white cells, and platelets). Complications include fatigue, infections, and bleeding issues.

"Allogeneic Transplantation" is a type of stem cell transplantation where the stem cells come from a donor.

"Autologous Transplantation" is a type of stem cell transplantation where the patient's own stem cells are harvested, stored, and later returned to the body after intensive treatment.

"Chemotherapy" is a cancer treatment method that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing.

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"Engraftment" is the process by which the transplanted stem cells begin to grow and make healthy blood cells.

"Engraftment Syndrome" is a syndrome characterized by fever, rash, respiratory distress, and other symptoms that can occur shortly after stem cell transplantation.

"Graft Failure" is a serious complication that occurs when the newly transplanted donor cells (the graft) do not begin to produce new cells quickly enough or at all. This condition can be life-threatening.

"Graft-versus-Host Disease (GvHD)" is a complication that might occur after an allogeneic transplant. In GvHD, the newly transplanted donor cells attack the transplant recipient's body.

"Hematologic Malignancies" are cancers that affect the blood, bone marrow, and lymph nodes. They include leukemia, lymphoma, and myelodysplastic syndromes.

"Myeloablative Conditioning" is a high-dose chemotherapy treatment intended to kill cancer cells and suppress the immune system in preparation for a stem cell or bone marrow transplant. This process essentially makes space for the new cells to grow in the bone marrow.

"Neutrophil" is a type of white blood cell that is one of the body's mechanisms for fighting off infections. Neutrophils are produced in the bone marrow.

"Radiation Therapy" is a type of cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors.

"Stem Cell Transplantation" is a procedure that infuses healthy blood-forming stem cells into the body. Stem cells may be collected from the bone marrow, peripheral blood, or umbilical cord blood.

"Umbilical Cord Blood Transplantation" is a type of allogeneic stem cell transplantation where stem cells are collected from the umbilical cord and placenta of a newborn baby after birth. These stem cells can be used to treat a variety of genetic, hematologic, immunologic, and oncologic disorders.

"[s]" indicates state mandates may apply.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Hematological Malignancy

The Plan considers Omisirge (omidubicel-onlv) medically necessary when ALL of the following criteria are met:

1. The requested therapy is prescribed by or in consultation with a hematologist or oncologist; *AND*
2. The member is 12 years of age or older; *AND*
3. The member has a diagnosis of specific hematologic malignancies, such as Acute Myelogenous Leukemia (AML), Acute Lymphoblastic Leukemia (ALL), Myelodysplastic Syndrome (MDS), Chronic Myeloid Leukemia (CML), lymphoma, or other rare leukemias; *AND*
4. Clinical documentation is provided indicating ALL of the following:

a. The member is considered to be at high-risk and has no available identical matched sibling or matched unrelated donor; *and*
b. The member is planned for umbilical cord blood transplantation following myeloablative conditioning; *and*
c. The requested therapy is being used with the intent of reducing the time to neutrophil recovery and the incidence of infection; *AND*

5. The member meets ALL of the following:
    a. No known hypersensitivity to any component of Omisirge (omidubicel-onlv), including dimethyl sulfoxide (DMSO), Dextran 40, human serum albumin, bovine material or gentamicin; *or*
    b. No prior allogeneic HSCT. However, an exception to this criterion may be made if the treating physician provides a supporting rationale. This rationale must indicate that the prior transplant failed, that the disease recurred, or that the patient's overall condition still makes them suitable for another transplant.

<u>If the above prior authorization criteria are met, the requested product will be authorized for a single infusion per lifetime, with an approval duration of 6 months.</u>[s]

<u>Severe Aplastic Anemia (SAA)</u>

The Plan considers <u>Omisirge (omidubicel-onlv)</u> medically necessary when ALL of the following criteria are met:

1. The requested therapy is prescribed by or in consultation with a hematologist; *AND*
2. The member is 6 years of age or older; *AND*
3. The member has a diagnosis of severe aplastic anemia (SAA)*; AND*
4. The member meets ONE of the following:
    a. Bone marrow cellularity <30% (excluding lymphocytes) associated with red blood cell or platelet transfusion dependence*; or*
    b. Neutropenia and meets ONE of the following:
        i. Absolute neutrophil count ≤1000 cells/uL*; or*
        ii. For patients receiving granulocyte transfusions, absolute neutrophil count ≤1000 cells/uL before beginning granulocyte transfusions*; or*
    c. History of severe aplastic anemia transformed to myelodysplastic syndrome (MDS) and meets ALL of the following:
        i. International Prognostic Scoring System (IPSS) risk category of INT-1 or greater*; and*
        ii. < 5% myeloblasts and < 30% of cellularity in the bone marrow on screening morphologic analysis*; AND*
5. The member is unable to use, or has tried and failed standard immunosuppressive therapy (e.g., horse-anti-thymocyte globulin (h-ATG) + cyclosporine + eltrombopag); *AND*
6. Clinical documentation is provided indicating ALL of the following:

a. The member is considered to be at high-risk and has no available identical matched sibling or matched unrelated donor*; and*
b. The member will or received a reduced intensity preparative conditioning regimen according to institutional guidelines (e.g., cyclophosphamide, fludarabine, total body irradiation (TBI) and horse-ATG, and graft versus host disease (GvHD) prophylaxis)*; and*
c. The requested therapy is being used with the intent of reducing the time to neutrophil recovery and the incidence of infection; *AND*

7. The member meets ALL of the following:
    a. No known hypersensitivity to any component of Omisirge (omidubicel-onlv), including dimethyl sulfoxide (DMSO), Dextran 40, human serum albumin, bovine material or gentamicin; *or*
    b. No prior allogeneic HSCT. However, an exception to this criterion may be made if the treating physician provides a supporting rationale. This rationale must indicate that the prior transplant failed, that the disease recurred, or that the patient's overall condition still makes them suitable for another transplant.

If the above prior authorization criteria are met, the requested product will be authorized for a single infusion per lifetime, with an approval duration of 6 months.[s]

Experimental or Investigational / Not Medically Necessary[s]

Omisirge (omidubicel-onlv) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Retreatment with Omisirge (omidubicel-onlv). Omisirge (omidubicel-onlv) is a one-time treatment, in alignment with the drug's intended use, clinical trial data, and FDA approval. Omisirge (omidubicel-onlv) is specifically designed as a single administration therapy. As such, re-authorization for additional Omisirge (omidubicel-onlv) treatment will not be provided.
- Treatment of non-hematological malignancies.
- Treatment of non-malignant hematologic disorders, such as anemia or thrombocytopenia that are not associated with hematologic malignancies.
- Hematologic malignancies in pediatric patients under the age of 12 years, as safety and efficacy have not been established for this age group.
- Prophylactic treatment in those who are at risk of developing but have not been diagnosed with hematologic malignancies.

Applicable Billing Codes

Table 1	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
C9399	Unclassified drugs or biologicals [when used for Omisirge (omidubicel-onlv)]
J3590	Unclassified biologics [when used for Omisirge (omidubicel-onlv)]
S2142	Cord blood-derived stem-cell transplantation, allogeneic

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.0A	Nodular lymphocyte predominant Hodgkin lymphoma, in remission
C81.1	Nodular sclerosis Hodgkin lymphoma
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.1A	Nodular sclerosis Hodgkin lymphoma, in remission
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.2	Mixed cellularity Hodgkin lymphoma
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.2A	Mixed cellularity Hodgkin lymphoma, in remission
C81.3	Lymphocyte depleted Hodgkin lymphoma
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C81.4	Lymphocyte-rich Hodgkin lymphoma
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.4A	Lymphocyte-rich Hodgkin lymphoma, in remission
C81.7	Other Hodgkin lymphoma
C81.70	Other Hodgkin lymphoma, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.7A	Other Hodgkin lymphoma, in remission
C81.9	Hodgkin lymphoma, unspecified
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C81.9A	Hodgkin lymphoma, unspecified, in remission
C82.00	Follicular lymphoma grade I, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.0A	Follicular lymphoma grade I, in remission
C82.1	Follicular lymphoma grade II
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.1A	Follicular lymphoma grade II, in remission
C82.2	Follicular lymphoma grade III, unspecified
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.2A	Follicular lymphoma grade III, unspecified, in remission
C82.3	Follicular lymphoma grade IIIa
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.3A	Follicular lymphoma grade IIIa, in remission
C82.4	Follicular lymphoma grade IIIb
C82.40	Follicular lymphoma grade IIIb, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.4A	Follicular lymphoma grade IIIb, in remission
C82.5	Diffuse follicle center lymphoma
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.5A	Diffuse follicle center lymphoma, in remission
C82.6	Cutaneous follicle center lymphoma
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.6A	Cutaneous follicle center lymphoma, in remission
C82.8	Other types of follicular lymphoma
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.8A	Other types of follicular lymphoma, in remission

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C82.9	Follicular lymphoma, unspecified
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C82.9A	Follicular lymphoma, unspecified, in remission
C83.00	Small cell B-cell lymphoma, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C83.0A	Small cell B-cell lymphoma, in remission
C83.1	Mantle cell lymphoma
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.1A	Mantle cell lymphoma, in remission
C83.3	Diffuse large B-cell lymphoma
C83.30	Diffuse large B-cell lymphoma, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.3A	Diffuse large B-cell lymphoma, in remission
C83.5	Lymphoblastic (diffuse) lymphoma
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.5A	Lymphoblastic (diffuse) lymphoma, in remission
C83.7	Burkitt lymphoma
C83.70	Burkitt lymphoma, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.7A	Burkitt lymphoma, in remission
C83.8	Other non-follicular lymphoma
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.8A	Other non-follicular lymphoma, in remission
C83.9	Non-follicular (diffuse) lymphoma, unspecified
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C83.9A	Non-follicular (diffuse) lymphoma, unspecified, in remission
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.0A	Mycosis fungoides, in remission
C84.1	Sezary disease

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.1A	Sezary disease, in remission
C84.4	Peripheral T-cell lymphoma, not elsewhere classified
C84.40	Peripheral T-cell lymphoma, not elsewhere classified, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C84.48	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C84.4A	Peripheral T-cell lymphoma, not elsewhere classified, in remission
C84.6	Anaplastic large cell lymphoma, ALK-positive
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.6A	Anaplastic large cell lymphoma, ALK-positive, in remission
C84.7	Anaplastic large cell lymphoma, ALK-negative
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.7B	Anaplastic large cell lymphoma, ALK-negative, in remission
C84.A	Cutaneous T-cell lymphoma, unspecified
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C84.AA	Cutaneous T-cell lymphoma, unspecified, in remission
C84.Z	Other mature T/NK-cell lymphomas
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.ZA	Other mature T/NK-cell lymphomas, in remission
C84.9	Mature T/NK-cell lymphomas, unspecified
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.9A	Mature T/NK-cell lymphomas, unspecified, in remission
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.1A	Unspecified B-cell lymphoma, in remission
C85.2	Mediastinal (thymic) large B-cell lymphoma
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
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

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.2A	Mediastinal (thymic) large B-cell lymphoma, in remission
C85.8	Other specified types of non-Hodgkin lymphoma
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.8A	Other specified types of non-Hodgkin lymphoma, in remission
C85.9	Non-Hodgkin lymphoma, unspecified

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C85.9A	Non-Hodgkin lymphoma, unspecified, in remission
C88.0	Waldenstrom macroglobulinemia
C88.00	Waldenstrom macroglobulinemia not having achieved remission
C88.01	Waldenstrom macroglobulinemia, in remission
C88.2	Heavy chain disease
C88.20	Heavy chain disease not having achieved remission
C88.21	Heavy chain disease, in remission
C88.3	Immunoproliferative small intestinal disease
C88.30	Immunoproliferative small intestinal disease not having achieved remission
C88.31	Immunoproliferative small intestinal disease, in remission
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C88.40	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission
C88.41	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission
C88.8	Other malignant immunoproliferative diseases
C88.80	Other malignant immunoproliferative diseases not having achieved remission
C88.81	Other malignant immunoproliferative diseases, in remission
C88.9	Malignant immunoproliferative disease, unspecified
C88.90	Malignant immunoproliferative disease, unspecified not having achieved remission
C88.91	Malignant immunoproliferative disease, unspecified, in remission
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.1	Chronic lymphocytic leukemia of B-cell type
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
C91.3	Prolymphocytic leukemia of B-cell type
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
C91.4	Hairy cell leukemia

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)
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
C91.6	Prolymphocytic leukemia of T-cell type
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.A	Mature B-cell leukemia Burkitt-type
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.Z	Other lymphoid leukemia
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C91.9	Lymphoid leukemia, unspecified
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C91.92	Lymphoid leukemia, unspecified, 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
C92.1	Chronic myeloid leukemia, BCR/ABL-positive
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
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative
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
C92.3	Myeloid sarcoma
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.4	Acute promyelocytic leukemia
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.5	Acute myelomonocytic leukemia
C92.50	Acute myelomonocytic leukemia, not having achieved remission

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.6	Acute myeloid leukemia with 11q23-abnormality
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.A	Acute myeloid leukemia with multilineage dysplasia
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.Z	Other myeloid leukemia
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C92.9	Myeloid leukemia, unspecified
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified 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
C93.1	Chronic myelomonocytic leukemia

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.3	Juvenile myelomonocytic leukemia
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.Z	Other monocytic leukemia
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C93.9	Monocytic leukemia, unspecified
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified 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
C94.2	Acute megakaryoblastic leukemia
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C94.3	Mast cell leukemia
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.4	Acute panmyelosis with myelofibrosis
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not elsewhere classified
C94.8	Other specified leukemias
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
C95.1	Chronic leukemia of unspecified cell type
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
C95.9	Leukemia, unspecified
C95.90	Leukemia, unspecified not having achieved remission

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 2 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.2	Refractory anemia with excess of blasts [RAEB]
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.1	Chronic myeloproliferative disease
D61.9	Aplastic anemia, unspecified
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified

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