

Local Coverage Determination (LCD): Flow Cytometry (L34037)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

LCD Information

Document Information

LCD ID

L34037

Original Effective Date

For services performed on or after 10/01/2015

Original ICD-9 LCD ID

[L31870](#)

Revision Effective Date

For services performed on or after 10/01/2018

LCD Title

Flow Cytometry

Revision Ending Date

N/A

Proposed LCD in Comment Period

N/A

Retirement Date

N/A

Source Proposed LCD

N/A

Notice Period Start Date

N/A

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Notice Period End Date

N/A

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CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs), and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR, Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Publications:

National Correct Coding Initiatives (NCCI) Policy Manual for Part B Medicare Carriers.

CMS Transmittal No. 1996, Publication 100 – 04, *Medicare Claims Processing Manual*, Change Request # 7006, July 2, 2010, Medicare contractor annual update of the international classification of diseases, ninth revision, clinical

modification (ICD-9-CM).

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Flow cytometry is a rapid and convenient technique for generating immunophenotypic data. A flow cytometer measures multiple properties of cells suspended in a moving fluid medium. As each particle passes single-file through a laser light source, it produces a characteristic light pattern that is measured by multiple detectors for scattered light (forward and 90 degrees) and fluorescent light (if the cell is stained with a fluorochrome). Statement of coverage – This LCD describes CGS indications and limitations of coverage.

Indications:

The diagnosis and classification of hematopoietic neoplasms, including assessment of biologic parameters associated with prognosis, detection of antigens used as therapeutic targets and detection of residual neoplastic cells following therapy.

It is also useful to monitor lymphocyte populations in patients with HIV infection; to monitor lymphocyte subpopulations in post transplant patients on immunosuppressive therapy; to identify disease specific cell antigens when complementing other diagnostic methods which may fail to yield a diagnosis [e.g., CD59 in paroxysmal nocturnal hemoglobinuria (PNH)]; and to determine CD34 count for stem cell transplant purposes.

Other Comments:

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LLC to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

A pathologist may perform additional tests under the following circumstances:

- These services are medically necessary so that a complete and accurate diagnosis can be reported to the treating physician/practitioner;
- The results of the tests are communicated to and are used by the treating physician/practitioner in the treatment of the beneficiary; and
- The pathologist documents in his/her report why additional testing was done.
- Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category, or is rendered for screening purposes.

For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists, and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for Flow Cytometry services as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76, and 419.22; 58 FR 18543, April 7, 2000.)

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all

Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
0300	Laboratory - General Classification
0302	Laboratory - Immunology
0309	Laboratory - Other Laboratory

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
86355	B CELLS, TOTAL COUNT
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT
86359	T CELLS; TOTAL COUNT
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO
86361	T CELLS; ABSOLUTE CD4 COUNT
86367	STEM CELLS (IE, CD34), TOTAL COUNT
88182	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST MARKER)
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS

CODE	DESCRIPTION
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
B97.33 - B97.35	Human T-cell lymphotropic virus, type I [HTLV-I] as the cause of diseases classified elsewhere - Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C11.0 - C11.3	Malignant neoplasm of superior wall of nasopharynx - Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C15.3	Malignant neoplasm of upper third of esophagus
C16.9	Malignant neoplasm of stomach, unspecified
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0 - C18.9	Malignant neoplasm of cecum - Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0 - C21.2	Malignant neoplasm of anus, unspecified - Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C25.9	Malignant neoplasm of pancreas, unspecified
C26.1	Malignant neoplasm of spleen
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0 - C31.3	Malignant neoplasm of maxillary sinus - Malignant neoplasm of sphenoid sinus

ICD-10 CODE	DESCRIPTION
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0 - C32.3	Malignant neoplasm of glottis - Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C38.1 - C38.4	Malignant neoplasm of anterior mediastinum - Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C44.00 - C44.02	Unspecified malignant neoplasm of skin of lip - Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.40 - C44.42	Unspecified malignant neoplasm of skin of scalp and neck - Squamous cell

ICD-10 CODE	DESCRIPTION
	carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80 - C44.82	Unspecified malignant neoplasm of overlapping sites of skin - Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.9	Mesothelioma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
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

ICD-10 CODE	DESCRIPTION
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
ICD-10 CODE	DESCRIPTION
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast

ICD-10 CODE	DESCRIPTION
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C54.0 - C54.3	Malignant neoplasm of isthmus uteri - Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C61	Malignant neoplasm of prostate
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C67.0 - C67.9	Malignant neoplasm of trigone of bladder - Malignant neoplasm of bladder,

ICD-10 CODE	DESCRIPTION
	unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C70.0	Malignant neoplasm of cerebral meninges
C71.0 - C71.8	Malignant neoplasm of cerebrum, except lobes and ventricles - Malignant neoplasm of overlapping sites of brain
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
C73	Malignant neoplasm of thyroid gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland

ICD-10 CODE	DESCRIPTION
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C75.0 - C75.4	Malignant neoplasm of parathyroid gland - Malignant neoplasm of carotid body
C76.0	Malignant neoplasm of head, face and neck
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.89	Secondary malignant neoplasm of other digestive organs
C79.31	Secondary malignant neoplasm of brain
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81.01 - C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck - Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.11 - C81.19	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck - Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.21 - C81.29	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck - Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.31 - C81.39	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck - Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.41 - C81.49	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck - Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.71 - C81.79	Other Hodgkin lymphoma, lymph nodes of head, face, and neck - Other Hodgkin lymphoma, extranodal and solid organ sites
C81.91 - C81.99	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck - Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.01 - C82.09	Follicular lymphoma grade I, lymph nodes of head, face, and neck - Follicular lymphoma grade I, extranodal and solid organ sites

ICD-10 CODE	DESCRIPTION
C82.11 - C82.19	Follicular lymphoma grade II, lymph nodes of head, face, and neck - Follicular lymphoma grade II, extranodal and solid organ sites
ICD-10 CODE	DESCRIPTION
C82.21 - C82.29	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck - Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.31 - C82.39	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck - Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41 - C82.49	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck - Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51 - C82.59	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck - Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61 - C82.69	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck - Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81 - C82.89	Other types of follicular lymphoma, lymph nodes of head, face, and neck - Other types of follicular lymphoma, extranodal and solid organ sites
C82.91 - C82.99	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck - Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.01 - C83.09	Small cell B-cell lymphoma, lymph nodes of head, face, and neck - Small cell B-cell lymphoma, extranodal and solid organ sites
C83.11 - C83.19	Mantle cell lymphoma, lymph nodes of head, face, and neck - Mantle cell lymphoma, extranodal and solid organ sites
C83.31 - C83.39	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck - Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.51 - C83.59	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck - Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.71 - C83.79	Burkitt lymphoma, lymph nodes of head, face, and neck - Burkitt lymphoma, extranodal and solid organ sites
C83.81 - C83.89	Other non-follicular lymphoma, lymph nodes of head, face, and neck - Other non-follicular lymphoma, extranodal and solid organ sites
C83.91 - C83.99	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck - Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.01 - C84.09	Mycosis fungoides, lymph nodes of head, face, and neck - Mycosis fungoides, extranodal and solid organ sites
C84.11 - C84.19	Sezary disease, lymph nodes of head, face, and neck - Sezary disease, extranodal and solid organ sites
C84.41 - C84.49	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck - Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites

ICD-10 CODE	DESCRIPTION
C84.61 - C84.69	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck - Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.71 - C84.79	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck - Anaplastic large cell lymphoma, ALK-negative, 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
C84.91 - C84.99	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck - Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C85.11 - C85.19	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck - Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.21 - C85.29	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck - Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.81 - C85.89	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck - Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.91 - C85.99	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck - Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites

ICD-10 CODE	DESCRIPTION
C86.0 - C86.6	Extranodal NK/T-cell lymphoma, nasal type - Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.2 - C88.4	Heavy chain disease - Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C90.00 - C90.02	Multiple myeloma not having achieved remission - Multiple myeloma in relapse
C90.10 - C90.12	Plasma cell leukemia not having achieved remission - Plasma cell leukemia in relapse
C90.20 - C90.22	Extramedullary plasmacytoma not having achieved remission - Extramedullary plasmacytoma in relapse
C90.30 - C90.32	Solitary plasmacytoma not having achieved remission - Solitary plasmacytoma in relapse
C91.00 - C91.02	Acute lymphoblastic leukemia not having achieved remission - Acute lymphoblastic leukemia, in relapse
C91.10 - C91.12	Chronic lymphocytic leukemia of B-cell type not having achieved remission - Chronic lymphocytic leukemia of B-cell type in relapse
C91.30 - C91.32	Prolymphocytic leukemia of B-cell type not having achieved remission - Prolymphocytic leukemia of B-cell type, in relapse
C91.40 - C91.42	Hairy cell leukemia not having achieved remission - Hairy cell leukemia, in relapse
C91.50 - C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission - Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60 - C91.62	Prolymphocytic leukemia of T-cell type not having achieved remission - Prolymphocytic leukemia of T-cell type, 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
C91.90 - C91.92	Lymphoid leukemia, unspecified not having achieved remission - Lymphoid leukemia, unspecified, in relapse
C92.00 - C92.02	Acute myeloblastic leukemia, not having achieved remission - Acute myeloblastic leukemia, in relapse
C92.10 - C92.12	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission -

ICD-10 CODE	DESCRIPTION
	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20 - C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission - Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30 - C92.32	Myeloid sarcoma, not having achieved remission - Myeloid sarcoma, in relapse
C92.40 - C92.42	Acute promyelocytic leukemia, not having achieved remission - Acute promyelocytic leukemia, in relapse
C92.50 - C92.52	Acute myelomonocytic leukemia, not having achieved remission - Acute myelomonocytic leukemia, in relapse
C92.60 - C92.62	Acute myeloid leukemia with 11q23-abnormality not having achieved remission - Acute myeloid leukemia with 11q23-abnormality 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
C92.90 - C92.92	Myeloid leukemia, unspecified, not having achieved remission - Myeloid leukemia, unspecified in relapse
C93.00 - C93.02	Acute monoblastic/monocytic leukemia, not having achieved remission - Acute monoblastic/monocytic leukemia, in relapse
C93.10 - C93.12	Chronic myelomonocytic leukemia not having achieved remission - Chronic myelomonocytic leukemia, in relapse
C93.30 - C93.32	Juvenile myelomonocytic leukemia, not having achieved remission - Juvenile myelomonocytic leukemia, 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
C93.90 - C93.92	Monocytic leukemia, unspecified, not having achieved remission - Monocytic leukemia, unspecified in relapse
C94.00 - C94.02	Acute erythroid leukemia, not having achieved remission - Acute erythroid leukemia, in relapse
C94.20 - C94.22	Acute megakaryoblastic leukemia not having achieved remission - Acute megakaryoblastic leukemia, in relapse
C94.30 - C94.32	Mast cell leukemia not having achieved remission - Mast cell leukemia, in relapse
C94.40 - C94.42	Acute panmyelosis with myelofibrosis not having achieved remission - Acute

ICD-10 CODE	DESCRIPTION
	panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.80 - C94.82	Other specified leukemias not having achieved remission - Other specified leukemias, in relapse
C95.00 - C95.02	Acute leukemia of unspecified cell type not having achieved remission - Acute leukemia of unspecified cell type, in relapse
C95.10 - C95.12	Chronic leukemia of unspecified cell type not having achieved remission - Chronic leukemia of unspecified cell type, in relapse
C95.90 - C95.92	Leukemia, unspecified not having achieved remission - Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
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.A	Histiocytic sarcoma
ICD-10 CODE	DESCRIPTION
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D03.0	Melanoma in situ of lip
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D04.0	Carcinoma in situ of skin of lip

ICD-10 CODE	DESCRIPTION
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.39	Carcinoma in situ of skin of other parts of face
D07.0	Carcinoma in situ of endometrium
D10.0 - D10.2	Benign neoplasm of lip - Benign neoplasm of floor of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4 - D10.7	Benign neoplasm of tonsil - Benign neoplasm of hypopharynx
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D12.0 - D12.5	Benign neoplasm of cecum - Benign neoplasm of sigmoid colon
D14.0 - D14.2	Benign neoplasm of middle ear, nasal cavity and accessory sinuses - Benign neoplasm of trachea
D14.31	Benign neoplasm of right bronchus and lung
D14.32	Benign neoplasm of left bronchus and lung
D16.4	Benign neoplasm of bones of skull and face
D16.5	Benign neoplasm of lower jaw bone
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D22.0	Melanocytic nevi of lip
D22.111	Melanocytic nevi of right upper eyelid, including canthus
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D23.0	Other benign neoplasm of skin of lip

ICD-10 CODE	DESCRIPTION
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.4	Other benign neoplasm of skin of scalp and neck
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D31.11	Benign neoplasm of right cornea
D31.12	Benign neoplasm of left cornea
D31.21	Benign neoplasm of right retina
D31.22	Benign neoplasm of left retina
D31.31	Benign neoplasm of right choroid
D31.32	Benign neoplasm of left choroid
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D31.51	Benign neoplasm of right lacrimal gland and duct
D31.52	Benign neoplasm of left lacrimal gland and duct
D31.61	Benign neoplasm of unspecified site of right orbit
D31.62	Benign neoplasm of unspecified site of left orbit
D31.91	Benign neoplasm of unspecified part of right eye
D31.92	Benign neoplasm of unspecified part of left eye
D32.0	Benign neoplasm of cerebral meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.3	Benign neoplasm of cranial nerves
D34	Benign neoplasm of thyroid gland
D35.01	Benign neoplasm of right adrenal gland
D35.02	Benign neoplasm of left adrenal gland
D35.1 - D35.5	Benign neoplasm of parathyroid gland - Benign neoplasm of carotid body
D36.0	Benign neoplasm of lymph nodes

ICD-10 CODE	DESCRIPTION
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030 - D37.032	Neoplasm of uncertain behavior of the parotid salivary glands - Neoplasm of uncertain behavior of the submandibular salivary glands
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.1 - D37.6	Neoplasm of uncertain behavior of stomach - Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D38.0 - D38.5	Neoplasm of uncertain behavior of larynx - Neoplasm of uncertain behavior of other respiratory organs
D39.0	Neoplasm of uncertain behavior of uterus
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D41.4	Neoplasm of uncertain behavior of bladder
D44.3 - D44.5	Neoplasm of uncertain behavior of pituitary gland - Neoplasm of uncertain behavior of pineal gland
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20 - D46.22	Refractory anemia with excess of blasts, unspecified - Refractory anemia with excess of blasts 2
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
D46.9	Myelodysplastic syndrome, unspecified
D47.01	Cutaneous mastocytosis
ICD-10 CODE	DESCRIPTION
D47.02	Systemic mastocytosis
D47.09	Other mast cell neoplasms of uncertain behavior
D47.1 - D47.4	Chronic myeloproliferative disease - Osteomyelofibrosis
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and

ICD-10 CODE	DESCRIPTION
	related tissue
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D49.6	Neoplasm of unspecified behavior of brain
D49.81	Neoplasm of unspecified behavior of retina and choroid
D49.89	Neoplasm of unspecified behavior of other specified sites
D50.9	Iron deficiency anemia, unspecified
D51.0 - D51.2	Vitamin B12 deficiency anemia due to intrinsic factor deficiency - Transcobalamin II deficiency
D51.8	Other vitamin B12 deficiency anemias
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia
D52.8	Other folate deficiency anemias
D53.0 - D53.2	Protein deficiency anemia - Scorbutic anemia
D53.9	Nutritional anemia, unspecified
D57.02	Hb-SS disease with splenic sequestration
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.412	Sickle-cell thalassemia with splenic sequestration
D59.0	Drug-induced autoimmune hemolytic anemia
D59.1	Other autoimmune hemolytic anemias
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
D59.6	Hemoglobinuria due to hemolysis from other external causes
D59.9	Acquired hemolytic anemia, unspecified
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1 - D61.3	Drug-induced aplastic anemia - Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia

ICD-10 CODE	DESCRIPTION
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.9	Aplastic anemia, unspecified
D64.0 - D64.4	Hereditary sideroblastic anemia - Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D68.51	Activated protein C resistance
D68.52	Prothrombin gene mutation
D68.61	Antiphospholipid syndrome
D68.62	Lupus anticoagulant syndrome
D68.69	Other thrombophilia
D69.1	Qualitative platelet defects
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D70.0 - D70.4	Congenital agranulocytosis - Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D71	Functional disorders of polymorphonuclear neutrophils
D72.0	Genetic anomalies of leukocytes
D72.1	Eosinophilia
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count
D72.819	Decreased white blood cell count, unspecified
D72.820 - D72.824	Lymphocytosis (symptomatic) - Basophilia
D72.828	Other elevated white blood cell count
D72.829	Elevated white blood cell count, unspecified

ICD-10 CODE	DESCRIPTION
D72.89	Other specified disorders of white blood cells
D73.0 - D73.5	Hyposplenism - Infarction of spleen
D73.81	Neutropenic splenomegaly
D73.9	Disease of spleen, unspecified
D75.81	Myelofibrosis
D75.82	Heparin induced thrombocytopenia (HIT)
D75.89	Other specified diseases of blood and blood-forming organs
D76.1 - D76.3	Hemophagocytic lymphohistiocytosis - Other histiocytosis syndromes
D80.0 - D80.5	Hereditary hypogammaglobulinemia - Immunodeficiency with increased immunoglobulin M [IgM]
D80.7	Transient hypogammaglobulinemia of infancy
D81.0 - D81.2	Severe combined immunodeficiency [SCID] with reticular dysgenesis - 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
D81.89	Other combined immunodeficiencies
D83.0 - D83.2	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function - Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D84.8	Other specified immunodeficiencies
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.810 - D89.813	Acute graft-versus-host disease - Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E85.0 - E85.4	Non-neuropathic hereditary familial amyloidosis - Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
I31.8	Other specified diseases of pericardium
I88.0	Nonspecific mesenteric lymphadenitis

ICD-10 CODE	DESCRIPTION
I88.1	Chronic lymphadenitis, except mesenteric
I88.9	Nonspecific lymphadenitis, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
ICD-10 CODE	DESCRIPTION
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J35.8	Other chronic diseases of tonsils and adenoids
J90	Pleural effusion, not elsewhere classified
J91.0	Malignant pleural effusion
J91.8	Pleural effusion in other conditions classified elsewhere
J94.0	Chylous effusion
J94.2	Hemothorax
K63.5	Polyp of colon
M32.0	Drug-induced systemic lupus erythematosus
M32.10 - M32.15	Systemic lupus erythematosus, organ or system involvement unspecified - Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
Q85.01 - Q85.03	Neurofibromatosis, type 1 - Schwannomatosis
Q85.09	Other neurofibromatosis
R09.81	Nasal congestion
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R18.0	Malignant ascites
R18.8	Other ascites
R19.00	Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R22.0 - R22.2	Localized swelling, mass and lump, head - Localized swelling, mass and lump, trunk
R22.31 - R22.33	Localized swelling, mass and lump, right upper limb - Localized swelling, mass and lump, upper limb, bilateral
R22.41 - R22.43	Localized swelling, mass and lump, right lower limb - Localized swelling, mass and lump, lower limb, bilateral

ICD-10 CODE	DESCRIPTION
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of central nervous system
T86.01 - T86.03	Bone marrow transplant rejection - Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.11 - T86.13	Kidney transplant rejection - Kidney transplant infection
T86.19	Other complication of kidney transplant
T86.21 - T86.23	Heart transplant rejection - Heart transplant infection
T86.290	Cardiac allograft vasculopathy
T86.298	Other complications of heart transplant
T86.31 - T86.33	Heart-lung transplant rejection - Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
T86.41 - T86.43	Liver transplant rejection - Liver transplant infection
T86.49	Other complications of liver transplant
T86.5	Complications of stem cell transplant
T86.810 - T86.812	Lung transplant rejection - Lung transplant infection
T86.818	Other complications of lung transplant
T86.830 - T86.832	Bone graft rejection - Bone graft infection
T86.838	Other complications of bone graft
T86.850 - T86.852	Intestine transplant rejection - Intestine transplant infection
T86.858	Other complications of intestine transplant
T86.890 - T86.892	Other transplanted tissue rejection - Other transplanted tissue infection
T86.898	Other complications of other transplanted tissue
T86.90 - T86.93	Unspecified complication of unspecified transplanted organ and tissue - Unspecified transplanted organ and tissue infection
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z48.21 - Z48.24	Encounter for aftercare following heart transplant - Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.290	Encounter for aftercare following bone marrow transplant

ICD-10 CODE	DESCRIPTION
Z52.001	Unspecified donor, stem cells
Z52.011	Autologous donor, stem cells
Z52.091	Other blood donor, stem cells
Z52.3	Bone marrow donor
Z85.6	Personal history of leukemia
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z94.0 - Z94.7	Kidney transplant status - Corneal transplant status
Z94.81 - Z94.84	Bone marrow transplant status - Stem cells transplant status
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Not applicable

Not applicable

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS Administrators, LLC is not responsible for the continuing viability of Web site addresses listed below.

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2018	R7	<p>R7</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made</p> <p><i>02/26/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
10/01/2018	R6	<p>R6</p> <p>Revision Effective: 10/01/2018</p> <p>Revision Explanation: During annual ICD-10 review codes C43.11, C43.12, D03.11, D03.12, D04.11, D04.12, D22.11, D22.12, D23.11, and D23.12 were deleted and replaced with the following codes: C43.111, C43.112, C43.121, C43.122, D03.111, D03.112, D03.121, D03.122, D04.111, D04.112,</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>D04.121, D04.122, D22.111, D22.112, D22.121, D22.122, D23.111, D23.112, D23.121, and D23.122</p> <p><i>09/21/2018:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2017	R5	<p>R5 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p> <p><i>02/26/2018:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2017	R4	<p>R4 Revision Effective: 10/01/2017 Revision Explanation: During ICD-10 annual review codes C96.2, D47.0, and E85.8 were deleted in group 1 and replaced with C96.20, C96.21, C96.22, C96.29, D47.01, D47.02, D47.09, E85.81, e85.82, and E85.89.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R3	<p>R3 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> • Other (annual review)
10/01/2015	R2	<p>R2 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2015	R1	<p>R1 Revision Effective:10/01/2015 Revision Explanation: Added C67.9 and C75.0 as covered for</p>	<ul style="list-style-type: none"> • Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		flow cytometry.	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A52385 - Flow Cytometry – Supplemental Instructions Article

Related National Coverage Documents

N/A

Public Version(s)

Updated on 02/27/2019 with effective dates 10/01/2018 - N/A

Updated on 09/21/2018 with effective dates 10/01/2018 - N/A

Updated on 02/26/2018 with effective dates 10/01/2017 - 09/30/2018

Updated on 09/14/2017 with effective dates 10/01/2017 - N/A

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Keywords

N/A