

Local Coverage Determination (LCD) for Immunohistochemistry (L31873)

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
L31873

Primary Geographic Jurisdiction
Kentucky

LCD Title
Immunohistochemistry

Oversight Region
Region I

Contractor's Determination Number
L27348

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) who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

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.

CMS Transmittal No. 1770, Publication 100–04, *Medicare Claims Processing Manual*, Change Request #6520, July 10, 2009, 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:

Immunohistochemistry (IHC) combines anatomical, immunological and biochemical techniques for the identification of specific tissue components by means of a specific antigen/antibody reaction tagged with a visible label. IHC makes it possible to visualize the distribution and localization of specific cellular components within a cell or tissue. The principle of immunohistochemistry has existed since the 1930s, but it was not until 1942 that the first immunohistochemistry study was reported. Coons and his colleagues used labeled antibodies to localize *Pneumococcal* antigens in infected tissues. Since then improvements have been made in protein conjugation, tissue fixation methods, detection labels and microscopes, making immunohistochemistry an essential tool in many laboratories.

Today, the most popular methods of detection are with enzyme-antibody and fluorophore-antibody conjugates. After the antigen-antibody reaction, the enzyme label is reacted with a substrate to yield an intensely colored product that can be analyzed with an ordinary light microscope. A further advantage of using enzyme labeled systems is the option to make the product electron dense for electron microscopy. This LCD documents CGS approved indications and limitations of coverage for this laboratory test.

Indications:

Immunohistochemistry is useful in the evaluation of various malignancies, for diagnosis, staging, and the estimation of prognosis. It is also useful for the identification of a number of infectious organisms.

Limitations:

It is unusual to require more than 10 immunohistochemical analyses in order to adequately evaluate a sample of tissue. Utilization beyond this threshold should be supported in the medical record, and may be subject to review.

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.

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 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
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

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

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

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

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

0310	Laboratory Pathology - General Classification
0311	Laboratory Pathology - Cytology
0312	Laboratory Pathology - Histology
0314	Laboratory Pathology - Biopsy
0319	Laboratory Pathology - Other Laboratory Pathology
0521	Free-Standing Clinic - Clinic Visit by Member to RHC/FQHC
096X	Professional Fees - General Classification
0971	Professional Fees - Laboratory

CPT/HCPCS Codes GroupName

88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY
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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.

041.86	HELICOBACTER PYLORI [H. PYLORI]
070.0	VIRAL HEPATITIS A WITH HEPATIC COMA
070.1	VIRAL HEPATITIS A WITHOUT HEPATIC COMA
070.20	VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA
070.21	VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITH HEPATITIS DELTA
070.22	CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITHOUT HEPATITIS DELTA
070.23	CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA
070.30	VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA
070.31	VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITH HEPATITIS DELTA
070.32	CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITHOUT HEPATITIS DELTA
070.33	CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITH HEPATITIS DELTA
070.41	ACUTE HEPATITIS C WITH HEPATIC COMA
070.42	HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE WITH HEPATIC COMA HEPATITIS DELTA WITH HEPATITIS B CARRIER STATE
070.43	HEPATITIS E WITH HEPATIC COMA
070.44	CHRONIC HEPATITIS C WITH HEPATIC COMA
070.49	OTHER SPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
070.51	ACUTE HEPATITIS C WITHOUT MENTION OF HEPATIC COMA
070.52	HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE OR HEPATIC COMA
070.53	HEPATITIS E WITHOUT HEPATIC COMA
070.54	CHRONIC HEPATITIS C WITHOUT HEPATIC COMA
070.59	OTHER SPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
070.6	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
070.70	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
070.71	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
070.9	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
078.10	VIRAL WARTS UNSPECIFIED
078.11	CONDYLOMA ACUMINATUM
078.19	OTHER SPECIFIED VIRAL WARTS
079.4	HUMAN PAPILLOMAVIRUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
079.83	PARVOVIRUSB19
079.89	OTHER SPECIFIED VIRAL INFECTION
079.98	UNSPECIFIED CHLAMYDIAL INFECTION
079.99	UNSPECIFIED VIRAL INFECTION
140.0	MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER
140.1	MALIGNANT NEOPLASM OF LOWER LIP VERMILION BORDER
140.3	MALIGNANT NEOPLASM OF UPPER LIP INNER ASPECT
140.4	MALIGNANT NEOPLASM OF LOWER LIP INNER ASPECT
140.5	MALIGNANT NEOPLASM OF LIP UNSPECIFIED INNER ASPECT
140.6	MALIGNANT NEOPLASM OF COMMISSURE OF LIP
140.8	MALIGNANT NEOPLASM OF OTHER SITES OF LIP
140.9	MALIGNANT NEOPLASM OF LIP UNSPECIFIED VERMILION BORDER
141.0	MALIGNANT NEOPLASM OF BASE OF TONGUE

141.1	MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE
141.2	MALIGNANT NEOPLASM OF TIP AND LATERAL BORDER OF TONGUE
141.3	MALIGNANT NEOPLASM OF VENTRAL SURFACE OF TONGUE
141.4	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE PART UNSPECIFIED
141.6	MALIGNANT NEOPLASM OF LINGUAL TONSIL
141.8	MALIGNANT NEOPLASM OF OTHER SITES OF TONGUE
141.9	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED
142.0	MALIGNANT NEOPLASM OF PAROTID GLAND
142.1	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND
142.2	MALIGNANT NEOPLASM OF SUBLINGUAL GLAND
142.8	MALIGNANT NEOPLASM OF OTHER MAJOR SALIVARY GLANDS
142.9	MALIGNANT NEOPLASM OF SALIVARY GLAND UNSPECIFIED
143.0	MALIGNANT NEOPLASM OF UPPER GUM
143.1	MALIGNANT NEOPLASM OF LOWER GUM
143.8	MALIGNANT NEOPLASM OF OTHER SITES OF GUM
143.9	MALIGNANT NEOPLASM OF GUM UNSPECIFIED
144.0	MALIGNANT NEOPLASM OF ANTERIOR PORTION OF FLOOR OF MOUTH
144.1	MALIGNANT NEOPLASM OF LATERAL PORTION OF FLOOR OF MOUTH
144.8	MALIGNANT NEOPLASM OF OTHER SITES OF FLOOR OF MOUTH
144.9	MALIGNANT NEOPLASM OF FLOOR OF MOUTH PART UNSPECIFIED
145.0	MALIGNANT NEOPLASM OF CHEEK MUCOSA
145.1	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH
145.2	MALIGNANT NEOPLASM OF HARD PALATE
145.3	MALIGNANT NEOPLASM OF SOFT PALATE
145.4	MALIGNANT NEOPLASM OF UVULA
145.5	MALIGNANT NEOPLASM OF PALATE UNSPECIFIED
145.6	MALIGNANT NEOPLASM OF RETROMOLAR AREA
145.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED PARTS OF MOUTH
145.9	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED
146.0	MALIGNANT NEOPLASM OF TONSIL
146.1	MALIGNANT NEOPLASM OF TONSILLAR FOSSA
146.2	MALIGNANT NEOPLASM OF TONSILLAR PILLARS (ANTERIOR) (POSTERIOR)
146.3	MALIGNANT NEOPLASM OF VALLECULA EPIGLOTTICA
146.4	MALIGNANT NEOPLASM OF ANTERIOR ASPECT OF EPIGLOTTIS
146.5	MALIGNANT NEOPLASM OF JUNCTIONAL REGION OF OROPHARYNX
146.6	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX
146.7	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX
146.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF OROPHARYNX
146.9	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED SITE
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
148.0	MALIGNANT NEOPLASM OF POSTCRICOID REGION OF HYPOPHARYNX
148.1	MALIGNANT NEOPLASM OF PYRIFORM SINUS
148.2	MALIGNANT NEOPLASM OF ARYEPIGLOTTIC FOLD HYPOPHARYNGEAL ASPECT
148.3	MALIGNANT NEOPLASM OF POSTERIOR HYPOPHARYNGEAL WALL
148.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF HYPOPHARYNX

148.9	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED SITE
149.0	MALIGNANT NEOPLASM OF PHARYNX UNSPECIFIED
149.1	MALIGNANT NEOPLASM OF WALDEYER'S RING
149.8	MALIGNANT NEOPLASM OF OTHER SITES WITHIN THE LIP AND ORAL CAVITY
149.9	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE LIP AND ORAL CAVITY
150.0	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS
150.1	MALIGNANT NEOPLASM OF THORACIC ESOPHAGUS
150.2	MALIGNANT NEOPLASM OF ABDOMINAL ESOPHAGUS
150.3	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
150.4	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS
150.5	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS
150.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED PART OF ESOPHAGUS
150.9	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE
151.0	MALIGNANT NEOPLASM OF CARDIA
151.1	MALIGNANT NEOPLASM OF PYLORUS
151.2	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
151.3	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
151.4	MALIGNANT NEOPLASM OF BODY OF STOMACH
151.5	MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH UNSPECIFIED
151.6	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH UNSPECIFIED
151.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF STOMACH
151.9	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.0	MALIGNANT NEOPLASM OF DUODENUM
152.1	MALIGNANT NEOPLASM OF JEJUNUM
152.2	MALIGNANT NEOPLASM OF ILEUM
152.3	MALIGNANT NEOPLASM OF MECKEL'S DIVERTICULUM
152.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SMALL INTESTINE
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
155.0	MALIGNANT NEOPLASM OF LIVER PRIMARY
155.1	MALIGNANT NEOPLASM OF INTRAHEPATIC BILE DUCTS
155.2	MALIGNANT NEOPLASM OF LIVER NOT SPECIFIED AS PRIMARY OR SECONDARY
156.0	MALIGNANT NEOPLASM OF GALLBLADDER
156.1	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCTS
156.2	MALIGNANT NEOPLASM OF AMPULLA OF VATER

156.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF GALLBLADDER AND EXTRAHEPATIC BILE DUCTS
156.9	MALIGNANT NEOPLASM OF BILIARY TRACT PART UNSPECIFIED SITE
157.0	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
157.1	MALIGNANT NEOPLASM OF BODY OF PANCREAS
157.2	MALIGNANT NEOPLASM OF TAIL OF PANCREAS
157.3	MALIGNANT NEOPLASM OF PANCREATIC DUCT
157.4	MALIGNANT NEOPLASM OF ISLETS OF LANGERHANS
157.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PANCREAS
157.9	MALIGNANT NEOPLASM OF PANCREAS PART UNSPECIFIED
158.0	MALIGNANT NEOPLASM OF RETROPERITONEUM
158.8	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
158.9	MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED
159.0	MALIGNANT NEOPLASM OF INTESTINAL TRACT PART UNSPECIFIED
159.1	MALIGNANT NEOPLASM OF SPLEEN NOT ELSEWHERE CLASSIFIED
159.8	MALIGNANT NEOPLASM OF OTHER SITES OF DIGESTIVE SYSTEM AND INTRA-ABDOMINAL ORGANS
159.9	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
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
162.3	MALIGNANT NEOPLASM OF UPPER LOBE BRONCHUS OR LUNG
162.4	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS OR LUNG
162.5	MALIGNANT NEOPLASM OF LOWER LOBE BRONCHUS OR LUNG
162.8	MALIGNANT NEOPLASM OF OTHER PARTS OF BRONCHUS OR LUNG
162.9	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
163.0	MALIGNANT NEOPLASM OF PARIETAL PLEURA
163.1	MALIGNANT NEOPLASM OF VISCERAL PLEURA
163.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PLEURA
163.9	MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED
164.0	MALIGNANT NEOPLASM OF THYMUS
164.1	MALIGNANT NEOPLASM OF HEART
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
165.0	MALIGNANT NEOPLASM OF UPPER RESPIRATORY TRACT PART UNSPECIFIED

165.8	MALIGNANT NEOPLASM OF OTHER SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
165.9	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM
170.0	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE
170.1	MALIGNANT NEOPLASM OF MANDIBLE
170.2	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN EXCLUDING SACRUM AND COCCYX
170.3	MALIGNANT NEOPLASM OF RIBS STERNUM AND CLAVICLE
170.4	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF UPPER LIMB
170.5	MALIGNANT NEOPLASM OF SHORT BONES OF UPPER LIMB
170.6	MALIGNANT NEOPLASM OF PELVIC BONES SACRUM AND COCCYX
170.7	MALIGNANT NEOPLASM OF LONG BONES OF LOWER LIMB
170.8	MALIGNANT NEOPLASM OF SHORT BONES OF LOWER LIMB
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
171.2	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF UPPER LIMB INCLUDING SHOULDER
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
171.5	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF ABDOMEN
171.6	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF PELVIS
171.7	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF TRUNK UNSPECIFIED
171.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF CONNECTIVE AND OTHER SOFT TISSUE
171.9	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE SITE UNSPECIFIED
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
172.5	MALIGNANT MELANOMA OF SKIN OF TRUNK EXCEPT SCROTUM
172.6	MALIGNANT MELANOMA OF SKIN OF UPPER LIMB INCLUDING SHOULDER
172.7	MALIGNANT MELANOMA OF SKIN OF LOWER LIMB INCLUDING HIP
172.8	MALIGNANT MELANOMA OF OTHER SPECIFIED SITES OF SKIN
172.9	MELANOMA OF SKIN SITE UNSPECIFIED
173.0	OTHER MALIGNANT NEOPLASM OF SKIN OF LIP
173.1	OTHER MALIGNANT NEOPLASM OF SKIN OF EYELID INCLUDING CANTHUS
173.2	OTHER MALIGNANT NEOPLASM OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
173.3	OTHER MALIGNANT NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
173.4	OTHER MALIGNANT NEOPLASM OF SCALP AND SKIN OF NECK
173.5	OTHER MALIGNANT NEOPLASM OF SKIN OF TRUNK EXCEPT SCROTUM
173.6	OTHER MALIGNANT NEOPLASM OF SKIN OF UPPER LIMB INCLUDING SHOULDER
173.7	OTHER MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB INCLUDING HIP
173.8	OTHER MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SKIN
173.9	OTHER MALIGNANT NEOPLASM OF SKIN SITE UNSPECIFIED
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
176.0	KAPOSI'S SARCOMA SKIN
176.1	KAPOSI'S SARCOMA SOFT TISSUE
176.2	KAPOSI'S SARCOMA PALATE
176.3	KAPOSI'S SARCOMA GASTROINTESTINAL SITES
176.4	KAPOSI'S SARCOMA LUNG
176.5	KAPOSI'S SARCOMA LYMPH NODES
176.8	KAPOSI'S SARCOMA OTHER SPECIFIED SITES
176.9	KAPOSI'S SARCOMA UNSPECIFIED SITE
179	MALIGNANT NEOPLASM OF UTERUS-PART UNS
180.0	MALIGNANT NEOPLASM OF ENDOCERVIX
180.1	MALIGNANT NEOPLASM OF EXOCERVIX
180.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF CERVIX
180.9	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED SITE
181	MALIGNANT NEOPLASM OF PLACENTA
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
183.9	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED SITE
184.0	MALIGNANT NEOPLASM OF VAGINA
184.1	MALIGNANT NEOPLASM OF LABIA MAJORA
184.2	MALIGNANT NEOPLASM OF LABIA MINORA
184.3	MALIGNANT NEOPLASM OF CLITORIS
184.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE GENITAL ORGANS
184.9	MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN SITE UNSPECIFIED
185	MALIGNANT NEOPLASM OF PROSTATE
186.0	MALIGNANT NEOPLASM OF UNDESCENDED TESTIS
186.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED TESTIS
187.1	MALIGNANT NEOPLASM OF PREPUCE
187.2	MALIGNANT NEOPLASM OF GLANS PENIS
187.3	MALIGNANT NEOPLASM OF BODY OF PENIS
187.4	MALIGNANT NEOPLASM OF PENIS PART UNSPECIFIED
187.5	MALIGNANT NEOPLASM OF EPIDIDYMIS
187.6	MALIGNANT NEOPLASM OF SPERMATIC CORD
187.7	MALIGNANT NEOPLASM OF SCROTUM
187.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF MALE GENITAL ORGANS

187.9	MALIGNANT NEOPLASM OF MALE GENITAL ORGAN SITE UNSPECIFIED
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
189.9	MALIGNANT NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
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
190.9	MALIGNANT NEOPLASM OF EYE PART UNSPECIFIED
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
191.9	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE
192.0	MALIGNANT NEOPLASM OF CRANIAL NERVES
192.1	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
192.2	MALIGNANT NEOPLASM OF SPINAL CORD
192.3	MALIGNANT NEOPLASM OF SPINAL MENINGES
192.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF NERVOUS SYSTEM
192.9	MALIGNANT NEOPLASM OF NERVOUS SYSTEM PART UNSPECIFIED
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
194.6	MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
194.8	MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
194.9	MALIGNANT NEOPLASM OF ENDOCRINE GLAND SITE UNSPECIFIED
195.0	MALIGNANT NEOPLASM OF HEAD FACE AND NECK
195.1	MALIGNANT NEOPLASM OF THORAX
195.2	MALIGNANT NEOPLASM OF ABDOMEN
195.3	MALIGNANT NEOPLASM OF PELVIS
195.4	MALIGNANT NEOPLASM OF UPPER LIMB
195.5	MALIGNANT NEOPLASM OF LOWER LIMB
195.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
196.0	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD FACE AND NECK
196.1	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES
196.2	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
196.3	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF AXILLA AND UPPER LIMB
196.5	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
196.6	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES
196.8	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE SITES
196.9	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES SITE UNSPECIFIED
197.0	SECONDARY MALIGNANT NEOPLASM OF LUNG
197.1	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
197.2	SECONDARY MALIGNANT NEOPLASM OF PLEURA
197.3	SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS
197.4	SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE INCLUDING DUODENUM
197.5	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM
197.6	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
197.7	MALIGNANT NEOPLASM OF LIVER SECONDARY
197.8	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN
198.0	SECONDARY MALIGNANT NEOPLASM OF KIDNEY
198.1	SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
198.2	SECONDARY MALIGNANT NEOPLASM OF SKIN
198.3	SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
198.4	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
198.5	SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW
198.6	SECONDARY MALIGNANT NEOPLASM OF OVARY
198.7	SECONDARY MALIGNANT NEOPLASM OF ADRENAL GLAND
198.81	SECONDARY MALIGNANT NEOPLASM OF BREAST
198.82	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
198.89	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
199.0	DISSEMINATED MALIGNANT NEOPLASM
199.1	OTHER MALIGNANT NEOPLASM OF UNSPECIFIED SITE
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 MONOCYtic LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.01	MONOCYtic LEUKEMIA ACUTE IN REMISSION
206.02	ACUTE MONOCYtic LEUKEMIA, IN RELAPSE
206.10	CHRONIC MONOCYtic LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.11	MONOCYtic LEUKEMIA CHRONIC IN REMISSION
206.12	CHRONIC MONOCYtic LEUKEMIA, IN RELAPSE
206.20	SUBACUTE MONOCYtic LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.21	MONOCYtic LEUKEMIA SUBACUTE IN REMISSION
206.22	SUBACUTE MONOCYtic LEUKEMIA, IN RELAPSE
206.80	OTHER MONOCYtic LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.81	OTHER MONOCYtic LEUKEMIA IN REMISSION
206.82	OTHER MONOCYtic LEUKEMIA, IN RELAPSE
206.90	UNSPECIFIED MONOCYtic LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.91	UNSPECIFIED MONOCYtic LEUKEMIA IN REMISSION
206.92	UNSPECIFIED MONOCYtic 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
209.00	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION
209.01	MALIGNANT CARCINOID TUMOR OF THE DUODENUM
209.02	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM
209.03	MALIGNANT CARCINOID TUMOR OF THE ILEUM
209.10	MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION
209.11	MALIGNANT CARCINOID TUMOR OF THE APPENDIX
209.12	MALIGNANT CARCINOID TUMOR OF THE CECUM
209.13	MALIGNANT CARCINOID TUMOR OF THE ASCENDING COLON
209.14	MALIGNANT CARCINOID TUMOR OF THE TRANSVERSE COLON
209.15	MALIGNANT CARCINOID TUMOR OF THE DESCENDING COLON
209.16	MALIGNANT CARCINOID TUMOR OF THE SIGMOID COLON
209.17	MALIGNANT CARCINOID TUMOR OF THE RECTUM
209.20	MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE
209.21	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG
209.22	MALIGNANT CARCINOID TUMOR OF THE THYMUS
209.23	MALIGNANT CARCINOID TUMOR OF THE STOMACH
209.24	MALIGNANT CARCINOID TUMOR OF THE KIDNEY
209.25	MALIGNANT CARCINOID TUMOR OF FOREGUT, NOT OTHERWISE SPECIFIED
209.26	MALIGNANT CARCINOID TUMOR OF MIDGUT, NOT OTHERWISE SPECIFIED
209.27	MALIGNANT CARCINOID TUMOR OF HINDGUT, NOT OTHERWISE SPECIFIED
209.29	MALIGNANT CARCINOID TUMOR OF OTHER SITES
209.30	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE CARCINOMA, ANY SITE
209.31	MERKEL CELL CARCINOMA OF THE FACE
209.32	MERKEL CELL CARCINOMA OF THE SCALP AND NECK
209.33	MERKEL CELL CARCINOMA OF THE UPPER LIMB
209.34	MERKEL CELL CARCINOMA OF THE LOWER LIMB
209.35	MERKEL CELL CARCINOMA OF THE TRUNK
209.36	MERKEL CELL CARCINOMA OF OTHER SITES
209.40	BENIGN CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION
209.41	BENIGN CARCINOID TUMOR OF THE DUODENUM
209.42	BENIGN CARCINOID TUMOR OF THE JEJUNUM
209.43	BENIGN CARCINOID TUMOR OF THE ILEUM
209.50	BENIGN CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION
209.51	BENIGN CARCINOID TUMOR OF THE APPENDIX
209.52	BENIGN CARCINOID TUMOR OF THE CECUM
209.53	BENIGN CARCINOID TUMOR OF THE ASCENDING COLON
209.54	BENIGN CARCINOID TUMOR OF THE TRANSVERSE COLON
209.55	BENIGN CARCINOID TUMOR OF THE DESCENDING COLON
209.56	BENIGN CARCINOID TUMOR OF THE SIGMOID COLON
209.57	BENIGN CARCINOID TUMOR OF THE RECTUM

209.60	BENIGN CARCINOID TUMOR OF UNKNOWN PRIMARY SITE
209.61	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG
209.62	BENIGN CARCINOID TUMOR OF THE THYMUS
209.63	BENIGN CARCINOID TUMOR OF THE STOMACH
209.64	BENIGN CARCINOID TUMOR OF THE KIDNEY
209.65	BENIGN CARCINOID TUMOR OF FOREGUT, NOT OTHERWISE SPECIFIED
209.66	BENIGN CARCINOID TUMOR OF MIDGUT, NOT OTHERWISE SPECIFIED
209.67	BENIGN CARCINOID TUMOR OF HINDGUT, NOT OTHERWISE SPECIFIED
209.69	BENIGN CARCINOID TUMOR OF OTHER SITES
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
210.9	BENIGN NEOPLASM OF PHARYNX UNSPECIFIED
211.0	BENIGN NEOPLASM OF ESOPHAGUS
211.1	BENIGN NEOPLASM OF STOMACH
211.2	BENIGN NEOPLASM OF DUODENUM JEJUNUM AND ILEUM
211.3	BENIGN NEOPLASM OF COLON
211.4	BENIGN NEOPLASM OF RECTUM AND ANAL CANAL
211.5	BENIGN NEOPLASM OF LIVER AND BILIARY PASSAGES
211.6	BENIGN NEOPLASM OF PANCREAS EXCEPT ISLETS OF LANGERHANS
211.7	BENIGN NEOPLASM OF ISLETS OF LANGERHANS
211.8	BENIGN NEOPLASM OF RETROPERITONEUM AND PERITONEUM
211.9	BENIGN NEOPLASM OF OTHER AND UNSPECIFIED SITE IN THE DIGESTIVE SYSTEM
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
212.4	BENIGN NEOPLASM OF PLEURA
212.5	BENIGN NEOPLASM OF MEDIASTINUM
212.6	BENIGN NEOPLASM OF THYMUS
212.7	BENIGN NEOPLASM OF HEART
212.8	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF RESPIRATORY AND INTRATHORACIC ORGANS
212.9	BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS SITE UNSPECIFIED
213.0	BENIGN NEOPLASM OF BONES OF SKULL AND FACE
213.1	BENIGN NEOPLASM OF LOWER JAW BONE
213.2	BENIGN NEOPLASM OF VERTEBRAL COLUMN EXCLUDING SACRUM AND COCCYX
213.3	BENIGN NEOPLASM OF RIBS STERNUM AND CLAVICLE
213.4	BENIGN NEOPLASM OF SCAPULA AND LONG BONES OF UPPER LIMB
213.5	BENIGN NEOPLASM OF SHORT BONES OF UPPER LIMB
213.6	BENIGN NEOPLASM OF PELVIC BONES SACRUM AND COCCYX
213.7	BENIGN NEOPLASM OF LONG BONES OF LOWER LIMB
213.8	BENIGN NEOPLASM OF SHORT BONES OF LOWER LIMB

213.9	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE SITE UNSPECIFIED
214.0	LIPOMA OF SKIN AND SUBCUTANEOUS TISSUE OF FACE
214.1	LIPOMA OF OTHER SKIN AND SUBCUTANEOUS TISSUE
214.2	LIPOMA OF INTRATHORACIC ORGANS
214.3	LIPOMA OF INTRA-ABDOMINAL ORGANS
214.4	LIPOMA OF SPERMATIC CORD
214.8	LIPOMA OF OTHER SPECIFIED SITES
214.9	LIPOMA UNSPECIFIED SITE
215.0	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK
215.2	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF UPPER LIMB INCLUDING SHOULDER
215.3	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF LOWER LIMB INCLUDING HIP
215.4	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF THORAX
215.5	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF ABDOMEN
215.6	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF PELVIS
215.7	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF TRUNK UNSPECIFIED
215.8	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF OTHER SPECIFIED SITES
215.9	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE SITE UNSPECIFIED
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
216.5	BENIGN NEOPLASM OF SKIN OF TRUNK EXCEPT SCROTUM
216.6	BENIGN NEOPLASM OF SKIN OF UPPER LIMB INCLUDING SHOULDER
216.7	BENIGN NEOPLASM OF SKIN OF LOWER LIMB INCLUDING HIP
216.8	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF SKIN
216.9	BENIGN NEOPLASM OF SKIN SITE UNSPECIFIED
217	BENIGN NEOPLASM OF BREAST
218.0	SUBMUCOUS LEIOMYOMA OF UTERUS
218.1	INTRAMURAL LEIOMYOMA OF UTERUS
218.2	SUBSEROUS LEIOMYOMA OF UTERUS
218.9	LEIOMYOMA OF UTERUS UNSPECIFIED
219.0	BENIGN NEOPLASM OF CERVIX UTERI
219.1	BENIGN NEOPLASM OF CORPUS UTERI
219.8	BENIGN NEOPLASM OF OTHER SPECIFIED PARTS OF UTERUS
219.9	BENIGN NEOPLASM OF UTERUS PART UNSPECIFIED
220	BENIGN NEOPLASM OF OVARY
221.0	BENIGN NEOPLASM OF FALLOPIAN TUBE AND UTERINE LIGAMENTS
221.1	BENIGN NEOPLASM OF VAGINA
221.2	BENIGN NEOPLASM OF VULVA
221.8	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE GENITAL ORGANS
221.9	BENIGN NEOPLASM OF FEMALE GENITAL ORGAN SITE UNSPECIFIED
222.0	BENIGN NEOPLASM OF TESTIS
222.1	BENIGN NEOPLASM OF PENIS
222.2	BENIGN NEOPLASM OF PROSTATE

222.3	BENIGN NEOPLASM OF EPIDIDYMIS
222.4	BENIGN NEOPLASM OF SCROTUM
222.8	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF MALE GENITAL ORGANS
222.9	BENIGN NEOPLASM OF MALE GENITAL ORGAN SITE UNSPECIFIED
223.0	BENIGN NEOPLASM OF KIDNEY EXCEPT PELVIS
223.1	BENIGN NEOPLASM OF RENAL PELVIS
223.2	BENIGN NEOPLASM OF URETER
223.3	BENIGN NEOPLASM OF BLADDER
223.81	BENIGN NEOPLASM OF URETHRA
223.89	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF URINARY ORGANS
223.9	BENIGN NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
224.0	BENIGN NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID
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
224.9	BENIGN NEOPLASM OF EYE PART UNSPECIFIED
225.0	BENIGN NEOPLASM OF BRAIN
225.1	BENIGN NEOPLASM OF CRANIAL NERVES
225.2	BENIGN NEOPLASM OF CEREBRAL MENINGES
225.3	BENIGN NEOPLASM OF SPINAL CORD
225.4	BENIGN NEOPLASM OF SPINAL MENINGES
225.8	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF NERVOUS SYSTEM
225.9	BENIGN NEOPLASM OF NERVOUS SYSTEM PART UNSPECIFIED
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
227.6	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
227.8	BENIGN NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
227.9	BENIGN NEOPLASM OF ENDOCRINE GLAND SITE UNSPECIFIED
228.00	HEMANGIOMA OF UNSPECIFIED SITE
228.01	HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE
228.02	HEMANGIOMA OF INTRACRANIAL STRUCTURES
228.03	HEMANGIOMA OF RETINA
228.04	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES
228.09	HEMANGIOMA OF OTHER SITES
228.1	LYMPHANGIOMA ANY SITE
229.0	BENIGN NEOPLASM OF LYMPH NODES
229.8	BENIGN NEOPLASM OF OTHER SPECIFIED SITES
229.9	BENIGN NEOPLASM OF UNSPECIFIED SITE
230.0	CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX
230.1	CARCINOMA IN SITU OF ESOPHAGUS

230.2	CARCINOMA IN SITU OF STOMACH
230.3	CARCINOMA IN SITU OF COLON
230.4	CARCINOMA IN SITU OF RECTUM
230.5	CARCINOMA IN SITU OF ANAL CANAL
230.6	CARCINOMA IN SITU OF ANUS UNSPECIFIED
230.7	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED PARTS OF INTESTINE
230.8	CARCINOMA IN SITU OF LIVER AND BILIARY SYSTEM
230.9	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
231.0	CARCINOMA IN SITU OF LARYNX
231.1	CARCINOMA IN SITU OF TRACHEA
231.2	CARCINOMA IN SITU OF BRONCHUS AND LUNG
231.8	CARCINOMA IN SITU OF OTHER SPECIFIED PARTS OF RESPIRATORY SYSTEM
231.9	CARCINOMA IN SITU OF RESPIRATORY SYSTEM PART UNSPECIFIED
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
232.4	CARCINOMA IN SITU OF SCALP AND SKIN OF NECK
232.5	CARCINOMA IN SITU OF SKIN OF TRUNK EXCEPT SCROTUM
232.6	CARCINOMA IN SITU OF SKIN OF UPPER LIMB INCLUDING SHOULDER
232.7	CARCINOMA IN SITU OF SKIN OF LOWER LIMB INCLUDING HIP
232.8	CARCINOMA IN SITU OF OTHER SPECIFIED SITES OF SKIN
232.9	CARCINOMA IN SITU OF SKIN SITE UNSPECIFIED
233.0	CARCINOMA IN SITU OF BREAST
233.1	CARCINOMA IN SITU OF CERVIX UTERI
233.2	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED PARTS OF UTERUS
233.30	CARCINOMA IN SITU, UNSPECIFIED FEMALE GENITAL ORGAN
233.31	CARCINOMA IN SITU, VAGINA
233.32	CARCINOMA IN SITU, VULVA
233.39	CARCINOMA IN SITU, OTHER FEMALE GENITAL ORGAN
233.4	CARCINOMA IN SITU OF PROSTATE
233.5	CARCINOMA IN SITU OF PENIS
233.6	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED MALE GENITAL ORGANS
233.7	CARCINOMA IN SITU OF BLADDER
233.9	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED URINARY ORGANS
234.0	CARCINOMA IN SITU OF EYE
234.8	CARCINOMA IN SITU OF OTHER SPECIFIED SITES
234.9	CARCINOMA IN SITU SITE UNSPECIFIED
235.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF MAJOR SALIVARY GLANDS
235.1	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP ORAL CAVITY AND PHARYNX
235.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM
235.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER AND BILIARY PASSAGES
235.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF RETROPERITONEUM AND PERITONEUM
235.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
235.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF LARYNX
235.7	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA BRONCHUS AND LUNG
235.8	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA THYMUS AND MEDIASTINUM
235.9	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED RESPIRATORY ORGANS
236.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF UTERUS

236.1	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLACENTA
236.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF OVARY
236.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
236.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF TESTIS
236.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE
236.7	NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER
236.90	NEOPLASM OF UNCERTAIN BEHAVIOR OF URINARY ORGAN UNSPECIFIED
236.91	NEOPLASM OF UNCERTAIN BEHAVIOR OF KIDNEY AND URETER
236.99	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED URINARY ORGANS
237.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT
237.1	NEOPLASM OF UNCERTAIN BEHAVIOR OF PINEAL GLAND
237.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF ADRENAL GLAND
237.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF PARAGANGLIA
237.4	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED ENDOCRINE GLANDS
237.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN AND SPINAL CORD
237.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES
237.70	NEUROFIBROMATOSIS UNSPECIFIED
237.71	NEUROFIBROMATOSIS TYPE 1 (VON RECKLINGHAUSEN'S DISEASE)
237.72	NEUROFIBROMATOSIS TYPE 2 ACOUSTIC NEUROFIBROMATOSIS
237.9	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM
238.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE
238.1	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE
238.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
238.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF BREAST
238.4	POLYCYTHEMIA VERA
238.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF HISTIOCYTIC AND MAST CELLS
238.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLASMA CELLS
238.71	ESSENTIAL THROMBOCYTHEMIA
238.72	LOW GRADE MYELOYDYSPLASTIC SYNDROME LESIONS
238.73	HIGH GRADE MYELOYDYSPLASTIC SYNDROME LESIONS
238.74	MYELOYDYSPLASTIC SYNDROME WITH 5Q DELETION
238.75	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED
238.76	MYELOFIBROSIS WITH MYELOID METAPLASIA
238.79	OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES
238.8	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER SPECIFIED SITES
238.9	NEOPLASM OF UNCERTAIN BEHAVIOR SITE UNSPECIFIED
239.0	NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM
239.1	NEOPLASM OF UNSPECIFIED NATURE OF RESPIRATORY SYSTEM
239.2	NEOPLASM OF UNSPECIFIED NATURE OF BONE SOFT TISSUE AND SKIN
239.3	NEOPLASM OF UNSPECIFIED NATURE OF BREAST
239.4	NEOPLASM OF UNSPECIFIED NATURE OF BLADDER
239.5	NEOPLASM OF UNSPECIFIED NATURE OF OTHER GENITOURINARY ORGANS
239.6	NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
239.7	NEOPLASM OF UNSPECIFIED NATURE OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM
239.81	NEOPLASMS OF UNSPECIFIED NATURE, RETINA AND CHOROID

239.89	NEOPLASMS OF UNSPECIFIED NATURE, OTHER SPECIFIED SITES
239.9	NEOPLASM OF UNSPECIFIED NATURE SITE UNSPECIFIED
259.2	CARCINOID SYNDROME
273.1	MONOCLONAL PARAPROTEINEMIA
289.1	CHRONIC LYMPHADENITIS
289.2	NONSPECIFIC MESENTERIC LYMPHADENITIS
289.3	LYMPHADENITIS UNSPECIFIED EXCEPT MESENTERIC
348.89	OTHER CONDITIONS OF BRAIN
359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
359.21	MYOTONIC MUSCULAR DYSTROPHY
359.22	MYOTONIA CONGENITAL
359.23	MYOTONIC CHONDRODYSTROPHY
359.24	DRUG INDUCED MYOTONIA
359.29	OTHER SPECIFIED MYOTONIC DISORDER
359.3	PERIODIC PARALYSIS
359.4	TOXIC MYOPATHY
359.5	MYOPATHY IN ENDOCRINE DISEASES CLASSIFIED ELSEWHERE
359.6	SYMPTOMATIC INFLAMMATORY MYOPATHY IN DISEASES CLASSIFIED ELSEWHERE
359.81	CRITICAL ILLNESS MYOPATHY
359.89	OTHER MYOPATHIES
359.9	MYOPATHY UNSPECIFIED
511.9	UNSPECIFIED PLEURAL EFFUSION
530.0	ACHALASIA AND CARDIOSPASM
530.10	ESOPHAGITIS UNSPECIFIED
530.11	REFLUX ESOPHAGITIS
530.12	ACUTE ESOPHAGITIS
530.13	EOSINOPHILIC ESOPHAGITIS
530.19	OTHER ESOPHAGITIS
530.20	ULCER OF ESOPHAGUS WITHOUT BLEEDING
530.21	ULCER OF ESOPHAGUS WITH BLEEDING
530.3	STRICTURE AND STENOSIS OF ESOPHAGUS
530.4	PERFORATION OF ESOPHAGUS
530.5	DYSKINESIA OF ESOPHAGUS
530.6	DIVERTICULUM OF ESOPHAGUS ACQUIRED
530.7	GASTROESOPHAGEAL LACERATION-HEMORRHAGE SYNDROME
530.81	ESOPHAGEAL REFLUX
530.82	ESOPHAGEAL HEMORRHAGE
530.83	ESOPHAGEAL LEUKOPLAKIA
530.84	TRACHEOESOPHAGEAL FISTULA
530.85	BARRETT'S ESOPHAGUS
530.86	INFECTION OF ESOPHAGOSTOMY
530.87	MECHANICAL COMPLICATION OF ESOPHAGOSTOMY
530.89	OTHER DISEASES OF ESOPHAGUS
530.9	UNSPECIFIED DISORDER OF ESOPHAGUS
531.00	ACUTE GASTRIC ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION
531.01	ACUTE GASTRIC ULCER WITH HEMORRHAGE WITH OBSTRUCTION
531.10	ACUTE GASTRIC ULCER WITH PERFORATION WITHOUT OBSTRUCTION
531.11	ACUTE GASTRIC ULCER WITH PERFORATION WITH OBSTRUCTION
531.20	

	ACUTE GASTRIC ULCER WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
531.21	ACUTE GASTRIC ULCER WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
531.30	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
531.31	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
531.40	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION
531.41	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE WITH OBSTRUCTION
531.50	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH PERFORATION WITHOUT OBSTRUCTION
531.51	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH PERFORATION WITH OBSTRUCTION
531.60	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
531.61	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
531.70	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
531.71	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
531.90	GASTRIC ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
531.91	GASTRIC ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
532.00	ACUTE DUODENAL ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION
532.01	ACUTE DUODENAL ULCER WITH HEMORRHAGE WITH OBSTRUCTION
532.10	ACUTE DUODENAL ULCER WITH PERFORATION WITHOUT OBSTRUCTION
532.11	ACUTE DUODENAL ULCER WITH PERFORATION WITH OBSTRUCTION
532.20	ACUTE DUODENAL ULCER WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
532.21	ACUTE DUODENAL ULCER WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
532.30	ACUTE DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
532.31	ACUTE DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
532.40	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION
532.41	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE WITH OBSTRUCTION
532.50	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH PERFORATION WITHOUT OBSTRUCTION
532.51	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH PERFORATION WITH OBSTRUCTION
532.60	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
532.61	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
532.70	CHRONIC DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
532.71	

	CHRONIC DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
532.90	DUODENAL ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
532.91	DUODENAL ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
533.00	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE WITHOUT OBSTRUCTION
533.01	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE WITH OBSTRUCTION
533.10	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION WITHOUT OBSTRUCTION
533.11	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION WITH OBSTRUCTION
533.20	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
533.21	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
533.30	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
533.31	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
533.40	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE WITHOUT OBSTRUCTION
533.41	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE WITH OBSTRUCTION
533.50	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION WITHOUT OBSTRUCTION
533.51	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION WITH OBSTRUCTION
533.60	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
533.61	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
533.70	CHRONIC PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
533.71	CHRONIC PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
533.90	PEPTIC ULCER OF UNSPECIFIED SITE UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
533.91	PEPTIC ULCER OF UNSPECIFIED SITE UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
534.00	ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION
534.01	ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE WITH OBSTRUCTION
534.10	ACUTE GASTROJEJUNAL ULCER WITH PERFORATION WITHOUT OBSTRUCTION
534.11	ACUTE GASTROJEJUNAL ULCER WITH PERFORATION WITH OBSTRUCTION
534.20	ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
534.21	ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
534.30	ACUTE GASTROJEJUNAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
534.31	ACUTE GASTROJEJUNAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
534.40	

	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH HEMORRHAGE WITHOUT OBSTRUCTION
534.41	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH HEMORRHAGE WITH OBSTRUCTION
534.50	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH PERFORATION WITHOUT OBSTRUCTION
534.51	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH PERFORATION WITH OBSTRUCTION
534.60	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH HEMORRHAGE AND PERFORATION WITHOUT OBSTRUCTION
534.61	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH HEMORRHAGE AND PERFORATION WITH OBSTRUCTION
534.70	CHRONIC GASTROJEJUNAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
534.71	CHRONIC GASTROJEJUNAL ULCER WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
534.90	GASTROJEJUNAL ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITHOUT OBSTRUCTION
534.91	GASTROJEJUNAL ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT HEMORRHAGE OR PERFORATION WITH OBSTRUCTION
535.00	ACUTE GASTRITIS (WITHOUT HEMORRHAGE)
535.01	ACUTE GASTRITIS WITH HEMORRHAGE
535.10	ATROPHIC GASTRITIS (WITHOUT HEMORRHAGE)
535.11	ATROPHIC GASTRITIS WITH HEMORRHAGE
535.20	GASTRIC MUCOSAL HYPERTROPHY (WITHOUT HEMORRHAGE)
535.21	GASTRIC MUCOSAL HYPERTROPHY WITH HEMORRHAGE
535.30	ALCOHOLIC GASTRITIS (WITHOUT HEMORRHAGE)
535.31	ALCOHOLIC GASTRITIS WITH HEMORRHAGE
535.40	OTHER SPECIFIED GASTRITIS (WITHOUT HEMORRHAGE)
535.41	OTHER SPECIFIED GASTRITIS WITH HEMORRHAGE
535.50	UNSPECIFIED GASTRITIS AND GASTRODUODENITIS (WITHOUT HEMORRHAGE)
535.51	UNSPECIFIED GASTRITIS AND GASTRODUODENITIS WITH HEMORRHAGE
535.60	DUODENITIS (WITHOUT HEMORRHAGE)
535.61	DUODENITIS WITH HEMORRHAGE
535.70	EOSINOPHILIC GASTRITIS, WITHOUT MENTION OF HEMORRHAGE
535.71	EOSINOPHILIC GASTRITIS, WITH HEMORRHAGE
536.0	ACHLORHYDRIA
536.1	ACUTE DILATATION OF STOMACH
536.2	PERSISTENT VOMITING
536.3	GASTROPARESIS
536.40	GASTROSTOMY COMPLICATION UNSPECIFIED
536.41	INFECTION OF GASTROSTOMY
536.42	MECHANICAL COMPLICATION OF GASTROSTOMY
536.49	OTHER GASTROSTOMY COMPLICATIONS
536.8	DYSPEPSIA AND OTHER SPECIFIED DISORDERS OF FUNCTION OF STOMACH
536.9	UNSPECIFIED FUNCTIONAL DISORDER OF STOMACH
537.0	ACQUIRED HYPERTROPHIC PYLORIC STENOSIS
537.1	GASTRIC DIVERTICULUM
537.2	CHRONIC DUODENAL ILEUS
537.3	OTHER OBSTRUCTION OF DUODENUM
537.4	FISTULA OF STOMACH OR DUODENUM
537.5	GASTROPTOSIS

537.6	HOURGLASS STRICTURE OR STENOSIS OF STOMACH
537.81	PYLOROSPASM
537.82	ANGIODYSPLASIA OF STOMACH AND DUODENUM (WITHOUT HEMORRHAGE)
537.83	ANGIODYSPLASIA OF STOMACH AND DUODENUM WITH HEMORRHAGE
537.84	DIEULAFOY LESION (HEMORRHAGIC) OF STOMACH AND DUODENUM
537.89	OTHER SPECIFIED DISORDERS OF STOMACH AND DUODENUM
537.9	UNSPECIFIED DISORDER OF STOMACH AND DUODENUM
538	GASTROINTESTINAL MUCOSITIS (ULCERATIVE)
540.0	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS
540.1	ACUTE APPENDICITIS WITH PERITONEAL ABSCESS
540.9	ACUTE APPENDICITIS WITHOUT PERITONITIS
541	APPENDICITIS UNQUALIFIED
542	OTHER APPENDICITIS
543.0	HYPERPLASIA OF APPENDIX (LYMPHOID)
543.9	OTHER AND UNSPECIFIED DISEASES OF APPENDIX
550.00	UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITH GANGRENE
550.01	RECURRENT UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITH GANGRENE
550.02	BILATERAL INGUINAL HERNIA WITH GANGRENE
550.03	RECURRENT BILATERAL INGUINAL HERNIA WITH GANGRENE
550.10	UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITH OBSTRUCTION WITHOUT GANGRENE
550.11	RECURRENT UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITH OBSTRUCTION WITHOUT GANGRENE
550.12	BILATERAL INGUINAL HERNIA WITH OBSTRUCTION WITHOUT GANGRENE
550.13	RECURRENT BILATERAL INGUINAL HERNIA WITH OBSTRUCTION WITHOUT GANGRENE
550.90	UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
550.91	RECURRENT UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
550.92	BILATERAL INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
550.93	RECURRENT BILATERAL INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
551.00	UNILATERAL OR UNSPECIFIED FEMORAL HERNIA WITH GANGRENE
551.01	RECURRENT UNILATERAL OR UNSPECIFIED FEMORAL HERNIA WITH GANGRENE
551.02	BILATERAL FEMORAL HERNIA WITH GANGRENE
551.03	RECURRENT BILATERAL FEMORAL HERNIA WITH GANGRENE
551.1	UMBILICAL HERNIA WITH GANGRENE
551.20	UNSPECIFIED VENTRAL HERNIA WITH GANGRENE
551.21	INCISIONAL VENTRAL HERNIA WITH GANGRENE
551.29	OTHER VENTRAL HERNIA WITH GANGRENE
551.3	DIAPHRAGMATIC HERNIA WITH GANGRENE
551.8	HERNIA OF OTHER SPECIFIED SITES WITH GANGRENE
551.9	HERNIA OF UNSPECIFIED SITE WITH GANGRENE
552.00	UNILATERAL OR UNSPECIFIED FEMORAL HERNIA WITH OBSTRUCTION
552.01	RECURRENT UNILATERAL OR UNSPECIFIED FEMORAL HERNIA WITH OBSTRUCTION
552.02	BILATERAL FEMORAL HERNIA WITH OBSTRUCTION
552.03	RECURRENT BILATERAL FEMORAL HERNIA WITH OBSTRUCTION
552.1	UMBILICAL HERNIA WITH OBSTRUCTION
552.20	UNSPECIFIED VENTRAL HERNIA WITH OBSTRUCTION
552.21	INCISIONAL HERNIA WITH OBSTRUCTION
552.29	OTHER VENTRAL HERNIA WITH OBSTRUCTION

552.3	DIAPHRAGMATIC HERNIA WITH OBSTRUCTION
552.8	HERNIA OF OTHER SPECIFIED SITES WITH OBSTRUCTION
552.9	HERNIA OF UNSPECIFIED SITE WITH OBSTRUCTION
553.00	UNILATERAL OR UNSPECIFIED FEMORAL HERNIA WITHOUT OBSTRUCTION OF GANGRENE
553.01	RECURRENT UNILATERAL OR UNSPECIFIED FEMORAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.02	BILATERAL FEMORAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.03	RECURRENT BILATERAL FEMORAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.1	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.20	UNSPECIFIED VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.21	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.29	OTHER VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.3	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE
553.8	HERNIA OF OTHER SPECIFIED SITES WITHOUT OBSTRUCTION OR GANGRENE
553.9	HERNIA OF UNSPECIFIED SITE WITHOUT OBSTRUCTION OR GANGRENE
555.0	REGIONAL ENTERITIS OF SMALL INTESTINE
555.1	REGIONAL ENTERITIS OF LARGE INTESTINE
555.2	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0	ULCERATIVE (CHRONIC) ENTEROCOLITIS
556.1	ULCERATIVE (CHRONIC) ILEOCOLITIS
556.2	ULCERATIVE (CHRONIC) PROCTITIS
556.3	ULCERATIVE (CHRONIC) PROCTOSIGMOIDITIS
556.4	PSEUDOPOLYPOSIS OF COLON
556.5	LEFT-SIDED ULCERATIVE (CHRONIC) COLITIS
556.6	UNIVERSAL ULCERATIVE (CHRONIC) COLITIS
556.8	OTHER ULCERATIVE COLITIS
556.9	ULCERATIVE COLITIS UNSPECIFIED
557.0	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
557.1	CHRONIC VASCULAR INSUFFICIENCY OF INTESTINE
557.9	UNSPECIFIED VASCULAR INSUFFICIENCY OF INTESTINE
558.1	GASTROENTERITIS AND COLITIS DUE TO RADIATION
558.2	TOXIC GASTROENTERITIS AND COLITIS
558.3	ALLERGIC GASTROENTERITIS AND COLITIS
558.41	EOSINOPHILIC GASTROENTERITIS
558.42	EOSINOPHILIC COLITIS
558.9	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
560.0	INTUSSUSCEPTION
560.1	PARALYTIC ILEUS
560.2	VOLVULUS
560.30	IMPACTION OF INTESTINE UNSPECIFIED
560.31	GALLSTONE ILEUS
560.39	OTHER IMPACTION OF INTESTINE
560.81	INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)
560.89	OTHER SPECIFIED INTESTINAL OBSTRUCTION
560.9	UNSPECIFIED INTESTINAL OBSTRUCTION
562.00	DIVERTICULOSIS OF SMALL INTESTINE (WITHOUT HEMORRHAGE)
562.01	DIVERTICULITIS OF SMALL INTESTINE (WITHOUT HEMORRHAGE)
562.02	DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE

562.03	DIVERTICULITIS OF SMALL INTESTINE WITH HEMORRHAGE
562.10	DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE)
562.11	DIVERTICULITIS OF COLON (WITHOUT HEMORRHAGE)
562.12	DIVERTICULOSIS OF COLON WITH HEMORRHAGE
562.13	DIVERTICULITIS OF COLON WITH HEMORRHAGE
564.00	UNSPECIFIED CONSTIPATION
564.01	SLOW TRANSIT CONSTIPATION
564.02	OUTLET DYSFUNCTION CONSTIPATION
564.09	OTHER CONSTIPATION
564.1	IRRITABLE BOWEL SYNDROME
564.2	POSTGASTRIC SURGERY SYNDROMES
564.3	VOMITING FOLLOWING GASTROINTESTINAL SURGERY
564.4	OTHER POSTOPERATIVE FUNCTIONAL DISORDERS
564.5	FUNCTIONAL DIARRHEA
564.6	ANAL SPASM
564.7	MEGACOLON OTHER THAN HIRSCHSPRUNG'S
564.81	NEUROGENIC BOWEL
564.89	OTHER FUNCTIONAL DISORDERS OF INTESTINE
564.9	UNSPECIFIED FUNCTIONAL DISORDER OF INTESTINE
565.0	ANAL FISSURE
565.1	ANAL FISTULA
566	ABSCESS OF ANAL AND RECTAL REGIONS
567.0	PERITONITIS IN INFECTIOUS DISEASES CLASSIFIED ELSEWHERE
567.1	PNEUMOCOCCAL PERITONITIS
567.21	PERITONITIS (ACUTE) GENERALIZED
567.22	PERITONEAL ABSCESS
567.23	SPONTANEOUS BACTERIAL PERITONITIS
567.29	OTHER SUPPURATIVE PERITONITIS
567.31	PSOAS MUSCLE ABSCESS
567.38	OTHER RETROPERITONEAL ABSCESS
567.39	OTHER RETROPERITONEAL INFECTIONS
567.81	CHOLEPERITONITIS
567.82	SCLEROSING MESENTERITIS
567.89	OTHER SPECIFIED PERITONITIS
567.9	UNSPECIFIED PERITONITIS
568.0	PERITONEAL ADHESIONS (POSTOPERATIVE) (POSTINFECTION)
568.81	HEMOPERITONEUM (NONTRAUMATIC)
568.82	PERITONEAL EFFUSION (CHRONIC)
568.89	OTHER SPECIFIED DISORDERS OF PERITONEUM
568.9	UNSPECIFIED DISORDER OF PERITONEUM
569.0	ANAL AND RECTAL POLYP
569.1	RECTAL PROLAPSE
569.2	STENOSIS OF RECTUM AND ANUS
569.3	HEMORRHAGE OF RECTUM AND ANUS
569.41	ULCER OF ANUS AND RECTUM
569.42	ANAL OR RECTAL PAIN
569.43	ANAL SPHINCTER TEAR (HEALED) (OLD)
569.44	DYSPLASIA OF ANUS
569.49	OTHER SPECIFIED DISORDERS OF RECTUM AND ANUS
569.5	ABSCESS OF INTESTINE

569.60	COLOSTOMY AND ENTEROSTOMY COMPLICATION UNSPECIFIED
569.61	INFECTION OF COLOSTOMY OR ENTEROSTOMY
569.62	MECHANICAL COMPLICATION OF COLOSTOMY AND ENTEROSTOMY
569.69	OTHER COLOSTOMY AND ENTEROSTOMY COMPLICATION
569.71	POUCHITIS
569.79	OTHER COMPLICATIONS OF INTESTINAL POUCH
569.81	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS
569.82	ULCERATION OF INTESTINE
569.83	PERFORATION OF INTESTINE
569.84	ANGIODYSPLASIA OF INTESTINE (WITHOUT HEMORRHAGE)
569.85	ANGIODYSPLASIA OF INTESTINE WITH HEMORRHAGE
569.86	DIEULAFOY LESION (HEMORRHAGIC) OF INTESTINE
569.87	VOMITING OF FECAL MATTER
569.89	OTHER SPECIFIED DISORDERS OF INTESTINES
569.9	UNSPECIFIED DISORDER OF INTESTINE
570	ACUTE AND SUBACUTE NECROSIS OF LIVER
571.0	ALCOHOLIC FATTY LIVER
571.1	ACUTE ALCOHOLIC HEPATITIS
571.2	ALCOHOLIC CIRRHOSIS OF LIVER
571.3	ALCOHOLIC LIVER DAMAGE UNSPECIFIED
571.40	CHRONIC HEPATITIS UNSPECIFIED
571.41	CHRONIC PERSISTENT HEPATITIS
571.42	AUTOIMMUNE HEPATITIS
571.49	OTHER CHRONIC HEPATITIS
571.5	CIRRHOSIS OF LIVER WITHOUT ALCOHOL
571.6	BILIARY CIRRHOSIS
571.8	OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
571.9	UNSPECIFIED CHRONIC LIVER DISEASE WITHOUT ALCOHOL
572.0	ABSCESS OF LIVER
572.1	PORTAL PYEMIA
572.2	HEPATIC ENCEPHALOPATHY
572.3	PORTAL HYPERTENSION
572.4	HEPATORENAL SYNDROME
572.8	OTHER SEQUELAE OF CHRONIC LIVER DISEASE
573.0	CHRONIC PASSIVE CONGESTION OF LIVER
573.1	HEPATITIS IN VIRAL DISEASES CLASSIFIED ELSEWHERE
573.2	HEPATITIS IN OTHER INFECTIOUS DISEASES CLASSIFIED ELSEWHERE
573.3	HEPATITIS UNSPECIFIED
573.4	HEPATIC INFARCTION
573.8	OTHER SPECIFIED DISORDERS OF LIVER
573.9	UNSPECIFIED DISORDER OF LIVER
574.00	CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION
574.01	CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS WITH OBSTRUCTION
574.10	CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS WITHOUT OBSTRUCTION
574.11	CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS WITH OBSTRUCTION
574.20	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION
574.21	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITH OBSTRUCTION
574.30	CALCULUS OF BILE DUCT WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION
574.31	CALCULUS OF BILE DUCT WITH ACUTE CHOLECYSTITIS WITH OBSTRUCTION

574.40	CALCULUS OF BILE DUCT WITH OTHER CHOLECYSTITIS WITHOUT OBSTRUCTION
574.41	CALCULUS OF BILE DUCT WITH OTHER CHOLECYSTITIS WITH OBSTRUCTION
574.50	CALCULUS OF BILE DUCT WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION
574.51	CALCULUS OF BILE DUCT WITHOUT CHOLECYSTITIS WITH OBSTRUCTION
574.60	CALCULUS OF GALLBLADDER AND BILE DUCT WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION
574.61	CALCULUS OF GALLBLADDER AND BILE DUCT WITH ACUTE CHOLECYSTITIS WITH OBSTRUCTION
574.70	CALCULUS OF GALLBLADDER AND BILE DUCT WITH OTHER CHOLECYSTITIS WITHOUT OBSTRUCTION
574.71	CALCULUS OF GALLBLADDER AND BILE DUCT WITH OTHER CHOLECYSTITIS WITH OBSTRUCTION
574.80	CALCULUS OF GALLBLADDER AND BILE DUCT WITH ACUTE AND CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION
574.81	CALCULUS OF GALLBLADDER AND BILE DUCT WITH ACUTE AND CHRONIC CHOLECYSTITIS WITH OBSTRUCTION
574.90	CALCULUS OF GALLBLADDER AND BILE DUCT WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION
574.91	CALCULUS OF GALLBLADDER AND BILE DUCT WITHOUT CHOLECYSTITIS WITH OBSTRUCTION
575.0	ACUTE CHOLECYSTITIS
575.10	CHOLECYSTITIS UNSPECIFIED
575.11	CHRONIC CHOLECYSTITIS
575.12	ACUTE AND CHRONIC CHOLECYSTITIS
575.2	OBSTRUCTION OF GALLBLADDER
575.3	HYDROPS OF GALLBLADDER
575.4	PERFORATION OF GALLBLADDER
575.5	FISTULA OF GALLBLADDER
575.6	CHOLESTEROSIS OF GALLBLADDER
575.8	OTHER SPECIFIED DISORDERS OF GALLBLADDER
575.9	UNSPECIFIED DISORDER OF GALLBLADDER
576.0	POSTCHOLECYSTECTOMY SYNDROME
576.1	CHOLANGITIS
576.2	OBSTRUCTION OF BILE DUCT
576.3	PERFORATION OF BILE DUCT
576.4	FISTULA OF BILE DUCT
576.5	SPASM OF SPHINCTER OF ODDI
576.8	OTHER SPECIFIED DISORDERS OF BILIARY TRACT
576.9	UNSPECIFIED DISORDER OF BILIARY TRACT
577.0	ACUTE PANCREATITIS
577.1	CHRONIC PANCREATITIS
577.2	CYST AND PSEUDOCYST OF PANCREAS
577.8	OTHER SPECIFIED DISEASES OF PANCREAS
577.9	UNSPECIFIED DISEASE OF PANCREAS
578.0	HEMATEMESIS
578.1	BLOOD IN STOOL
578.9	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED
579.0	CELIAC DISEASE
596.8	OTHER SPECIFIED DISORDERS OF BLADDER
596.9	UNSPECIFIED DISORDER OF BLADDER
600.00	HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT (LUTS)

600.01	HYPERTROPHY (BENIGN) OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS)
600.10	NODULAR PROSTATE WITHOUT URINARY OBSTRUCTION
600.11	NODULAR PROSTATE WITH URINARY OBSTRUCTION
600.20	BENIGN LOCALIZED HYPERPLASIA OF PROSTATE WITHOUT URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS)
600.21	BENIGN LOCALIZED HYPERPLASIA OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS)
600.3	CYST OF PROSTATE
600.90	HYPERPLASIA OF PROSTATE, UNSPECIFIED, WITHOUT URINARY OBSTRUCTION AND OTHER LOWER URINARY SYMPTOMS (LUTS)
600.91	HYPERPLASIA OF PROSTATE, UNSPECIFIED, WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY SYMPTOMS (LUTS)
601.0	ACUTE PROSTATITIS
601.1	CHRONIC PROSTATITIS
601.2	ABSCESS OF PROSTATE
601.3	PROSTATOCYSTITIS
601.4	PROSTATITIS IN DISEASES CLASSIFIED ELSEWHERE
601.8	OTHER SPECIFIED INFLAMMATORY DISEASES OF PROSTATE
601.9	PROSTATITIS UNSPECIFIED
602.0	CALCULUS OF PROSTATE
602.1	CONGESTION OR HEMORRHAGE OF PROSTATE
602.2	ATROPHY OF PROSTATE
602.3	DYSPLASIA OF PROSTATE
602.8	OTHER SPECIFIED DISORDERS OF PROSTATE
602.9	UNSPECIFIED DISORDER OF PROSTATE
610.0	SOLITARY CYST OF BREAST
610.1	DIFFUSE CYSTIC MASTOPATHY
610.2	FIBROADENOSIS OF BREAST
610.3	FIBROSCLEROSIS OF BREAST
610.4	MAMMARY DUCT ECTASIA
610.8	OTHER SPECIFIED BENIGN MAMMARY DYSPLASIAS
610.9	BENIGN MAMMARY DYSPLASIA UNSPECIFIED
611.0	INFLAMMATORY DISEASE OF BREAST
611.1	HYPERTROPHY OF BREAST
611.2	FISSURE OF NIPPLE
611.3	FAT NECROSIS OF BREAST
611.4	ATROPHY OF BREAST
611.5	GALACTOCELE
611.6	GALACTORRHEA NOT ASSOCIATED WITH CHILDBIRTH
611.71	MASTODYNIA
611.72	LUMP OR MASS IN BREAST
611.79	OTHER SIGNS AND SYMPTOMS IN BREAST
611.81	PTOSIS OF BREAST
611.82	HYPOPLASIA OF BREAST
611.83	CAPSULAR CONTRACTURE OF BREAST IMPLANT
611.89	OTHER SPECIFIED DISORDERS OF BREAST
611.9	UNSPECIFIED BREAST DISORDER
692.70	UNSPECIFIED DERMATITIS DUE TO SUN
692.71	SUNBURN
692.72	ACUTE DERMATITIS DUE TO SOLAR RADIATION

692.73	ACTINIC RETICULOID AND ACTINIC GRANULOMA
692.74	OTHER CHRONIC DERMATITIS DUE TO SOLAR RADIATION
692.75	DISSEMINATED SUPERFICIAL ACTINIC POROKERATOSIS (DSAP)
692.76	SUNBURN OF SECOND DEGREE
692.77	SUNBURN OF THIRD DEGREE
692.79	OTHER DERMATITIS DUE TO SOLAR RADIATION
692.9	CONTACT DERMATITIS AND OTHER ECZEMA UNSPECIFIED CAUSE
697.8	OTHER LICHEN NOT ELSEWHERE CLASSIFIED
698.3	LICHENIFICATION AND LICHEN SIMPLEX CHRONICUS
701.0	CIRCUMSCRIBED SCLERODERMA
701.1	KERATODERMA ACQUIRED
701.2	ACQUIRED ACANTHOSIS NIGRICANS
701.3	STRIAE ATROPHICAE
701.4	KELOID SCAR
701.5	OTHER ABNORMAL GRANULATION TISSUE
701.8	OTHER SPECIFIED HYPERTROPHIC AND ATROPHIC CONDITIONS OF SKIN
701.9	UNSPECIFIED HYPERTROPHIC AND ATROPHIC CONDITIONS OF SKIN
702.0	ACTINIC KERATOSIS
702.11	INFLAMED SEBORRHEIC KERATOSIS
702.19	OTHER SEBORRHEIC KERATOSIS
702.8	OTHER SPECIFIED DERMATOSES
707.00	PRESSURE ULCER, UNSPECIFIED SITE
707.01	PRESSURE ULCER, ELBOW
707.02	PRESSURE ULCER, UPPER BACK
707.03	PRESSURE ULCER, LOWER BACK
707.04	PRESSURE ULCER, HIP
707.05	PRESSURE ULCER, BUTTOCK
707.06	PRESSURE ULCER, ANKLE
707.07	PRESSURE ULCER, HEEL
707.09	PRESSURE ULCER, OTHER SITE
707.10	UNSPECIFIED ULCER OF LOWER LIMB
707.11	ULCER OF THIGH
707.12	ULCER OF CALF
707.13	ULCER OF ANKLE
707.14	ULCER OF HEEL AND MIDFOOT
707.15	ULCER OF OTHER PART OF FOOT
707.19	ULCER OF OTHER PART OF LOWER LIMB
707.20	PRESSURE ULCER, UNSPECIFIED STAGE
707.21	PRESSURE ULCER, STAGE I
707.22	PRESSURE ULCER, STAGE II
707.23	PRESSURE ULCER, STAGE III
707.24	PRESSURE ULCER, STAGE IV
707.25	PRESSURE ULCER, UNSTAGEABLE
707.8	CHRONIC ULCER OF OTHER SPECIFIED SITES
707.9	CHRONIC ULCER OF UNSPECIFIED SITE
709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN
709.9	UNSPECIFIED DISORDER OF SKIN AND SUBCUTANEOUS TISSUE
728.2	MUSCULAR WASTING AND DISUSE ATROPHY NOT ELSEWHERE CLASSIFIED
728.87	MUSCLE WEAKNESS (GENERALIZED)
733.13	PATHOLOGICAL FRACTURE OF VERTEBRAE

733.99	OTHER DISORDERS OF BONE AND CARTILAGE
784.2	SWELLING MASS OR LUMP IN HEAD AND NECK
785.6	ENLARGEMENT OF LYMPH NODES
786.6	SWELLING MASS OR LUMP IN CHEST
789.51	MALIGNANT ASCITES
789.59	OTHER ASCITES
790.93	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]
795.4	OTHER NONSPECIFIC ABNORMAL HISTOLOGICAL FINDINGS
996.80	COMPLICATIONS OF UNSPECIFIED TRANSPLANTED ORGAN
996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
996.82	COMPLICATIONS OF TRANSPLANTED LIVER
996.83	COMPLICATIONS OF TRANSPLANTED HEART
996.84	COMPLICATIONS OF TRANSPLANTED LUNG
996.85	COMPLICATIONS OF TRANSPLANTED BONE MARROW
996.86	COMPLICATIONS OF TRANSPLANTED PANCREAS
996.87	COMPLICATIONS OF TRANSPLANTED ORGAN INTESTINE
996.89	COMPLICATIONS OF OTHER SPECIFIED TRANSPLANTED ORGAN
V10.91	PERSONAL HISTORY OF MALIGNANT NEUROENDOCRINE TUMOR
V71.89*	OBSERVATION FOR OTHER SPECIFIED SUSPECTED CONDITIONS

*The ICD-9-CM code V71.89 may be used when medically necessary testing yields negative findings.

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 It is generally not medically necessary to perform more than 10 analyses on a single sample. Services exceeding this parameter may be subject to review.

Sources of Information and Basis for Decision

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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

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 L27348 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** 02/11/2011**Related Documents**

Article(s)

[A50751 - Immunohistochemistry – 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 02/15/2011 with effective dates 04/30/2011 - N/A

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