

Local Coverage Determination (LCD) for Flow Cytometry (L31870)

Contractor Information

Contractor Name CIGNA Government Services Back to Top	Contractor Number 15102	Contractor Type MAC - Part B
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LCD Information

Document Information

LCD ID Number
L31870

Primary Geographic Jurisdiction
Kentucky

LCD Title
Flow Cytometry

Oversight Region
Region I

Contractor's Determination Number
L27386

Original Determination Effective Date
For services performed on or after 04/30/2011

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Original Determination Ending Date

Revision Effective Date

For services performed on or after 06/18/2011

Revision Ending Date

CMS National Coverage Policy

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

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

Title XVIII of the Social Security Act (SSA):

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

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

Code of Federal Regulations:

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

CMS Publications:

CMS Transmittal No. 1996, Publication 100 – 04, *Medicare Claims Processing Manual*, Change Request # 7006, July 2, 2010, Medicare contractor annual update of the international classification of diseases, ninth revision, clinical modification (ICD-9-CM).

Indications and Limitations of Coverage and/or Medical Necessity

Abstract:

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

Indications:

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

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

Other Comments:

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

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

A pathologist may perform additional tests under the following circumstances:

- These services are medically necessary so that a complete and accurate diagnosis can be reported to the treating physician/practitioner;
- The results of the tests are communicated to and are used by the treating physician/practitioner in the treatment of the beneficiary; and
- The pathologist documents in his/her report why additional testing was done.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category, or is rendered for screening purposes.

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

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

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Coding Information

Bill Type Codes:

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

011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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

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

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

0300	Laboratory - General Classification
0309	Laboratory - Other Laboratory
0310	Laboratory Pathology - General Classification
0311	Laboratory Pathology - Cytology
0319	Laboratory Pathology - Other Laboratory Pathology
0971	Professional Fees - Laboratory

CPT/HCPCS Codes Group Name

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

88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS

ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
079.51	HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE I [HTLV-I]
079.52	HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE II [HTLV-II]
079.53	HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 [HIV-2]
142.0	MALIGNANT NEOPLASM OF PAROTID GLAND
142.1	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND
147.0	MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX
147.1	MALIGNANT NEOPLASM OF POSTERIOR WALL OF NASOPHARYNX
147.2	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX
147.3	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX
147.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF NASOPHARYNX
147.9	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED SITE
150.0	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS
150.3	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
151.9	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.9	MALIGNANT NEOPLASM OF SMALL INTESTINE UNSPECIFIED SITE
153.0	MALIGNANT NEOPLASM OF HEPATIC FLEXURE
153.1	MALIGNANT NEOPLASM OF TRANSVERSE COLON
153.2	MALIGNANT NEOPLASM OF DESCENDING COLON
153.3	MALIGNANT NEOPLASM OF SIGMOID COLON
153.4	MALIGNANT NEOPLASM OF CECUM
153.5	MALIGNANT NEOPLASM OF APPENDIX VERMIFORMIS
153.6	MALIGNANT NEOPLASM OF ASCENDING COLON
153.7	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
153.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARGE INTESTINE
153.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
154.1	MALIGNANT NEOPLASM OF RECTUM
154.2	MALIGNANT NEOPLASM OF ANAL CANAL
154.3	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED SITE
154.8	MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
155.2	MALIGNANT NEOPLASM OF LIVER NOT SPECIFIED AS PRIMARY OR SECONDARY
157.9	MALIGNANT NEOPLASM OF PANCREAS PART UNSPECIFIED
158.8	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
159.1	MALIGNANT NEOPLASM OF SPLEEN NOT ELSEWHERE CLASSIFIED
160.0	MALIGNANT NEOPLASM OF NASAL CAVITIES
160.1	MALIGNANT NEOPLASM OF AUDITORY TUBE MIDDLE EAR AND MASTOID AIR CELLS
160.2	MALIGNANT NEOPLASM OF MAXILLARY SINUS
160.3	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS
160.4	MALIGNANT NEOPLASM OF FRONTAL SINUS
160.5	MALIGNANT NEOPLASM OF SPHENOIDAL SINUS
160.8	MALIGNANT NEOPLASM OF OTHER ACCESSORY SINUSES

160.9	MALIGNANT NEOPLASM OF ACCESSORY SINUS UNSPECIFIED
161.0	MALIGNANT NEOPLASM OF GLOTTIS
161.1	MALIGNANT NEOPLASM OF SUPRAGLOTTIS
161.2	MALIGNANT NEOPLASM OF SUBGLOTTIS
161.3	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGES
161.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARYNX
161.9	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED
162.0	MALIGNANT NEOPLASM OF TRACHEA
162.2	MALIGNANT NEOPLASM OF MAIN BRONCHUS
162.9	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
163.9	MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED
164.2	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM
164.3	MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM
164.8	MALIGNANT NEOPLASM OF OTHER PARTS OF MEDIASTINUM
164.9	MALIGNANT NEOPLASM OF MEDIASTINUM PART UNSPECIFIED
170.0	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE
170.1	MALIGNANT NEOPLASM OF MANDIBLE
170.9	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE SITE UNSPECIFIED
171.0	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK
171.3	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF LOWER LIMB INCLUDING HIP
171.4	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF THORAX
172.0	MALIGNANT MELANOMA OF SKIN OF LIP
172.1	MALIGNANT MELANOMA OF SKIN OF EYELID INCLUDING CANTHUS
172.2	MALIGNANT MELANOMA OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
172.3	MALIGNANT MELANOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
172.4	MALIGNANT MELANOMA OF SKIN OF SCALP AND NECK
173.0	OTHER MALIGNANT NEOPLASM OF SKIN OF LIP
173.4	OTHER MALIGNANT NEOPLASM OF SCALP AND SKIN OF NECK
173.5	OTHER MALIGNANT NEOPLASM OF SKIN OF TRUNK EXCEPT SCROTUM
173.7	OTHER MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB INCLUDING HIP
173.8	OTHER MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SKIN
174.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST
174.1	MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
174.2	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST
174.3	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST
174.4	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
174.5	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST
174.6	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST
174.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST
174.9	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST
175.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
179	MALIGNANT NEOPLASM OF UTERUS-PART UNS
182.0	MALIGNANT NEOPLASM OF CORPUS UTERI EXCEPT ISTHMUS
182.1	MALIGNANT NEOPLASM OF ISTHMUS
182.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF BODY OF UTERUS
183.0	MALIGNANT NEOPLASM OF OVARY
183.2	MALIGNANT NEOPLASM OF FALLOPIAN TUBE
183.3	MALIGNANT NEOPLASM OF BROAD LIGAMENT OF UTERUS

183.4	MALIGNANT NEOPLASM OF PARAMETRIUM
183.5	MALIGNANT NEOPLASM OF ROUND LIGAMENT OF UTERUS
183.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF UTERINE ADNEXA
185	MALIGNANT NEOPLASM OF PROSTATE
188.0	MALIGNANT NEOPLASM OF TRIGONE OF URINARY BLADDER
188.1	MALIGNANT NEOPLASM OF DOME OF URINARY BLADDER
188.2	MALIGNANT NEOPLASM OF LATERAL WALL OF URINARY BLADDER
188.3	MALIGNANT NEOPLASM OF ANTERIOR WALL OF URINARY BLADDER
188.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF URINARY BLADDER
188.5	MALIGNANT NEOPLASM OF BLADDER NECK
188.6	MALIGNANT NEOPLASM OF URETERIC ORIFICE
188.7	MALIGNANT NEOPLASM OF URACHUS
188.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF BLADDER
188.9	MALIGNANT NEOPLASM OF BLADDER PART UNSPECIFIED
189.0	MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
189.1	MALIGNANT NEOPLASM OF RENAL PELVIS
189.2	MALIGNANT NEOPLASM OF URETER
189.3	MALIGNANT NEOPLASM OF URETHRA
189.4	MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
189.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF URINARY ORGANS
190.0	MALIGNANT NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID
190.1	MALIGNANT NEOPLASM OF ORBIT
190.2	MALIGNANT NEOPLASM OF LACRIMAL GLAND
190.3	MALIGNANT NEOPLASM OF CONJUNCTIVA
190.4	MALIGNANT NEOPLASM OF CORNEA
190.5	MALIGNANT NEOPLASM OF RETINA
190.6	MALIGNANT NEOPLASM OF CHOROID
190.7	MALIGNANT NEOPLASM OF LACRIMAL DUCT
190.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF EYE
191.0	MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICLES
191.1	MALIGNANT NEOPLASM OF FRONTAL LOBE
191.2	MALIGNANT NEOPLASM OF TEMPORAL LOBE
191.3	MALIGNANT NEOPLASM OF PARIETAL LOBE
191.4	MALIGNANT NEOPLASM OF OCCIPITAL LOBE
191.5	MALIGNANT NEOPLASM OF VENTRICLES
191.6	MALIGNANT NEOPLASM OF CEREBELLUM NOS
191.7	MALIGNANT NEOPLASM OF BRAIN STEM
191.8	MALIGNANT NEOPLASM OF OTHER PARTS OF BRAIN
192.0	MALIGNANT NEOPLASM OF CRANIAL NERVES
192.1	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
193	MALIGNANT NEOPLASM OF THYROID GLAND
194.0	MALIGNANT NEOPLASM OF ADRENAL GLAND
194.1	MALIGNANT NEOPLASM OF PARATHYROID GLAND
194.3	MALIGNANT NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT
194.4	MALIGNANT NEOPLASM OF PINEAL GLAND
194.5	MALIGNANT NEOPLASM OF CAROTID BODY
195.0	MALIGNANT NEOPLASM OF HEAD FACE AND NECK
195.5	MALIGNANT NEOPLASM OF LOWER LIMB
196.0	

	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD FACE AND NECK
197.1	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
197.2	SECONDARY MALIGNANT NEOPLASM OF PLEURA
197.6	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
197.8	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN
198.3	SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
198.81	SECONDARY MALIGNANT NEOPLASM OF BREAST
198.82	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
199.1	OTHER MALIGNANT NEOPLASM OF UNSPECIFIED SITE
199.2	MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANT ORGAN
200.00	RETICULOSARCOMA UNSPECIFIED SITE
200.01	RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.02	RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.03	RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.04	RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.05	RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.06	RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.07	RETICULOSARCOMA INVOLVING SPLEEN
200.08	RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.10	LYMPHOSARCOMA UNSPECIFIED SITE
200.11	LYMPHOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.12	LYMPHOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.13	LYMPHOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.14	LYMPHOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.15	LYMPHOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.16	LYMPHOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.17	LYMPHOSARCOMA INVOLVING SPLEEN
200.18	LYMPHOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.20	BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE
200.21	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.22	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
200.23	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.24	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.25	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.26	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
200.27	BURKITT'S TUMOR OR LYMPHOMA INVOLVING SPLEEN
200.28	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.30	MARGINAL ZONE LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.31	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.32	MARGINAL ZONE LYMPHOMA, INTRATHORACIC LYMPH NODES
200.33	MARGINAL ZONE LYMPHOMA, INTRAABDOMINAL LYMPH NODES
200.34	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.35	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.36	MARGINAL ZONE LYMPHOMA, INTRAPELVIC LYMPH NODES

200.37	MARGINAL ZONE LYMPHOMA, SPLEEN
200.38	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.40	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.41	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.42	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.43	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.44	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.45	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.46	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.47	MANTLE CELL LYMPHOMA, SPLEEN
200.48	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.50	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.51	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.52	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRATHORACIC LYMPH NODES
200.53	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.54	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.55	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.56	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRAPELVIC LYMPH NODES
200.57	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, SPLEEN
200.58	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.60	ANAPLASTIC LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.61	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.62	ANAPLASTIC LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.63	ANAPLASTIC LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.64	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.65	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.66	ANAPLASTIC LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.67	ANAPLASTIC LARGE CELL LYMPHOMA, SPLEEN
200.68	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.70	LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.71	LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.72	LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.73	LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.74	LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.75	LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.76	LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.77	LARGE CELL LYMPHOMA, SPLEEN
200.78	LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.80	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED SITE
200.81	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.82	

	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.83	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.84	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.85	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.86	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.87	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING SPLEEN
200.88	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.00	HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE
201.01	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.02	HODGKIN'S PARAGRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.03	HODGKIN'S PARAGRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.04	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.05	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.06	HODGKIN'S PARAGRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.07	HODGKIN'S PARAGRANULOMA INVOLVING SPLEEN
201.08	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.10	HODGKIN'S GRANULOMA UNSPECIFIED SITE
201.11	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.12	HODGKIN'S GRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.13	HODGKIN'S GRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.14	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.15	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.16	HODGKIN'S GRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.17	HODGKIN'S GRANULOMA INVOLVING SPLEEN
201.18	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.20	HODGKIN'S SARCOMA UNSPECIFIED SITE
201.21	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.22	HODGKIN'S SARCOMA INVOLVING INTRATHORACIC LYMPH NODES
201.23	HODGKIN'S SARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.24	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.25	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.26	HODGKIN'S SARCOMA INVOLVING INTRAPELVIC LYMPH NODES
201.27	HODGKIN'S SARCOMA INVOLVING SPLEEN
201.28	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.40	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE UNSPECIFIED SITE
201.41	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.42	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRATHORACIC LYMPH NODES
201.43	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRA-ABDOMINAL LYMPH NODES

201.44	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.45	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.46	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRAPELVIC LYMPH NODES
201.47	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING SPLEEN
201.48	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF MULTIPLE SITES
201.50	HODGKIN'S DISEASE NODULAR SCLEROSIS UNSPECIFIED SITE
201.51	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.52	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRATHORACIC LYMPH NODES
201.53	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.54	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.55	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.56	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRAPELVIC LYMPH NODES
201.57	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING SPLEEN
201.58	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
201.60	HODGKIN'S DISEASE MIXED CELLULARITY UNSPECIFIED SITE
201.61	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.62	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRATHORACIC LYMPH NODES
201.63	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.64	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.65	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.66	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRAPELVIC LYMPH NODES
201.67	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING SPLEEN
201.68	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF MULTIPLE SITES
201.70	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION UNSPECIFIED SITE
201.71	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.72	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRATHORACIC LYMPH NODES
201.73	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.74	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.75	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.76	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRAPELVIC LYMPH NODES
201.77	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING SPLEEN
201.78	

	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF MULTIPLE SITES
201.90	HODGKIN'S DISEASE UNSPECIFIED TYPE UNSPECIFIED SITE
201.91	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.92	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRATHORACIC LYMPH NODES
201.93	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.94	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.95	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.96	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRAPELVIC LYMPH NODES
201.97	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING SPLEEN
201.98	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.00	NODULAR LYMPHOMA UNSPECIFIED SITE
202.01	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.02	NODULAR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
202.03	NODULAR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.04	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.05	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.06	NODULAR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
202.07	NODULAR LYMPHOMA INVOLVING SPLEEN
202.08	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
202.10	MYCOSIS FUNGOIDES UNSPECIFIED SITE
202.11	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.12	MYCOSIS FUNGOIDES INVOLVING INTRATHORACIC LYMPH NODES
202.13	MYCOSIS FUNGOIDES INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.14	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.15	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.16	MYCOSIS FUNGOIDES INVOLVING INTRAPELVIC LYMPH NODES
202.17	MYCOSIS FUNGOIDES INVOLVING SPLEEN
202.18	MYCOSIS FUNGOIDES INVOLVING LYMPH NODES OF MULTIPLE SITES
202.20	SEZARY'S DISEASE UNSPECIFIED SITE
202.21	SEZARY'S DISEASE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.22	SEZARY'S DISEASE INVOLVING INTRATHORACIC LYMPH NODES
202.23	SEZARY'S DISEASE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.24	SEZARY'S DISEASE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.25	SEZARY'S DISEASE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.26	SEZARY'S DISEASE INVOLVING INTRAPELVIC LYMPH NODES
202.27	SEZARY'S DISEASE INVOLVING SPLEEN
202.28	SEZARY'S DISEASE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.30	MALIGNANT HISTIOCYTOSIS UNSPECIFIED SITE
202.31	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.32	MALIGNANT HISTIOCYTOSIS INVOLVING INTRATHORACIC LYMPH NODES
202.33	MALIGNANT HISTIOCYTOSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.34	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB

202.35	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.36	MALIGNANT HISTIOCYTOSIS INVOLVING INTRAPELVIC LYMPH NODES
202.37	MALIGNANT HISTIOCYTOSIS INVOLVING SPLEEN
202.38	MALIGNANT HISTIOCYTOSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.40	LEUKEMIC RETICULOENDOTHELIOSIS UNSPECIFIED SITE
202.41	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.42	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRATHORACIC LYMPH NODES
202.43	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.44	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER ARM
202.45	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.46	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRAPELVIC LYMPH NODES
202.47	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING SPLEEN
202.48	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.50	LETTERER-SIWE DISEASE UNSPECIFIED SITE
202.51	LETTERER-SIWE DISEASE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.52	LETTERER-SIWE DISEASE INVOLVING INTRATHORACIC LYMPH NODES
202.53	LETTERER-SIWE DISEASE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.54	LETTERER-SIWE DISEASE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.55	LETTERER-SIWE DISEASE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.56	LETTERER-SIWE DISEASE INVOLVING INTRAPELVIC LYMPH NODES
202.57	LETTERER-SIWE DISEASE INVOLVING SPLEEN
202.58	LETTERER-SIWE DISEASE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.60	MALIGNANT MAST CELL TUMORS UNSPECIFIED SITE
202.61	MALIGNANT MAST CELL TUMORS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.62	MALIGNANT MAST CELL TUMORS INVOLVING INTRATHORACIC LYMPH NODES
202.63	MALIGNANT MAST CELL TUMORS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.64	MALIGNANT MAST CELL TUMORS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.65	MALIGNANT MAST CELL TUMORS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.66	MALIGNANT MAST CELL TUMORS INVOLVING INTRAPELVIC LYMPH NODES
202.67	MALIGNANT MAST CELL TUMORS INVOLVING SPLEEN
202.68	MALIGNANT MAST CELL TUMORS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.70	PERIPHERAL T CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
202.71	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
202.72	PERIPHERAL T CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
202.73	PERIPHERAL T CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
202.74	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
202.75	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.76	PERIPHERAL T CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
202.77	PERIPHERAL T CELL LYMPHOMA, SPLEEN
202.78	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
202.80	OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE

202.81	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.82	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRATHORACIC LYMPH NODES
202.83	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.84	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.85	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.86	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRAPELVIC LYMPH NODES
202.87	OTHER MALIGNANT LYMPHOMAS INVOLVING SPLEEN
202.88	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.90	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE UNSPECIFIED SITE
202.91	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.92	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRATHORACIC LYMPH NODES
202.93	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.94	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.95	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.96	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRAPELVIC LYMPH NODES
202.97	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING SPLEEN
202.98	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES
203.00	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.01	MULTIPLE MYELOMA IN REMISSION
203.02	MULTIPLE MYELOMA, IN RELAPSE
203.10	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.11	PLASMA CELL LEUKEMIA IN REMISSION
203.12	PLASMA CELL LEUKEMIA, IN RELAPSE
203.80	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.81	OTHER IMMUNOPROLIFERATIVE NEOPLASMS IN REMISSION
203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204.00	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.01	LYMPHOID LEUKEMIA ACUTE IN REMISSION
204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.11	LYMPHOID LEUKEMIA CHRONIC IN REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.20	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.21	LYMPHOID LEUKEMIA SUBACUTE IN REMISSION
204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.80	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.81	OTHER LYMPHOID LEUKEMIA IN REMISSION
204.82	OTHER LYMPHOID LEUKEMIA, IN RELAPSE

204.90	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.91	UNSPECIFIED LYMPHOID LEUKEMIA IN REMISSION
204.92	UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
205.00	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.01	MYELOID LEUKEMIA ACUTE IN REMISSION
205.02	ACUTE MYELOID LEUKEMIA, IN RELAPSE
205.10	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.11	MYELOID LEUKEMIA CHRONIC IN REMISSION
205.12	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
205.20	SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.21	MYELOID LEUKEMIA SUBACUTE IN REMISSION
205.22	SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
205.30	MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.31	MYELOID SARCOMA IN REMISSION
205.32	MYELOID SARCOMA, IN RELAPSE
205.80	OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.81	OTHER MYELOID LEUKEMIA IN REMISSION
205.82	OTHER MYELOID LEUKEMIA, IN RELAPSE
205.90	UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.91	UNSPECIFIED MYELOID LEUKEMIA IN REMISSION
205.92	UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
206.00	ACUTE MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.01	MONOCYTTIC LEUKEMIA ACUTE IN REMISSION
206.02	ACUTE MONOCYTTIC LEUKEMIA, IN RELAPSE
206.10	CHRONIC MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.11	MONOCYTTIC LEUKEMIA CHRONIC IN REMISSION
206.12	CHRONIC MONOCYTTIC LEUKEMIA, IN RELAPSE
206.20	SUBACUTE MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.21	MONOCYTTIC LEUKEMIA SUBACUTE IN REMISSION
206.22	SUBACUTE MONOCYTTIC LEUKEMIA, IN RELAPSE
206.80	OTHER MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.81	OTHER MONOCYTTIC LEUKEMIA IN REMISSION
206.82	OTHER MONOCYTTIC LEUKEMIA, IN RELAPSE
206.90	UNSPECIFIED MONOCYTTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.91	UNSPECIFIED MONOCYTTIC LEUKEMIA IN REMISSION
206.92	UNSPECIFIED MONOCYTTIC LEUKEMIA, IN RELAPSE
207.00	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
207.01	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA IN REMISSION
207.02	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE
207.10	CHRONIC ERYTHREMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
207.11	CHRONIC ERYTHREMIA IN REMISSION
207.12	CHRONIC ERYTHREMIA, IN RELAPSE

207.20	MEGAKARYOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
207.21	MEGAKARYOCYTIC LEUKEMIA IN REMISSION
207.22	MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
207.80	OTHER SPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
207.81	OTHER SPECIFIED LEUKEMIA IN REMISSION
207.82	OTHER SPECIFIED LEUKEMIA, IN RELAPSE
208.00	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.01	LEUKEMIA OF UNSPECIFIED CELL TYPE ACUTE IN REMISSION
208.02	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.10	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.11	LEUKEMIA OF UNSPECIFIED CELL TYPE CHRONIC IN REMISSION
208.12	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.20	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.21	LEUKEMIA OF UNSPECIFIED CELL TYPE SUBACUTE IN REMISSION
208.22	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.80	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.81	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE IN REMISSION
208.82	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.90	UNSPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.91	UNSPECIFIED LEUKEMIA IN REMISSION
208.92	UNSPECIFIED LEUKEMIA, IN RELAPSE
210.0	BENIGN NEOPLASM OF LIP
210.1	BENIGN NEOPLASM OF TONGUE
210.2	BENIGN NEOPLASM OF MAJOR SALIVARY GLANDS
210.3	BENIGN NEOPLASM OF FLOOR OF MOUTH
210.4	BENIGN NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
210.5	BENIGN NEOPLASM OF TONSIL
210.6	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX
210.7	BENIGN NEOPLASM OF NASOPHARYNX
210.8	BENIGN NEOPLASM OF HYPOPHARYNX
211.3	BENIGN NEOPLASM OF COLON
212.0	BENIGN NEOPLASM OF NASAL CAVITIES MIDDLE EAR AND ACCESSORY SINUSES
212.1	BENIGN NEOPLASM OF LARYNX
212.2	BENIGN NEOPLASM OF TRACHEA
212.3	BENIGN NEOPLASM OF BRONCHUS AND LUNG
213.0	BENIGN NEOPLASM OF BONES OF SKULL AND FACE
213.1	BENIGN NEOPLASM OF LOWER JAW BONE
215.0	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK
216.0	BENIGN NEOPLASM OF SKIN OF LIP
216.1	BENIGN NEOPLASM OF EYELID INCLUDING CANTHUS
216.2	BENIGN NEOPLASM OF EAR AND EXTERNAL AUDITORY CANAL
216.3	BENIGN NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
216.4	BENIGN NEOPLASM OF SCALP AND SKIN OF NECK
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224.1	BENIGN NEOPLASM OF ORBIT

224.2	BENIGN NEOPLASM OF LACRIMAL GLAND
224.3	BENIGN NEOPLASM OF CONJUNCTIVA
224.4	BENIGN NEOPLASM OF CORNEA
224.5	BENIGN NEOPLASM OF RETINA
224.6	BENIGN NEOPLASM OF CHOROID
224.7	BENIGN NEOPLASM OF LACRIMAL DUCT
224.8	BENIGN NEOPLASM OF OTHER SPECIFIED PARTS OF EYE
225.0	BENIGN NEOPLASM OF BRAIN
225.1	BENIGN NEOPLASM OF CRANIAL NERVES
225.2	BENIGN NEOPLASM OF CEREBRAL MENINGES
226	BENIGN NEOPLASM OF THYROID GLANDS
227.0	BENIGN NEOPLASM OF ADRENAL GLAND
227.1	BENIGN NEOPLASM OF PARATHYROID GLAND
227.3	BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT
227.4	BENIGN NEOPLASM OF PINEAL GLAND
227.5	BENIGN NEOPLASM OF CAROTID BODY
229.0	BENIGN NEOPLASM OF LYMPH NODES
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232.0	CARCINOMA IN SITU OF SKIN OF LIP
232.1	CARCINOMA IN SITU OF EYELID INCLUDING CANTHUS
232.2	CARCINOMA IN SITU OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
232.3	CARCINOMA IN SITU OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
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235.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER AND BILIARY PASSAGES
235.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF LARYNX
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235.8	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA THYMUS AND MEDIASTINUM
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Diagnoses that Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not applicable

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General Information

Documentations Requirements

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

Appendices Not applicable

Utilization Guidelines Not applicable

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. CIGNA Government Services is not responsible for the continuing viability of Web site addresses listed below.

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Davis BH, Holden JT, Bene MC, et al. Bethesda international consensus recommendations on the flow cytometric immunophenotypic analysis of hematolymphoid neoplasia: medical indications. *Cytometry Part B (Clinical Cytometry)*.2006;72B:S5-S13.

McPherson & Pincus; *Henry's Clinical Diagnosis and Management by Laboratory Methods*, 21st Ed. <http://www.mdconsult.com>. Accessed [08/10/2009].

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Oshtory S, Apisarnthanarax N, Gilliam AC, Cooper KD, and Meyerson HJ. Usefulness of flow cytometry in the diagnosis of mycosis fungoides. *J Am Acad Dermatol.*2007;57(3):454-462.

Richards SJ, Barnett D. The role of flow cytometry in the diagnosis of paroxysmal nocturnal hemoglobinuria in the clinical laboratory. *Clin Lab Med.* 2007;27;577-590.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number R1

Revision History Explanation Revision#:R1

Revision Effective date: 06/18/11

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Revision Explanation: Added MAC Part B Contractor # 15202 to all MAC Part B Contractor # 15102 LCDs. Contractor 15202 will be part of the Jurisdiction 15 MAC Contract as of June 18, 2011.

This LCD was converted from L27386 for Jurisdiction 15 A/B MAC on 04/30/2011.
All prior notes were retained with the previous carriers version that has been archived in the Medicare Coverage Database.

Reason for Change

Last Reviewed On Date 02/09/2011

Related Documents

Article(s)

[A50748 - Flow Cytometry – Supplemental Instructions Article](#)

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 05/06/2011 with effective dates 06/18/2011 - N/A

[Updated on 05/05/2011 with effective dates 06/18/2011 - N/A](#)

[Updated on 02/09/2011 with effective dates 04/30/2011 - N/A](#)

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