

Local Coverage Determination (LCD): Epidural (L33906)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID

L33906

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Epidural

Revision Effective Date

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Epidural. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Epidural and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,
 - Chapter 23, Section 20 Description of Healthcare Common Procedure Coding System (HCPCS)
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
 - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim

Federal Register References:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

Epidural injections are used for the treatment of multiple different conditions in chronic and acute pain. Epidural injections may be used for therapeutic and/or diagnostic purposes. There are multiple approaches to epidural injections including caudal, interlaminar (translaminar), and transforaminal. These different approaches are used for different but specific indications. (In general it is felt that the closer the injection can be placed to the pathology the more likely to achieve a beneficial response). Correct placement is best confirmed by using fluoroscopic guidance and injection of contrast.

Covered Indications

Epidural injections and/or infusions will be considered medically reasonable and necessary for the following conditions:

- Management of pain caused by intervertebral disc disease with or without myelopathy.
- Management of pain caused by spinal stenosis.
- Management of intractable radicular pain due to postlaminectomy syndrome/failed back syndrome.
- Management of intractable pain due to complex regional pain syndrome.
- Management of intractable pain due to post herpetic neuralgia and acute herpes zoster.
- Management of intractable pain due to traumatic neuropathy of the spinal nerve roots.
- Management of intractable and severe pain secondary to neuropathy from other causes (e.g., diabetic or metabolic).
- Management of severe, intractable pain in patients with advanced stages of cancer with estimated life expectancy of 4 months or less.
- Management of pain caused by radiculitis (inflammation of the nerve roots).

Limitations

Low back pain may also be produced by "Myofascial Pain Syndrome" in which case there is not nerve root pathology and epidural injections are not reasonable and necessary. If there is a doubt in the differential diagnosis, the diagnosis of radiculopathy can be confirmed by an EMG/nerve conduction/small fiber testing or appropriate radiological study. Degenerative Disk Disease without root compression has been shown to be a significant cause of low back and/or radicular pain; some patients will respond to Epidural Steroid Injection in this situation.

Epidural injections, with the exception of interlaminar injections, should be performed under fluoroscopic or CT-guided imaging.

It is expected that providing an epidural block in conjunction with multiple facet joint blocks, bilateral sacroiliac joint injections, trigger point injections, and/or lumbar sympathetic blocks in any combination to a patient on the same day is not considered medically necessary, unless the patient has recently discontinued anticoagulant therapy for the purpose of interventional pain management. It is expected that interlaminar, transforaminal or caudal epidural injections are not performed on the same date of service at the same level.

Procedures performed during the diagnostic phase should be limited to two (2) injections.

Once a structure is proven to be negative as a pain generator, no repeat interventions should be directed at that structure unless there is a new clinical presentation with symptoms, signs, and diagnostic studies of known reliability and validity that implicate the structure.

In the treatment or therapeutic phase, a series of three (3) injections may be given at a minimum interval of two (2) weeks to the suspect level. If a positive response (per ASIPP guidelines) is not obtained, then a repeat series of injections at that level is considered not medically necessary.

It is not expected that a patient would undergo an epidural injection at more than two (2) levels (unilateral or bilateral) on any given date of service. (A level is defined as the articulation between two vertebrae i.e., C4-5; or L2-3).

A series of three (3) epidural injections may be repeated at six (6) month intervals (assuming there was a positive response as defined by the ASIPP guidelines) to the first series of three (3) injections. Caution should be used to monitor the side effects of frequent steroid use.

Under unusual circumstances with a recurrent injury, carcinoma, or reflex sympathetic dystrophy, blocks may be repeated more frequently in the treatment phase after stabilization. Documentation must be present in the medical record to support the more frequent use of such therapy in this setting.

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Epidural (A56651) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Epidural (A56651) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number – L29338

Bibliography

1. Boswell MV, Hansen HC, Trescot AM, Hrish JA. Epidural steroids in the management of chronic spinal pain and radiculopathy. *Pain Physician*. 2003;6(3):319-334.
2. Boswell M, Trescot AM, Datta S, et al. Interventional techniques: Evidence-based practice guidelines in the management of chronic spinal pain. *Pain Physician*. 2007;10:7-111.
3. Manchikanti L, Singh V, Kloth D, et al. Interventional techniques in the management of chronic pain. *Pain Physician*. 2001;4(1):24-98.
4. Miller RD. Miller: Anesthesia, 5th ed. Philadelphia, PA: Churchill Livingstone; 2000.
5. National Guideline Clearinghouse. Complex regional pain syndrome (CRPS). 2002. Accessed September 14, 2004.
6. Olorunto WA, Galandiak S. Managing the spectrum of surgical pain: acute management of the chronic pain patient. *J Am Coll Surg*. 2006;202(1):169-175

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R12	<p>Revision Number: 7 Publication: September 2019 Connection LCR B 2019-022</p> <p>Explanation of Revision: Based on review of the LCD, formatting errors were identified and corrected. The Bibliography section of the LCD was updated to be consistent with AMA formatting. Also, frequency limitations information was removed from the "Utilization Guidelines" section of the Billing and Coding article and placed into the "Limitations" section of the LCD. The effective date of this revision is for dates of service on or after 10/01/19.</p> <p>10/01/2019: 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 LCD.</p>	<ul style="list-style-type: none">• Other (Formatting corrections)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
06/18/2019	R11	<p>Revision Number: 6 Publication: June 2019 Connection LCR B2019-014</p> <p>Explanation of Revision: Based on CR 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes", "Revenue Codes", "CPT/HCPCS Codes", "ICD-10 Codes that Support Medical Necessity", "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. The effective date of this LCD revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018. In addition, based on a review of the LCD, the "ICD-10 Codes that are covered" section of the newly created Billing and Coding article was updated. The following ICD10-CM diagnosis codes were added to the "Group 1 Codes:" section of the LCD, as they were omitted in error: C76.1, C76.2, C76.3, C76.40, C76.41, C76.42, C76.50, C76.51, C76.52, C76.8, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C80.0, C80.1, D37.02, D37.030, D37.031, D37.032, D37.039, D37.04, D37.05, D37.09, D37.1, D37.2, D37.3, D37.4, D37.5, D37.6, D37.8, D37.9, D38.0, D38.1, D38.2, D38.3, D38.4, D38.5, D38.6, D39.0, D39.10, D39.11, D39.12, D39.2, D39.8, D39.9, D40.0, D40.10, D40.11, D40.12, D40.8, D40.9, D41.00, D41.01, D41.02, D41.10, D41.11, D41.12, D41.20, D41.21, D41.22, D41.3, D41.4, D41.8, D41.9, D42.0, D42.1, D42.9, D43.0, D43.1, D43.2, D43.3, D43.4, D43.8, D43.9, D44.0, D44.10, D44.11, D44.12, D44.2, D44.3, D44.4, D44.5, D44.6, D44.7, D44.9, D45, D46.0, D46.1, D46.20, and D46.21. The effective date of this billing and coding article update is for claims processed on or after June 18, 2019, for dates of service on or after October 1, 2015.</p> <p>06/18/2019: 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 LCD.</p>	<ul style="list-style-type: none"> Other (Revisions based on CR 10901.)
10/01/2018	R10	<p>Revision Number: 5</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>Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update), the LCD was revised to indicate that diagnosis codes were added and deleted within existing diagnosis code ranges. The effective date of this revision is based on date of service.</p>	
10/01/2017	R9	<p>Revision Number: 4</p> <p>Publication: September 2017 Connection</p> <p>LCR B2017-011</p> <p>Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Changed ICD-10-CM diagnosis code range D47.0-D47.1 to D47.01-D47.1. Deleted ICD-10-CM diagnosis code D47.0. The effective date of this revision is based on date of service.</p> <p>10/01/2017: 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.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
06/13/2017	R8	<p>Revision Number:3 Publication: June 2017 Connection LCR B2017-006</p> <p>Explanation of Revision: Based on an external correspondence regarding denials of CPT codes 62320 and 62322 when billed in a hospital setting, the LCD was revised to remove conflicting language regarding coverage of interlaminar injections. In addition, CPT codes 62320 and 62322 were added to the "CPT/HCPCS Codes" section of the LCD. The effective date of this revision is for claims processed on or after 06/13/2017, for dates of service on or after 01/01/17.</p>	<ul style="list-style-type: none"> • Reconsideration Request
01/01/2017	R7	<p>Revision Number: 2 Publication: December 2016 Connection LCR B2017-001</p> <p>Explanation of Revision: Annual 2017 HCPCS Update. Revised LCD to add CPT codes 62321 and 62323 and delete procedure codes 62310 and 62311. Additionally, the LCD was revised within section titled, 'Indications and Limitations of Coverage and/or Medical</p>	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Necessity' to add CPT codes 62320 and 62322 as not considered medically reasonable and necessary. The effective date of this revision is based on date of service.	
10/01/2016	R6	Revision Number: 1 Publication: October 2016 Connection LCR B2016-018 Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised to add new ICD-10 diagnosis code range C49.A0 – C49.A9. Revised the following diagnosis ranges: diagnosis range G56.00 – G56.92 to read G56.00 – G56.93; G57.40 – G57.42 to read G57.40 – G57.43; G57.70 – G57.82 to read G57.70 – G57.83. The effective date of this revision is based on date of service.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R5	Added a note to paragraph section "ICD-10-CM Codes that Meet Medical Necessity" section to clarify coverage.	<ul style="list-style-type: none"> • Other
10/01/2015	R4	policy was updated by the ICD-10 2013-2014 Annual Update.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R3	05/29/2014 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	05/29/2014 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	TYPOGRAPHICAL CORRECTION	<ul style="list-style-type: none"> • Typographical Error

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56651 - Billing and Coding: Epidural

Related National Coverage Documents

N/A

Public Version(s)

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

Updated on 06/21/2019 with effective dates 06/18/2019 - 09/30/2019

Updated on 10/03/2018 with effective dates 10/01/2018 - 06/17/2019

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Keywords

N/A

Local Coverage Article: Billing and Coding: Epidural (A56651)

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First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

Article Information

General Information

Article ID

A56651

Original Effective Date

10/03/2018

Article Title

Billing and Coding: Epidural

Revision Effective Date

10/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33906 Epidural provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

Coding Guidelines

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT code must describe the service performed.

Medical necessity for providing the service must be clearly documented in the patient's medical record and submitted upon request for review.

Assessment of the outcome of this procedure depends on the patient's responses, therefore documentation should include:

- Whether the block was a diagnostic or therapeutic injection
- Pre and post procedure evaluation of patient
- Patient education
- Subjective and objective response from the patient regarding pain provocative maneuvers documented by pre and post procedure measurement

According to the American Society of Interventional Pain Physicians (ASIPP) guidelines, a positive response to a series of three (3) epidural injections, is noted when > 50 % relief is obtained for 6 to 8 weeks.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33906, Epidural may be monitored and addressed through post payment data analysis and subsequent medical review audits.

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

For Single Injection

Group 1 Codes:

CODE	DESCRIPTION
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT

CODE	DESCRIPTION
	INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT codes: **62321, 62323, 64479, 64480, 64483 and 64484.**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

ICD-10-CM Code **Z79.01** is used only as a supplemented code in addition to the primary diagnosis, when anticoagulant therapy has been temporarily discontinued to facilitate therapeutic injections for pain management.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
A52.15	Late syphilitic neuropathy
B02.0	Zoster encephalitis
B02.23	Postherpetic polyneuropathy
B02.24	Postherpetic myelitis
B02.29	Other postherpetic nervous system involvement
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
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
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C37	Malignant neoplasm of thymus

ICD-10 CODE	DESCRIPTION
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.31	Malignant melanoma of nose

ICD-10 CODE	DESCRIPTION
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C4A.0	Merkel cell carcinoma of lip
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus

ICD-10 CODE	DESCRIPTION
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
ICD-10 CODE	DESCRIPTION
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.510	Basal cell carcinoma of anal skin

ICD-10 CODE	DESCRIPTION
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
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.711	Basal cell carcinoma of skin of unspecified 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
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C45.0	Mesothelioma of pleura
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder

ICD-10 CODE	DESCRIPTION
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast

ICD-10 CODE	DESCRIPTION
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
ICD-10 CODE	DESCRIPTION
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C55	Malignant neoplasm of uterus, part unspecified

ICD-10 CODE	DESCRIPTION
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
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C61	Malignant neoplasm of prostate
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis

ICD-10 CODE	DESCRIPTION
C65.2	Malignant neoplasm of left renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, 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

ICD-10 CODE	DESCRIPTION
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.59	Malignant neoplasm of other cranial nerves
ICD-10 CODE	DESCRIPTION
C73	Malignant neoplasm of thyroid gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia

ICD-10 CODE	DESCRIPTION
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis

ICD-10 CODE	DESCRIPTION
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.89	Secondary malignant neoplasm of other digestive organs
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system

ICD-10 CODE	DESCRIPTION
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
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
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
ICD-10 CODE	DESCRIPTION
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes

ICD-10 CODE	DESCRIPTION
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck

ICD-10 CODE	DESCRIPTION
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb

ICD-10 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
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck

ICD-10 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
ICD-10 CODE	DESCRIPTION
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb

ICD-10 CODE	DESCRIPTION
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck

ICD-10 CODE	DESCRIPTION
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb

ICD-10 CODE	DESCRIPTION
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
ICD-10 CODE	DESCRIPTION
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	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
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

ICD-10 CODE	DESCRIPTION
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.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck

ICD-10 CODE	DESCRIPTION
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases

ICD-10 CODE	DESCRIPTION
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
ICD-10 CODE	DESCRIPTION
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission

ICD-10 CODE	DESCRIPTION
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	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
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
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission

ICD-10 CODE	DESCRIPTION
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	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
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission

ICD-10 CODE	DESCRIPTION
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
ICD-10 CODE	DESCRIPTION
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue

ICD-10 CODE	DESCRIPTION
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
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
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites

ICD-10 CODE	DESCRIPTION
D04.0	Carcinoma in situ of skin of lip
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
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D07.0	Carcinoma in situ of endometrium
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.5	Carcinoma in situ of prostate
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs

ICD-10 CODE	DESCRIPTION
D09.0	Carcinoma in situ of bladder
D09.19	Carcinoma in situ of other urinary organs
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx, unspecified
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D13.2	Benign neoplasm of duodenum
D13.39	Benign neoplasm of other parts of small intestine
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D13.6	Benign neoplasm of pancreas

ICD-10 CODE	DESCRIPTION
D13.7	Benign neoplasm of endocrine pancreas
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
ICD-10 CODE	DESCRIPTION
D14.1	Benign neoplasm of larynx
D14.2	Benign neoplasm of trachea
D14.31	Benign neoplasm of right bronchus and lung
D14.32	Benign neoplasm of left bronchus and lung
D14.4	Benign neoplasm of respiratory system, unspecified
D15.0	Benign neoplasm of thymus
D15.1	Benign neoplasm of heart
D15.2	Benign neoplasm of mediastinum
D15.7	Benign neoplasm of other specified intrathoracic organs
D16.01	Benign neoplasm of scapula and long bones of right upper limb
D16.02	Benign neoplasm of scapula and long bones of left upper limb
D16.11	Benign neoplasm of short bones of right upper limb
D16.12	Benign neoplasm of short bones of left upper limb
D16.21	Benign neoplasm of long bones of right lower limb
D16.22	Benign neoplasm of long bones of left lower limb
D16.31	Benign neoplasm of short bones of right lower limb
D16.32	Benign neoplasm of short bones of left lower limb
D16.4	Benign neoplasm of bones of skull and face
D16.5	Benign neoplasm of lower jaw bone
D16.6	Benign neoplasm of vertebral column
D16.7	Benign neoplasm of ribs, sternum and clavicle
D16.8	Benign neoplasm of pelvic bones, sacrum and coccyx
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites

ICD-10 CODE	DESCRIPTION
D17.4	Benign lipomatous neoplasm of intrathoracic organs
D17.5	Benign lipomatous neoplasm of intra-abdominal organs
D17.6	Benign lipomatous neoplasm of spermatic cord
D17.71	Benign lipomatous neoplasm of kidney
D17.72	Benign lipomatous neoplasm of other genitourinary organ
D17.79	Benign lipomatous neoplasm of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D18.02	Hemangioma of intracranial structures
D18.03	Hemangioma of intra-abdominal structures
D18.09	Hemangioma of other sites
D18.1	Lymphangioma, any site
D19.0	Benign neoplasm of mesothelial tissue of pleura
D19.1	Benign neoplasm of mesothelial tissue of peritoneum
D19.7	Benign neoplasm of mesothelial tissue of other sites
D20.0	Benign neoplasm of soft tissue of retroperitoneum
D20.1	Benign neoplasm of soft tissue of peritoneum
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D21.11	Benign neoplasm of connective and other soft tissue of right upper limb, including shoulder
D21.12	Benign neoplasm of connective and other soft tissue of left upper limb, including shoulder
D21.21	Benign neoplasm of connective and other soft tissue of right lower limb, including hip
D21.22	Benign neoplasm of connective and other soft tissue of left lower limb, including hip
D21.3	Benign neoplasm of connective and other soft tissue of thorax
D21.4	Benign neoplasm of connective and other soft tissue of abdomen
D21.5	Benign neoplasm of connective and other soft tissue of pelvis
D21.6	Benign neoplasm of connective and other soft tissue of trunk, unspecified
D21.9	Benign neoplasm of connective and other soft tissue, unspecified
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

ICD-10 CODE	DESCRIPTION
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
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
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
D23.39	Other benign neoplasm of skin of other parts of face
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
D26.0	Other benign neoplasm of cervix uteri

ICD-10 CODE	DESCRIPTION
D26.1	Other benign neoplasm of corpus uteri
D26.7	Other benign neoplasm of other parts of uterus
D27.0	Benign neoplasm of right ovary
D27.1	Benign neoplasm of left ovary
D28.0	Benign neoplasm of vulva
D28.1	Benign neoplasm of vagina
D28.2	Benign neoplasm of uterine tubes and ligaments
D28.7	Benign neoplasm of other specified female genital organs
D29.0	Benign neoplasm of penis
ICD-10 CODE	DESCRIPTION
D29.1	Benign neoplasm of prostate
D29.21	Benign neoplasm of right testis
D29.22	Benign neoplasm of left testis
D29.31	Benign neoplasm of right epididymis
D29.32	Benign neoplasm of left epididymis
D29.4	Benign neoplasm of scrotum
D29.8	Benign neoplasm of other specified male genital organs
D30.01	Benign neoplasm of right kidney
D30.02	Benign neoplasm of left kidney
D30.11	Benign neoplasm of right renal pelvis
D30.12	Benign neoplasm of left renal pelvis
D30.21	Benign neoplasm of right ureter
D30.22	Benign neoplasm of left ureter
D30.3	Benign neoplasm of bladder
D30.4	Benign neoplasm of urethra
D30.8	Benign neoplasm of other specified urinary organs
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

ICD-10 CODE	DESCRIPTION
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
D32.1	Benign neoplasm of spinal meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
D33.7	Benign neoplasm of other specified parts of central nervous system
D34	Benign neoplasm of thyroid gland
D35.01	Benign neoplasm of right adrenal gland
D35.02	Benign neoplasm of left adrenal gland
D35.1	Benign neoplasm of parathyroid gland
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D35.5	Benign neoplasm of carotid body
D35.6	Benign neoplasm of aortic body and other paraganglia
D35.7	Benign neoplasm of other specified endocrine glands
D36.0	Benign neoplasm of lymph nodes
D36.10	Benign neoplasm of peripheral nerves and autonomic nervous system, unspecified
D36.11	Benign neoplasm of peripheral nerves and autonomic nervous system of face, head, and neck

ICD-10 CODE	DESCRIPTION
D36.12	Benign neoplasm of peripheral nerves and autonomic nervous system, upper limb, including shoulder
D36.13	Benign neoplasm of peripheral nerves and autonomic nervous system of lower limb, including hip
D36.14	Benign neoplasm of peripheral nerves and autonomic nervous system of thorax
D36.15	Benign neoplasm of peripheral nerves and autonomic nervous system of abdomen
D36.16	Benign neoplasm of peripheral nerves and autonomic nervous system of pelvis
D36.17	Benign neoplasm of peripheral nerves and autonomic nervous system of trunk, unspecified
D36.7	Benign neoplasm of other specified sites
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.093	Benign carcinoid tumor of the kidney
D3A.098	Benign carcinoid tumors of other sites
D3A.8	Other benign neuroendocrine tumors
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands

ICD-10 CODE	DESCRIPTION
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D39.0	Neoplasm of uncertain behavior of uterus
ICD-10 CODE	DESCRIPTION
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D40.0	Neoplasm of uncertain behavior of prostate
D40.11	Neoplasm of uncertain behavior of right testis
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D41.01	Neoplasm of uncertain behavior of right kidney
D41.02	Neoplasm of uncertain behavior of left kidney
D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis
D41.21	Neoplasm of uncertain behavior of right ureter
D41.22	Neoplasm of uncertain behavior of left ureter

ICD-10 CODE	DESCRIPTION
D41.3	Neoplasm of uncertain behavior of urethra
D41.4	Neoplasm of uncertain behavior of bladder
D41.8	Neoplasm of uncertain behavior of other specified urinary organs
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.11	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Neoplasm of uncertain behavior of left adrenal gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
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.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
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D47.01	Cutaneous mastocytosis

ICD-10 CODE	DESCRIPTION
D47.02	Systemic mastocytosis
D47.09	Other mast cell neoplasms of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D48.7	Neoplasm of uncertain behavior of other specified sites
D49.0	Neoplasm of unspecified behavior of digestive system
D49.1	Neoplasm of unspecified behavior of respiratory system
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.3	Neoplasm of unspecified behavior of breast
D49.4	Neoplasm of unspecified behavior of bladder
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D49.89	Neoplasm of unspecified behavior of other specified sites
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy

ICD-10 CODE	DESCRIPTION
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
G11.4	Hereditary spastic paraplegia
G13.0	Paraneoplastic neuromyopathy and neuropathy
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
ICD-10 CODE	DESCRIPTION
G24.02	Drug induced acute dystonia
G24.09	Other drug induced dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.8	Other dystonia

ICD-10 CODE	DESCRIPTION
G35	Multiple sclerosis
G54.0	Brachial plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not elsewhere classified
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorders, not elsewhere classified
G54.5	Neuralgic amyotrophy
G54.6	Phantom limb syndrome with pain
G54.7	Phantom limb syndrome without pain
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb
G56.03	Carpal tunnel syndrome, bilateral upper limbs
G56.11	Other lesions of median nerve, right upper limb
G56.12	Other lesions of median nerve, left upper limb
G56.13	Other lesions of median nerve, bilateral upper limbs
G56.21	Lesion of ulnar nerve, right upper limb
G56.22	Lesion of ulnar nerve, left upper limb
G56.23	Lesion of ulnar nerve, bilateral upper limbs
G56.31	Lesion of radial nerve, right upper limb
G56.32	Lesion of radial nerve, left upper limb
G56.33	Lesion of radial nerve, bilateral upper limbs
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.43	Causalgia of bilateral upper limbs
G56.81	Other specified mononeuropathies of right upper limb
G56.82	Other specified mononeuropathies of left upper limb
G56.83	Other specified mononeuropathies of bilateral upper limbs
G57.41	Lesion of medial popliteal nerve, right lower limb
G57.42	Lesion of medial popliteal nerve, left lower limb
G57.43	Lesion of medial popliteal nerve, bilateral lower limbs
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb

ICD-10 CODE	DESCRIPTION
G57.73	Causalgia of bilateral lower limbs
G57.81	Other specified mononeuropathies of right lower limb
G57.82	Other specified mononeuropathies of left lower limb
G57.83	Other specified mononeuropathies of bilateral lower limbs
G58.0	Intercostal neuropathy
G58.7	Mononeuritis multiplex
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.1	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy
G61.89	Other inflammatory polyneuropathies
G62.0	Drug-induced polyneuropathy
G62.1	Alcoholic polyneuropathy
G62.2	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barre syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side

ICD-10 CODE	DESCRIPTION
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
G83.5	Locked-in state
G83.81	Brown-Sequard syndrome
G83.82	Anterior cord syndrome
G83.83	Posterior cord syndrome
G83.84	Todd's paralysis (postepileptic)
G83.89	Other specified paralytic syndromes
G89.11	Acute pain due to trauma
G89.12	Acute post-thoracotomy pain
G89.18	Other acute postprocedural pain
G89.21	Chronic pain due to trauma
G89.22	Chronic post-thoracotomy pain
G89.29	Other chronic pain
G89.3	Neoplasm related pain (acute) (chronic)
G89.4	Chronic pain syndrome
G90.511	Complex regional pain syndrome I of right upper limb
G90.512	Complex regional pain syndrome I of left upper limb
G90.513	Complex regional pain syndrome I of upper limb, bilateral
G90.521	Complex regional pain syndrome I of right lower limb
G90.522	Complex regional pain syndrome I of left lower limb
G90.523	Complex regional pain syndrome I of lower limb, bilateral
G90.59	Complex regional pain syndrome I of other specified site
G95.29	Other cord compression
G95.9	Disease of spinal cord, unspecified
G99.0	Autonomic neuropathy in diseases classified elsewhere
K31.7	Polyp of stomach and duodenum
K63.5	Polyp of colon
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder

ICD-10 CODE	DESCRIPTION
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M34.83	Systemic sclerosis with polyneuropathy
M43.21	Fusion of spine, occipito-atlanto-axial region
M43.22	Fusion of spine, cervical region
M43.23	Fusion of spine, cervicothoracic region
M43.24	Fusion of spine, thoracic region
M43.25	Fusion of spine, thoracolumbar region
M43.26	Fusion of spine, lumbar region
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M43.6	Torticollis
M43.8X9	Other specified deforming dorsopathies, site unspecified
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication

ICD-10 CODE	DESCRIPTION
M48.07	Spinal stenosis, lumbosacral region
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M48.51XA	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, initial encounter for fracture
M48.51XD	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, subsequent encounter for fracture with routine healing
M48.51XG	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, subsequent encounter for fracture with delayed healing
M48.51XS	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, sequela of fracture
M48.52XA	Collapsed vertebra, not elsewhere classified, cervical region, initial encounter for fracture
M48.52XD	Collapsed vertebra, not elsewhere classified, cervical region, subsequent encounter for fracture with routine healing
M48.52XG	Collapsed vertebra, not elsewhere classified, cervical region, subsequent encounter for fracture with delayed healing
M48.52XS	Collapsed vertebra, not elsewhere classified, cervical region, sequela of fracture
M48.53XA	Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture
M48.53XD	Collapsed vertebra, not elsewhere classified, cervicothoracic region, subsequent encounter for fracture with routine healing
M48.53XG	Collapsed vertebra, not elsewhere classified, cervicothoracic region, subsequent encounter for fracture with delayed healing
M48.53XS	Collapsed vertebra, not elsewhere classified, cervicothoracic region, sequela of fracture
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
M48.54XD	Collapsed vertebra, not elsewhere classified, thoracic region, subsequent encounter for fracture with routine healing
M48.54XG	Collapsed vertebra, not elsewhere classified, thoracic region, subsequent encounter for fracture with delayed healing
M48.54XS	Collapsed vertebra, not elsewhere classified, thoracic region, sequela of fracture
M48.55XA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture
M48.55XD	Collapsed vertebra, not elsewhere classified, thoracolumbar region, subsequent encounter for fracture with routine healing

ICD-10 CODE	DESCRIPTION
M48.55XG	Collapsed vertebra, not elsewhere classified, thoracolumbar region, subsequent encounter for fracture with delayed healing
M48.55XS	Collapsed vertebra, not elsewhere classified, thoracolumbar region, sequela of fracture
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture
M48.56XD	Collapsed vertebra, not elsewhere classified, lumbar region, subsequent encounter for fracture with routine healing
M48.56XG	Collapsed vertebra, not elsewhere classified, lumbar region, subsequent encounter for fracture with delayed healing
M48.56XS	Collapsed vertebra, not elsewhere classified, lumbar region, sequela of fracture
M48.57XA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture
M48.57XD	Collapsed vertebra, not elsewhere classified, lumbosacral region, subsequent encounter for fracture with routine healing
M48.57XG	Collapsed vertebra, not elsewhere classified, lumbosacral region, subsequent encounter for fracture with delayed healing
M48.57XS	Collapsed vertebra, not elsewhere classified, lumbosacral region, sequela of fracture
M48.58XA	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture
M48.58XD	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, subsequent encounter for fracture with routine healing
M48.58XG	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, subsequent encounter for fracture with delayed healing
M48.58XS	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, sequela of fracture
M50.01	Cervical disc disorder with myelopathy, high cervical region
M50.020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level
M50.021	Cervical disc disorder at C4-C5 level with myelopathy
M50.022	Cervical disc disorder at C5-C6 level with myelopathy
M50.023	Cervical disc disorder at C6-C7 level with myelopathy
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.120	Mid-cervical disc disorder, unspecified level
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy

ICD-10 CODE	DESCRIPTION
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.21	Other cervical disc displacement, high cervical region
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Other cervical disc displacement, cervicothoracic region
M50.31	Other cervical disc degeneration, high cervical region
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Other cervical disc degeneration, cervicothoracic region
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
ICD-10 CODE	DESCRIPTION
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M53.0	Cervicocranial syndrome

ICD-10 CODE	DESCRIPTION
M53.1	Cervicobrachial syndrome
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.80	Other specified dorsopathies, site unspecified
M53.81	Other specified dorsopathies, occipito-atlanto-axial region
M53.82	Other specified dorsopathies, cervical region
M53.83	Other specified dorsopathies, cervicothoracic region
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.00	Panniculitis affecting regions of neck and back, site unspecified
M54.01	Panniculitis affecting regions of neck and back, occipito-atlanto-axial region
M54.02	Panniculitis affecting regions of neck and back, cervical region
M54.03	Panniculitis affecting regions of neck and back, cervicothoracic region
M54.04	Panniculitis affecting regions of neck and back, thoracic region
M54.05	Panniculitis affecting regions of neck and back, thoracolumbar region
M54.06	Panniculitis affecting regions of neck and back, lumbar region
M54.07	Panniculitis affecting regions of neck and back, lumbosacral region
M54.08	Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
M54.09	Panniculitis affecting regions, neck and back, multiple sites in spine
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.2	Cervicalgia
M54.31	Sciatica, right side

ICD-10 CODE	DESCRIPTION
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.81	Occipital neuralgia
M54.89	Other dorsalgia
M62.830	Muscle spasm of back
M67.88	Other specified disorders of synovium and tendon, other site
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.08XD	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.08XG	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.08XK	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with nonunion
M80.08XP	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with malunion
M80.08XS	Age-related osteoporosis with current pathological fracture, vertebra(e), sequela
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.88XD	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.88XG	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.88XK	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with nonunion
M80.88XP	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with malunion
M80.88XS	Other osteoporosis with current pathological fracture, vertebra(e), sequela
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture
M84.58XD	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with routine healing

ICD-10 CODE	DESCRIPTION
M84.58XG	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with delayed healing
M84.58XK	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with nonunion
M84.58XP	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with malunion
M84.58XS	Pathological fracture in neoplastic disease, other specified site, sequela
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture
M84.68XD	Pathological fracture in other disease, other site, subsequent encounter for fracture with routine healing
M84.68XG	Pathological fracture in other disease, other site, subsequent encounter for fracture with delayed healing
M84.68XK	Pathological fracture in other disease, other site, subsequent encounter for fracture with nonunion
M84.68XP	Pathological fracture in other disease, other site, subsequent encounter for fracture with malunion
M84.68XS	Pathological fracture in other disease, other site, sequela
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.25	Subluxation stenosis of neural canal of pelvic region
M99.26	Subluxation stenosis of neural canal of lower extremity
M99.27	Subluxation stenosis of neural canal of upper extremity
M99.28	Subluxation stenosis of neural canal of rib cage
M99.29	Subluxation stenosis of neural canal of abdomen and other regions
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.35	Osseous stenosis of neural canal of pelvic region

ICD-10 CODE	DESCRIPTION
M99.36	Osseous stenosis of neural canal of lower extremity
M99.37	Osseous stenosis of neural canal of upper extremity
M99.38	Osseous stenosis of neural canal of rib cage
M99.39	Osseous stenosis of neural canal of abdomen and other regions
M99.40	Connective tissue stenosis of neural canal of head region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.45	Connective tissue stenosis of neural canal of pelvic region
M99.46	Connective tissue stenosis of neural canal of lower extremity
M99.47	Connective tissue stenosis of neural canal of upper extremity
ICD-10 CODE	DESCRIPTION
M99.48	Connective tissue stenosis of neural canal of rib cage
M99.49	Connective tissue stenosis of neural canal of abdomen and other regions
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.55	Intervertebral disc stenosis of neural canal of pelvic region
M99.56	Intervertebral disc stenosis of neural canal of lower extremity
M99.57	Intervertebral disc stenosis of neural canal of upper extremity
M99.58	Intervertebral disc stenosis of neural canal of rib cage
M99.59	Intervertebral disc stenosis of neural canal of abdomen and other regions
M99.60	Osseous and spondylolisthesis stenosis of intervertebral foramina of head region
M99.61	Osseous and spondylolisthesis stenosis of intervertebral foramina of cervical region
M99.62	Osseous and spondylolisthesis stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and spondylolisthesis stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and spondylolisthesis stenosis of intervertebral foramina of sacral region
M99.65	Osseous and spondylolisthesis stenosis of intervertebral foramina of pelvic region
M99.66	Osseous and spondylolisthesis stenosis of intervertebral foramina of lower extremity

ICD-10 CODE	DESCRIPTION
M99.67	Osseous and subluxation stenosis of intervertebral foramina of upper extremity
M99.68	Osseous and subluxation stenosis of intervertebral foramina of rib cage
M99.69	Osseous and subluxation stenosis of intervertebral foramina of abdomen and other regions
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
M99.75	Connective tissue and disc stenosis of intervertebral foramina of pelvic region
M99.76	Connective tissue and disc stenosis of intervertebral foramina of lower extremity
M99.77	Connective tissue and disc stenosis of intervertebral foramina of upper extremity
M99.78	Connective tissue and disc stenosis of intervertebral foramina of rib cage
M99.79	Connective tissue and disc stenosis of intervertebral foramina of abdomen and other regions
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
S14.0XXS	Concussion and edema of cervical spinal cord, sequela

ICD-10 CODE	DESCRIPTION
S14.101S	Unspecified injury at C1 level of cervical spinal cord, sequela
S14.102S	Unspecified injury at C2 level of cervical spinal cord, sequela
S14.103S	Unspecified injury at C3 level of cervical spinal cord, sequela
S14.104S	Unspecified injury at C4 level of cervical spinal cord, sequela
S14.105S	Unspecified injury at C5 level of cervical spinal cord, sequela
S14.106S	Unspecified injury at C6 level of cervical spinal cord, sequela
S14.107S	Unspecified injury at C7 level of cervical spinal cord, sequela
S14.108S	Unspecified injury at C8 level of cervical spinal cord, sequela
S14.111S	Complete lesion at C1 level of cervical spinal cord, sequela
S14.112S	Complete lesion at C2 level of cervical spinal cord, sequela
S14.113S	Complete lesion at C3 level of cervical spinal cord, sequela
S14.114S	Complete lesion at C4 level of cervical spinal cord, sequela
S14.115S	Complete lesion at C5 level of cervical spinal cord, sequela
S14.116S	Complete lesion at C6 level of cervical spinal cord, sequela
S14.117S	Complete lesion at C7 level of cervical spinal cord, sequela
S14.118S	Complete lesion at C8 level of cervical spinal cord, sequela
S14.121S	Central cord syndrome at C1 level of cervical spinal cord, sequela
S14.122S	Central cord syndrome at C2 level of cervical spinal cord, sequela
S14.123S	Central cord syndrome at C3 level of cervical spinal cord, sequela
S14.124S	Central cord syndrome at C4 level of cervical spinal cord, sequela
S14.125S	Central cord syndrome at C5 level of cervical spinal cord, sequela
S14.126S	Central cord syndrome at C6 level of cervical spinal cord, sequela
S14.127S	Central cord syndrome at C7 level of cervical spinal cord, sequela
S14.128S	Central cord syndrome at C8 level of cervical spinal cord, sequela
S14.131S	Anterior cord syndrome at C1 level of cervical spinal cord, sequela
S14.132S	Anterior cord syndrome at C2 level of cervical spinal cord, sequela
S14.133S	Anterior cord syndrome at C3 level of cervical spinal cord, sequela
S14.134S	Anterior cord syndrome at C4 level of cervical spinal cord, sequela
S14.135S	Anterior cord syndrome at C5 level of cervical spinal cord, sequela
S14.136S	Anterior cord syndrome at C6 level of cervical spinal cord, sequela
S14.137S	Anterior cord syndrome at C7 level of cervical spinal cord, sequela
S14.138S	Anterior cord syndrome at C8 level of cervical spinal cord, sequela

ICD-10 CODE	DESCRIPTION
S14.141S	Brown-Sequard syndrome at C1 level of cervical spinal cord, sequela
S14.142S	Brown-Sequard syndrome at C2 level of cervical spinal cord, sequela
S14.143S	Brown-Sequard syndrome at C3 level of cervical spinal cord, sequela
S14.144S	Brown-Sequard syndrome at C4 level of cervical spinal cord, sequela
S14.145S	Brown-Sequard syndrome at C5 level of cervical spinal cord, sequela
S14.146S	Brown-Sequard syndrome at C6 level of cervical spinal cord, sequela
S14.147S	Brown-Sequard syndrome at C7 level of cervical spinal cord, sequela
S14.148S	Brown-Sequard syndrome at C8 level of cervical spinal cord, sequela
S14.151S	Other incomplete lesion at C1 level of cervical spinal cord, sequela
S14.152S	Other incomplete lesion at C2 level of cervical spinal cord, sequela
S14.153S	Other incomplete lesion at C3 level of cervical spinal cord, sequela
S14.154S	Other incomplete lesion at C4 level of cervical spinal cord, sequela
S14.155S	Other incomplete lesion at C5 level of cervical spinal cord, sequela
S14.156S	Other incomplete lesion at C6 level of cervical spinal cord, sequela
S14.157S	Other incomplete lesion at C7 level of cervical spinal cord, sequela
S14.158S	Other incomplete lesion at C8 level of cervical spinal cord, sequela
S14.2XXA	Injury of nerve root of cervical spine, initial encounter
S14.2XXD	Injury of nerve root of cervical spine, subsequent encounter
S14.2XXS	Injury of nerve root of cervical spine, sequela
ICD-10 CODE	DESCRIPTION
S14.3XXA	Injury of brachial plexus, initial encounter
S14.3XXD	Injury of brachial plexus, subsequent encounter
S14.3XXS	Injury of brachial plexus, sequela
S24.0XXS	Concussion and edema of thoracic spinal cord, sequela
S24.101S	Unspecified injury at T1 level of thoracic spinal cord, sequela
S24.102S	Unspecified injury at T2-T6 level of thoracic spinal cord, sequela
S24.103S	Unspecified injury at T7-T10 level of thoracic spinal cord, sequela
S24.104S	Unspecified injury at T11-T12 level of thoracic spinal cord, sequela
S24.111S	Complete lesion at T1 level of thoracic spinal cord, sequela
S24.112S	Complete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.113S	Complete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.114S	Complete lesion at T11-T12 level of thoracic spinal cord, sequela

ICD-10 CODE	DESCRIPTION
S24.131S	Anterior cord syndrome at T1 level of thoracic spinal cord, sequela
S24.132S	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.133S	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.134S	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.141S	Brown-Sequard syndrome at T1 level of thoracic spinal cord, sequela
S24.142S	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.143S	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.144S	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.151S	Other incomplete lesion at T1 level of thoracic spinal cord, sequela
S24.152S	Other incomplete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.153S	Other incomplete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.154S	Other incomplete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.2XXA	Injury of nerve root of thoracic spine, initial encounter
S24.2XXD	Injury of nerve root of thoracic spine, subsequent encounter
S24.2XXS	Injury of nerve root of thoracic spine, sequela
S34.01XS	Concussion and edema of lumbar spinal cord, sequela
S34.02XS	Concussion and edema of sacral spinal cord, sequela
S34.101S	Unspecified injury to L1 level of lumbar spinal cord, sequela
S34.102S	Unspecified injury to L2 level of lumbar spinal cord, sequela
S34.103S	Unspecified injury to L3 level of lumbar spinal cord, sequela
S34.104S	Unspecified injury to L4 level of lumbar spinal cord, sequela
S34.105S	Unspecified injury to L5 level of lumbar spinal cord, sequela
S34.111S	Complete lesion of L1 level of lumbar spinal cord, sequela
S34.112S	Complete lesion of L2 level of lumbar spinal cord, sequela
S34.113S	Complete lesion of L3 level of lumbar spinal cord, sequela
S34.114S	Complete lesion of L4 level of lumbar spinal cord, sequela
S34.115S	Complete lesion of L5 level of lumbar spinal cord, sequela
S34.121S	Incomplete lesion of L1 level of lumbar spinal cord, sequela
S34.122S	Incomplete lesion of L2 level of lumbar spinal cord, sequela
S34.123S	Incomplete lesion of L3 level of lumbar spinal cord, sequela
S34.124S	Incomplete lesion of L4 level of lumbar spinal cord, sequela
S34.125S	Incomplete lesion of L5 level of lumbar spinal cord, sequela

ICD-10 CODE	DESCRIPTION
S34.131S	Complete lesion of sacral spinal cord, sequela
S34.132S	Incomplete lesion of sacral spinal cord, sequela
S34.139S	Unspecified injury to sacral spinal cord, sequela
S34.21XA	Injury of nerve root of lumbar spine, initial encounter
S34.21XD	Injury of nerve root of lumbar spine, subsequent encounter
S34.21XS	Injury of nerve root of lumbar spine, sequela
S34.22XA	Injury of nerve root of sacral spine, initial encounter
S34.22XD	Injury of nerve root of sacral spine, subsequent encounter
S34.22XS	Injury of nerve root of sacral spine, sequela
S34.4XXA	Injury of lumbosacral plexus, initial encounter
S34.4XXD	Injury of lumbosacral plexus, subsequent encounter
S34.4XXS	Injury of lumbosacral plexus, sequela
Z79.01	Long term (current) use of anticoagulants

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that are Covered" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

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
999x	Not Applicable

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.

N/A

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2019	R1	<p>Revision Number: 1 Publication: September 2019 Connection LCR B2019-022</p> <p>Explanation of Revision: Based on CR 11322 (Annual 2020 ICD-10-CM Update) the billing and coding article was revised. The descriptor was revised for ICD-10-CM diagnosis code M50.120. The effective date of this revision is for dates of service on or after 10/01/2019.</p> <p>Also, based on review of the billing and coding article, formatting errors were identified and corrected. The frequency limitations information was removed from the "Utilization Guidelines" section of the Billing and Coding article and placed into the "Limitations" section of the LCD. The effective date of this revision is for dates of service on or after 10/01/19.</p> <p>In addition, the following unspecified ICD-10-CM diagnosis codes were removed as it is the provider's responsibility to code to the highest level of specificity: C31.9, C34.00, C34.10, C34.30, C34.80, C34.90, C34.91, C34.92, C40.00, C40.10, C40.20, C40.30, C40.80, C40.90, C40.91, C40.92, C43.10, C43.20, C43.30, C43.60, C43.70, C43.9, C4A.10, C4A.20, C4A.30, C4A.60, C4A.70, C4A.9, C44.00, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.121, C44.131, C44.191, C44.201, C44.202, C44.209, C44.211, C44.221, C44.291, C44.300, C44.301, C44.309, C44.310, C44.320, C44.390,</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>C44.40, C44.500, C44.501, C44.509, C44.601, C44.602, C44.609, C44.611, C44.621, C44.691, C44.701, C44.702, C44.709, C44.721, C44.791, C44.80, C44.90, C44.91, C44.92, C44.99, C45.9, C49.10, C49.20, C49.9, C49.A0, C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, C50.919, C50.929, C51.9, C53.9, C54.9, C56.9, C57.00, C57.10, C57.20, C57.9, C60.9, C62.00, C62.10, C62.90, C62.91, C62.92, C63.00, C63.10, C63.9, C64.9, C65.9, C66.9, C68.9, C69.00, C69.10, C69.20, C69.30, C69.40, C69.50, C69.60, C69.80, C69.90, C69.91, C69.92, C70.9, C71.9, C72.20, C72.30, C72.40, C72.50, C72.9, C74.00, C74.10, C74.90, C74.91, C74.92, C75.9, C7A.00, C7A.094, C7A.095, C7A.096, C76.40, C76.50, C76.8, C78.00, C78.30, C78.80, C79.00, C79.10, C79.40, C79.60, C79.70, C79.9, C81.10, C81.20, C81.30, C81.40, C81.70, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.10, C82.20, C82.30, C82.40, C82.50, C82.60, C82.80, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.10, C83.30, C83.50, C83.70, C83.80, C83.90, C84.00, C84.10, C84.40, C84.60, C84.A0, C84.Z0, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C85.10, C85.20, C85.80, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C88.9, C96.20, D01.40, D01.9, D02.20, D02.4, D03.10, D03.20, D03.30, D03.60, D03.70, D03.9, D04.10, D04.20, D04.30, D04.60, D04.70, D04.9, D05.00, D05.10, D05.80, D05.90, D05.91, D05.92, D06.9, D07.30, D07.60, D09.10, D09.20, D09.8, D09.9, D10.30, D11.9, D12.6, D13.30, D13.9, D14.30, D15.9, D16.00, D16.10, D16.20, D16.30, D16.9, D17.20, D17.30, D17.9, D18.00, D19.9, D21.10, D21.20, D22.10, D22.20, D22.30, D22.60, D22.70, D23.10, D23.20, D23.30, D23.60, D23.70, D23.9, D24.9, D26.9, D27.9, D28.9, D29.20, D29.30, D29.9, D30.00, D30.10, D30.20, D30.9, D31.00, D31.10, D31.20, D31.30, D31.40, D31.50, D31.60, D31.90, D32.9, D33.9, D35.00, D35.9, D36.9, D3A.00, D3A.094, D3A.095, D3A.096, D37.039, D37.9, D38.6, D39.10, D39.9, D40.10, D40.9, D41.00, D41.10, D41.20, D41.9, D43.2, D43.9, D44.10, D44.9, D46.9, D47.9, D48.60, D48.9, D49.519, D49.9, E10.40, E11.40, E13.40, G56.00, G56.10, G56.20, G56.30, G56.40, G56.80, G56.90, G56.91, G56.92, G56.93, G57.40, G57.70, G57.80, G80.9, G81.10, G83.30, G83.9, G90.50, G90.519, G90.529, G95.20, M05.519, M05.529, M05.539, M05.549, M05.559, M05.569, M05.579, M43.20, M48.00, M48.50XA, M48.50XD, M48.50XG, M48.50XS, M50.00, M50.10, M50.20, M50.30, M53.9, M54.30, M54.40, M54.9, Q85.00, R52, S14.109S, S14.119S, S14.129S, S14.139S, S14.149S, S14.159S, S24.109S, S24.119S, S24.139S, S24.149S, S24.159S, S34.109S, S34.119S, and S34.129S. The effective date of this revision is for dates of service on or after 11/12/2019.</p>

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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

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Keywords

N/A