

# Medical Necessity Tool for Cytogenetics

Centers for Medicare & Medicaid Services

National Coverage Determination (NCD) for Cytogenetic Studies (190.3)

## Cytogenetics

### Applicable CPT codes

88230	88249	88273
88233	88261	88275
88235	88262	88274
88237	88263	88280
88239	88264	88283
88240	88267	88285
88241	88269	88289
88245	88271	88291
88248	88272	88299

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## Indications and limitations

Medicare covers these tests when they are reasonable and necessary for the diagnosis or treatment of the following conditions:

- Genetic disorders (e.g., mongolism) in a fetus  
(See the Medicare Benefit Policy Chapter 15, "Covered Medical and Other Health Services," §20.1)
- Failure of sexual development
- Chronic myelogenous leukemia
- Acute leukemias lymphoid (FAB L1-L3), myeloid (FAB M0-M7), and unclassified; **or**
- Myelodysplasia

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This resource is intended to aid physicians and qualified office staff to identify diagnosis codes (ICD-10 codes) that support medical necessity.

The ICD-10 codes indicated in this guide are based on AMA guidelines and are common codes currently listed as medically supportive, and therefore covered, under Medicare's limited coverage policy.

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Centers for Medicare & Medicaid Services National Coverage Determination (NCD).

Covers: All Jurisdictions. Codes listed are effective as of October 1, 2023.

# Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Cytogenetic Studies (190.3)

## ICD-10 Codes Supporting Medical Necessity Numerical Listing: (Nationally Covered Indications)

ICD-10 Code	ICD-10
<b>C91.00</b>	Acute lymphoblastic leukemia not having achieved remission
<b>C91.01</b>	Acute lymphoblastic leukemia, in remission
<b>C91.02</b>	Acute lymphoblastic leukemia, in relapse
<b>C92.00</b>	Acute myeloblastic leukemia, not having achieved remission
<b>C92.01</b>	Acute myeloblastic leukemia, in remission
<b>C92.02</b>	Acute myeloblastic leukemia, in relapse
<b>C92.10</b>	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
<b>C92.11</b>	Chronic myeloid leukemia, BCR/ABL-positive, in remission
<b>C92.12</b>	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
<b>C92.20</b>	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
<b>C92.21</b>	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
<b>C92.22</b>	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
<b>C92.40</b>	Acute promyelocytic leukemia, not having achieved remission
<b>C92.41</b>	Acute promyelocytic leukemia, in remission
<b>C92.42</b>	Acute promyelocytic leukemia, in relapse
<b>C92.50</b>	Acute myelomonocytic leukemia, not having achieved remission
<b>C92.51</b>	Acute myelomonocytic leukemia, in remission
<b>C92.52</b>	Acute myelomonocytic leukemia, in relapse
<b>C92.60</b>	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
<b>C92.61</b>	Acute myeloid leukemia with 11q23-abnormality in remission
<b>C92.62</b>	Acute myeloid leukemia with 11q23-abnormality in relapse

ICD-10 Code	ICD-10
<b>C92.A0</b>	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
<b>C92.A1</b>	Acute myeloid leukemia with multilineage dysplasia, in remission
<b>C92.A2</b>	Acute myeloid leukemia with multilineage dysplasia, in relapse
<b>C93.00</b>	Acute monoblastic/monocytic leukemia, not having achieved remission
<b>C93.01</b>	Acute monoblastic/monocytic leukemia, in remission
<b>C93.02</b>	Acute monoblastic/monocytic leukemia, in relapse
<b>C93.10</b>	Chronic myelomonocytic leukemia not having achieved remission
<b>C93.11</b>	Chronic myelomonocytic leukemia, in remission
<b>C93.12</b>	Chronic myelomonocytic leukemia, in relapse
<b>C94.00</b>	Acute erythroid leukemia, not having achieved remission
<b>C94.01</b>	Acute erythroid leukemia, in remission
<b>C94.02</b>	Acute erythroid leukemia, in relapse
<b>C94.20</b>	Acute megakaryoblastic leukemia not having achieved remission
<b>C94.21</b>	Acute megakaryoblastic leukemia, in remission
<b>C94.22</b>	Acute megakaryoblastic leukemia, in relapse
<b>C95.00</b>	Acute leukemia of unspecified cell type not having achieved remission
<b>C95.01</b>	Acute leukemia of unspecified cell type, in remission
<b>C95.02</b>	Acute leukemia of unspecified cell type, in relapse
<b>D46.0</b>	Refractory anemia without ring sideroblasts, so stated
<b>D46.1</b>	Refractory anemia with ring sideroblasts
<b>D46.20</b>	Refractory anemia with excess of blasts, unspecified

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Centers for Medicare & Medicaid Services National Coverage Determination (NCD).

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# Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Cytogenetic Studies (190.3)

## ICD-10 Codes Supporting Medical Necessity Numerical Listing: (Nationally Covered Indications)

ICD-10 Code	ICD-10
<b>D46.21</b>	Refractory anemia with excess of blasts 1
<b>D46.22</b>	Refractory anemia with excess of blasts 2
<b>D46.4</b>	Refractory anemia, unspecified
<b>D46.9</b>	Myelodysplastic syndrome, unspecified
<b>D46.A</b>	Refractory cytopenia with multilineage dysplasia
<b>D46.B</b>	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
<b>D46.C</b>	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
<b>D46.Z</b>	Other myelodysplastic syndromes
<b>D72.0</b>	Genetic anomalies of leukocytes
<b>E28.39</b>	Other primary ovarian failure
<b>E28.8</b>	Other ovarian dysfunction
<b>E28.9</b>	Ovarian dysfunction, unspecified
<b>E29.1</b>	Testicular hypofunction
<b>E29.8</b>	Other testicular dysfunction
<b>E29.9</b>	Testicular dysfunction, unspecified
<b>E30.0</b>	Delayed puberty
<b>O28.5</b>	Abnormal chromosomal and genetic finding on antenatal screening of mother
<b>O35.10X0</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, not applicable or unspecified
<b>O35.10X1</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 1
<b>O35.10X2</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 2
<b>O35.10X3</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 3
<b>O35.10X4</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 4
<b>O35.10X5</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 5
<b>O35.10X9</b>	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, other fetus

ICD-10 Code	ICD-10
<b>O35.11X0</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, not applicable or unspecified
<b>O35.11X1</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 1
<b>O35.11X2</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 2
<b>O35.11X3</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 3
<b>O35.11X4</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 4
<b>O35.11X5</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 5
<b>O35.11X9</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, other fetus
<b>O35.12X0</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, not applicable or unspecified
<b>O35.12X1</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 1
<b>O35.12X2</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 2
<b>O35.12X3</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 3
<b>O35.12X4</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 4
<b>O35.12X5</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 5
<b>O35.12X9</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, other fetus
<b>O35.13X0</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, not applicable or unspecified
<b>O35.13X1</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 1
<b>O35.13X2</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 2
<b>O35.13X3</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 3
<b>O35.13X4</b>	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 4

# Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Cytogenetic Studies (190.3)

## ICD-10 Codes Supporting Medical Necessity Numerical Listing: (Nationally Covered Indications)

ICD-10 Code	ICD-10
O35.13X5	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 5
O35.13X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, other fetus
O35.14X0	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, not applicable or unspecified
O35.14X1	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 1
O35.14X2	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 2
O35.14X3	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 3
O35.14X4	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 4
O35.14X5	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 5
O35.14X9	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, other fetus
O35.15X0	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, not applicable or unspecified
O35.15X1	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 1
O35.15X2	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 2
O35.15X3	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 3
O35.15X4	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 4
O35.15X5	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 5
O35.15X9	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, other fetus
O35.19X0	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, not applicable or unspecified
O35.19X1	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 1
O35.19X2	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 2

ICD-10 Code	ICD-10
O35.19X3	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 3
O35.19X4	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 4
O35.19X5	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 5
O35.19X9	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, other fetus
Q50.32	Ovarian streak
Q55.4	Other congenital malformations of vas deferens, epididymis, seminal vesicles and prostate
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified

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## ICD-10 Codes Supporting Medical Necessity Numerical Listing: (Nationally Covered Indications)

ICD-10 Code	ICD-10
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.51	Angelman syndrome
Q93.59	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.0	Balanced translocation and insertion in normal individual
Q95.1	Chromosome inversion in normal individual
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q95.5	Individual with autosomal fragile site
Q95.8	Other balanced rearrangements and structural markers
Q95.9	Balanced rearrangement and structural marker, unspecified
Q96.0	Karyotype 45, X
Q96.1	Karyotype 46, X iso (Xq)
Q96.2	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q96.3	Mosaicism, 45, X/46, XX or XY
Q96.4	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q96.8	Other variants of Turner's syndrome
Q96.9	Turner's syndrome, unspecified
Q97.0	Karyotype 47, XXX
Q97.1	Female with more than three X chromosomes

ICD-10 Code	ICD-10
Q97.2	Mosaicism, lines with various numbers of X chromosomes
Q97.3	Female with 46, XY karyotype
Q97.8	Other specified sex chromosome abnormalities, female phenotype
Q97.9	Sex chromosome abnormality, female phenotype, unspecified
Q98.0	Klinefelter syndrome karyotype 47, XXY
Q98.1	Klinefelter syndrome, male with more than two X chromosomes
Q98.3	Other male with 46, XX karyotype
Q98.4	Klinefelter syndrome, unspecified
Q98.5	Karyotype 47, XYY
Q98.6	Male with structurally abnormal sex chromosome
Q98.7	Male with sex chromosome mosaicism
Q98.8	Other specified sex chromosome abnormalities, male phenotype
Q98.9	Sex chromosome abnormality, male phenotype, unspecified
Q99.0	Chimera 46, XX/46, XY
Q99.1	46, XX true hermaphrodite
Q99.2	Fragile X chromosome
Q99.8	Other specified chromosome abnormalities
Q99.9	Chromosomal abnormality, unspecified
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.79	Encounter for other screening for genetic and chromosomal anomalies
Z14.8	Genetic carrier of other disease
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z15.03	Genetic susceptibility to malignant neoplasm of prostate
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium
Z15.09	Genetic susceptibility to other malignant neoplasm
Z15.81	Genetic susceptibility to multiple endocrine neoplasia [MEN]

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## ICD-10 Codes Supporting Medical Necessity Numerical Listing: (Nationally Covered Indications)

ICD-10 Code	ICD-10
<b>Z15.89</b>	Genetic susceptibility to other disease
<b>Z31.430</b>	Encounter of female for testing for genetic disease carrier status for procreative management
<b>Z31.438</b>	Encounter for other genetic testing of female for procreative management

ICD-10 Code	ICD-10
<b>Z31.440</b>	Encounter of male for testing for genetic disease carrier status for procreative management
<b>Z31.448</b>	Encounter for other genetic testing of male for procreative management
<b>Z31.5</b>	Encounter for procreative genetic counseling

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# Medical Necessity Tool for Cytogenetics Discretionary Codes

Documenting Medicare Medical Necessity for Laboratory Testing

## Discretionary ICD-10 Code Supplement: CMS National Coverage Determination (NCD) for Cytogenetic Studies (190.3)

### Cytogenetics

#### Applicable CPT codes

88237	88271
88239	88272
88245	88273
88248	88274
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88261	88280
88262	88283
88263	88285
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(MAC DISCRETIONARY COVERED INDICATIONS for CPTs: 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88291)

ICD-10 Code	ICD-10
<b>C03.0</b>	Malignant neoplasm of upper gum
<b>C03.1</b>	Malignant neoplasm of lower gum
<b>C17.1</b>	Malignant neoplasm of jejunum
<b>C17.2</b>	Malignant neoplasm of ileum
<b>C17.3</b>	Meckel's diverticulum, malignant
<b>C17.8</b>	Malignant neoplasm of overlapping sites of small intestine
<b>C33</b>	Malignant neoplasm of trachea
<b>C34.01</b>	Malignant neoplasm of right main bronchus
<b>C34.02</b>	Malignant neoplasm of left main bronchus
<b>C34.11</b>	Malignant neoplasm of upper lobe, right bronchus or lung
<b>C34.12</b>	Malignant neoplasm of upper lobe, left bronchus or lung
<b>C34.2</b>	Malignant neoplasm of middle lobe, bronchus or lung
<b>C34.31</b>	Malignant neoplasm of lower lobe, right bronchus or lung
<b>C34.32</b>	Malignant neoplasm of lower lobe, left bronchus or lung
<b>C34.81</b>	Malignant neoplasm of overlapping sites of right bronchus and lung
<b>C34.82</b>	Malignant neoplasm of overlapping sites of left bronchus and lung
<b>C34.91</b>	Malignant neoplasm of unspecified part of right bronchus or lung
<b>C34.92</b>	Malignant neoplasm of unspecified part of left bronchus or lung
<b>C40.01</b>	Malignant neoplasm of scapula and long bones of right upper limb
<b>C40.02</b>	Malignant neoplasm of scapula and long bones of left upper limb
<b>C40.11</b>	Malignant neoplasm of short bones of right upper limb

ICD-10 Code	ICD-10
<b>C40.12</b>	Malignant neoplasm of short bones of left upper limb
<b>C40.21</b>	Malignant neoplasm of long bones of right lower limb
<b>C40.22</b>	Malignant neoplasm of long bones of left lower limb
<b>C40.31</b>	Malignant neoplasm of short bones of right lower limb
<b>C40.32</b>	Malignant neoplasm of short bones of left lower limb
<b>C40.81</b>	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
<b>C40.82</b>	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
<b>C40.91</b>	Malignant neoplasm of unspecified bones and articular cartilage of right limb
<b>C40.92</b>	Malignant neoplasm of unspecified bones and articular cartilage of left limb
<b>C41.0</b>	Malignant neoplasm of bones of skull and face
<b>C41.1</b>	Malignant neoplasm of mandible
<b>C41.2</b>	Malignant neoplasm of vertebral column
<b>C41.3</b>	Malignant neoplasm of ribs, sternum and clavicle
<b>C41.4</b>	Malignant neoplasm of pelvic bones, sacrum and coccyx
<b>C41.9</b>	Malignant neoplasm of bone and articular cartilage, unspecified
<b>C44.00</b>	unspecified malignant neoplasm of skin of lip
<b>C44.09</b>	Other specified malignant neoplasm of skin of lip
<b>C44.1021</b>	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
<b>C44.1022</b>	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
<b>C44.1091</b>	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus

This resource is intended to aid physicians and qualified office staff to identify diagnosis codes (ICD-10 codes) that support medical necessity.

The ICD-10 codes indicated in this guide are based on AMA guidelines and are common codes currently listed as medically supportive, and therefore covered, under Medicare's limited coverage policy.

Services must meet specific medical necessity requirements contained in any applicable statutes, regulations and manuals, as well as criteria defined by National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

The accuracy and relevance of this information should be verified by reference to the current version of the Coding Manual of the American Medical Association (AMA) and by visiting the Centers for Medicare and Medicaid Services (CMS) Web site at [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp). This information is not intended to suggest reimbursement or provide direction for coding and was obtained online at [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp). Codes listed are effective as of October 1, 2023. To ensure the accurate and appropriate use of the information, it is recommended that the primary sources (i.e., CMS, MAC publications, notices, and advice) should be consulted periodically since information is often affected by ongoing developments. All CPT codes provided above are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Centers for Medicare & Medicaid Services National Coverage Determination (NCD).

Covers: All Jurisdictions. Codes listed are effective as of October 1, 2023.



# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

(MAC DISCRETIONARY COVERED INDICATIONS for CPTs: 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88291)

ICD-10 Code	ICD-10
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.202	unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	unspecified malignant neoplasm of skin of unspecified part of face
C44.301	unspecified malignant neoplasm of skin of nose
C44.309	unspecified malignant neoplasm of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	unspecified malignant neoplasm of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	unspecified malignant neoplasm of anal skin
C44.501	unspecified malignant neoplasm of skin of breast
C44.509	unspecified malignant neoplasm of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk

ICD-10 Code	ICD-10
C44.602	unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.702	unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	unspecified malignant neoplasm of skin of left lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	unspecified malignant neoplasm of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	unspecified malignant neoplasm of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified

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(MAC DISCRETIONARY COVERED INDICATIONS for CPTs: 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88291)

ICD-10 Code	ICD-10
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C4A.0	Merkel cell carcinoma of lip
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast

ICD-10 Code	ICD-10
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast

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ICD-10 Code	ICD-10
C50.822	Malignant neoplasm of overlapping sites of left male breast
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C70.1	Malignant neoplasm of spinal meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum

ICD-10 Code	ICD-10
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone

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ICD-10 Code	ICD-10
<b>C79.52</b>	Secondary malignant neoplasm of bone marrow
<b>C79.61</b>	Secondary malignant neoplasm of right ovary
<b>C79.62</b>	Secondary malignant neoplasm of left ovary
<b>C79.63</b>	Secondary malignant neoplasm of bilateral ovaries
<b>C79.71</b>	Secondary malignant neoplasm of right adrenal gland
<b>C79.72</b>	Secondary malignant neoplasm of left adrenal gland
<b>C79.81</b>	Secondary malignant neoplasm of breast
<b>C79.82</b>	Secondary malignant neoplasm of genital organs
<b>C79.89</b>	Secondary malignant neoplasm of other specified sites
<b>C7A.010</b>	Malignant carcinoid tumor of the duodenum
<b>C7A.011</b>	Malignant carcinoid tumor of the jejunum
<b>C7A.012</b>	Malignant carcinoid tumor of the ileum
<b>C7A.019</b>	Malignant carcinoid tumor of the small intestine, unspecified portion
<b>C7A.020</b>	Malignant carcinoid tumor of the appendix
<b>C7A.021</b>	Malignant carcinoid tumor of the cecum
<b>C7A.022</b>	Malignant carcinoid tumor of the ascending colon
<b>C7A.023</b>	Malignant carcinoid tumor of the transverse colon
<b>C7A.024</b>	Malignant carcinoid tumor of the descending colon
<b>C7A.025</b>	Malignant carcinoid tumor of the sigmoid colon
<b>C7A.026</b>	Malignant carcinoid tumor of the rectum
<b>C7A.029</b>	Malignant carcinoid tumor of the large intestine, unspecified portion
<b>C7A.090</b>	Malignant carcinoid tumor of the bronchus and lung
<b>C7A.091</b>	Malignant carcinoid tumor of the thymus
<b>C7A.092</b>	Malignant carcinoid tumor of the stomach
<b>C7A.093</b>	Malignant carcinoid tumor of the kidney
<b>C7A.094</b>	Malignant carcinoid tumor of the foregut NOS
<b>C7A.095</b>	Malignant carcinoid tumor of the midgut NOS
<b>C7A.096</b>	Malignant carcinoid tumor of the hindgut NOS
<b>C7A.098</b>	Malignant carcinoid tumors of other sites
<b>C7A.1</b>	Malignant poorly differentiated neuroendocrine tumors

ICD-10 Code	ICD-10
<b>C81.01</b>	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C81.02</b>	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
<b>C81.03</b>	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
<b>C81.04</b>	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C81.05</b>	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
<b>C81.06</b>	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
<b>C81.07</b>	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
<b>C81.08</b>	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
<b>C81.09</b>	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
<b>C81.11</b>	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C81.12</b>	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
<b>C81.13</b>	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
<b>C81.14</b>	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C81.15</b>	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
<b>C81.16</b>	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
<b>C81.17</b>	Nodular sclerosis classical Hodgkin lymphoma, spleen
<b>C81.18</b>	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
<b>C81.19</b>	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
<b>C81.21</b>	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C81.22</b>	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
<b>C81.23</b>	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

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ICD-10 Code	ICD-10
<b>C81.24</b>	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C81.25</b>	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
<b>C81.26</b>	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
<b>C81.27</b>	Mixed cellularity classical Hodgkin lymphoma, spleen
<b>C81.28</b>	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
<b>C81.29</b>	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
<b>C81.31</b>	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C81.32</b>	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
<b>C81.33</b>	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
<b>C81.34</b>	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C81.35</b>	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
<b>C81.36</b>	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
<b>C81.37</b>	Lymphocyte depleted classical Hodgkin lymphoma, spleen
<b>C81.38</b>	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
<b>C81.39</b>	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
<b>C81.41</b>	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C81.42</b>	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
<b>C81.43</b>	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
<b>C81.44</b>	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C81.45</b>	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb

ICD-10 Code	ICD-10
<b>C81.46</b>	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
<b>C81.47</b>	Lymphocyte-rich classical Hodgkin lymphoma, spleen
<b>C81.48</b>	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
<b>C81.49</b>	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
<b>C81.71</b>	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C81.72</b>	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
<b>C81.73</b>	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
<b>C81.74</b>	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C81.75</b>	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
<b>C81.76</b>	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
<b>C81.77</b>	Other classical Hodgkin lymphoma, spleen
<b>C81.78</b>	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
<b>C81.79</b>	Other classical Hodgkin lymphoma, extranodal and solid organ sites
<b>C82.00</b>	Follicular lymphoma grade I, unspecified site
<b>C82.01</b>	Follicular lymphoma grade I, lymph nodes of head, face, and neck
<b>C82.02</b>	Follicular lymphoma grade I, intrathoracic lymph nodes
<b>C82.03</b>	Follicular lymphoma grade I, intra-abdominal lymph nodes
<b>C82.04</b>	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
<b>C82.05</b>	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
<b>C82.06</b>	Follicular lymphoma grade I, intrapelvic lymph nodes
<b>C82.07</b>	Follicular lymphoma grade I, spleen
<b>C82.08</b>	Follicular lymphoma grade I, lymph nodes of multiple sites
<b>C82.09</b>	Follicular lymphoma grade I, extranodal and solid organ sites

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

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ICD-10 Code	ICD-10
<b>C82.11</b>	Follicular lymphoma grade II, lymph nodes of head, face, and neck
<b>C82.12</b>	Follicular lymphoma grade II, intrathoracic lymph nodes
<b>C82.13</b>	Follicular lymphoma grade II, intra-abdominal lymph nodes
<b>C82.14</b>	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
<b>C82.15</b>	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
<b>C82.16</b>	Follicular lymphoma grade II, intrapelvic lymph nodes
<b>C82.17</b>	Follicular lymphoma grade II, spleen
<b>C82.18</b>	Follicular lymphoma grade II, lymph nodes of multiple sites
<b>C82.19</b>	Follicular lymphoma grade II, extranodal and solid organ sites
<b>C82.21</b>	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
<b>C82.22</b>	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
<b>C82.23</b>	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
<b>C82.24</b>	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
<b>C82.25</b>	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
<b>C82.26</b>	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
<b>C82.27</b>	Follicular lymphoma grade III, unspecified, spleen
<b>C82.28</b>	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
<b>C82.29</b>	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
<b>C82.31</b>	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
<b>C82.32</b>	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
<b>C82.33</b>	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
<b>C82.34</b>	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
<b>C82.35</b>	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb

ICD-10 Code	ICD-10
<b>C82.36</b>	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
<b>C82.37</b>	Follicular lymphoma grade IIIa, spleen
<b>C82.38</b>	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
<b>C82.39</b>	Follicular lymphoma grade IIIa, extranodal and solid organ sites
<b>C82.41</b>	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
<b>C82.42</b>	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
<b>C82.43</b>	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
<b>C82.44</b>	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
<b>C82.45</b>	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
<b>C82.46</b>	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
<b>C82.47</b>	Follicular lymphoma grade IIIb, spleen
<b>C82.48</b>	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
<b>C82.49</b>	Follicular lymphoma grade IIIb, extranodal and solid organ sites
<b>C82.51</b>	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
<b>C82.52</b>	Diffuse follicle center lymphoma, intrathoracic lymph nodes
<b>C82.53</b>	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
<b>C82.54</b>	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
<b>C82.55</b>	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
<b>C82.56</b>	Diffuse follicle center lymphoma, intrapelvic lymph nodes
<b>C82.57</b>	Diffuse follicle center lymphoma, spleen
<b>C82.58</b>	Diffuse follicle center lymphoma, lymph nodes of multiple sites
<b>C82.59</b>	Diffuse follicle center lymphoma, extranodal and solid organ sites
<b>C82.61</b>	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
<b>C82.62</b>	Cutaneous follicle center lymphoma, intrathoracic lymph nodes

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ICD-10 Code	ICD-10
<b>C82.63</b>	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
<b>C82.64</b>	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
<b>C82.65</b>	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
<b>C82.66</b>	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
<b>C82.67</b>	Cutaneous follicle center lymphoma, spleen
<b>C82.68</b>	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
<b>C82.69</b>	Cutaneous follicle center lymphoma, extranodal and solid organ sites
<b>C82.81</b>	Other types of follicular lymphoma, lymph nodes of head, face, and neck
<b>C82.82</b>	Other types of follicular lymphoma, intrathoracic lymph nodes
<b>C82.83</b>	Other types of follicular lymphoma, intra-abdominal lymph nodes
<b>C82.84</b>	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
<b>C82.85</b>	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
<b>C82.86</b>	Other types of follicular lymphoma, intrapelvic lymph nodes
<b>C82.87</b>	Other types of follicular lymphoma, spleen
<b>C82.88</b>	Other types of follicular lymphoma, lymph nodes of multiple sites
<b>C82.89</b>	Other types of follicular lymphoma, extranodal and solid organ sites
<b>C82.91</b>	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
<b>C82.92</b>	Follicular lymphoma, unspecified, intrathoracic lymph nodes
<b>C82.93</b>	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
<b>C82.94</b>	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
<b>C82.95</b>	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb

ICD-10 Code	ICD-10
<b>C82.96</b>	Follicular lymphoma, unspecified, intrapelvic lymph nodes
<b>C82.97</b>	Follicular lymphoma, unspecified, spleen
<b>C82.98</b>	Follicular lymphoma, unspecified, lymph nodes of multiple sites
<b>C82.99</b>	Follicular lymphoma, unspecified, extranodal and solid organ sites
<b>C83.11</b>	Mantle cell lymphoma, lymph nodes of head, face, and neck
<b>C83.12</b>	Mantle cell lymphoma, intrathoracic lymph nodes
<b>C83.13</b>	Mantle cell lymphoma, intra-abdominal lymph nodes
<b>C83.14</b>	Mantle cell lymphoma, lymph nodes of axilla and upper limb
<b>C83.15</b>	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
<b>C83.16</b>	Mantle cell lymphoma, intrapelvic lymph nodes
<b>C83.17</b>	Mantle cell lymphoma, spleen
<b>C83.18</b>	Mantle cell lymphoma, lymph nodes of multiple sites
<b>C83.19</b>	Mantle cell lymphoma, extranodal and solid organ sites
<b>C83.31</b>	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
<b>C83.32</b>	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
<b>C83.33</b>	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
<b>C83.34</b>	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
<b>C83.35</b>	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
<b>C83.36</b>	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
<b>C83.37</b>	Diffuse large B-cell lymphoma, spleen
<b>C83.38</b>	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
<b>C83.39</b>	Diffuse large B-cell lymphoma, extranodal and solid organ sites
<b>C83.51</b>	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
<b>C83.52</b>	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
<b>C83.53</b>	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

(MAC DISCRETIONARY COVERED INDICATIONS for CPTs: 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88291)

ICD-10 Code	ICD-10
<b>C83.54</b>	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
<b>C83.55</b>	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
<b>C83.56</b>	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
<b>C83.57</b>	Lymphoblastic (diffuse) lymphoma, spleen
<b>C83.58</b>	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
<b>C83.59</b>	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
<b>C83.71</b>	Burkitt lymphoma, lymph nodes of head, face, and neck
<b>C83.72</b>	Burkitt lymphoma, intrathoracic lymph nodes
<b>C83.73</b>	Burkitt lymphoma, intra-abdominal lymph nodes
<b>C83.74</b>	Burkitt lymphoma, lymph nodes of axilla and upper limb
<b>C83.75</b>	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
<b>C83.76</b>	Burkitt lymphoma, intrapelvic lymph nodes
<b>C83.77</b>	Burkitt lymphoma, spleen
<b>C83.78</b>	Burkitt lymphoma, lymph nodes of multiple sites
<b>C83.79</b>	Burkitt lymphoma, extranodal and solid organ sites
<b>C83.81</b>	Other non-follicular lymphoma, lymph nodes of head, face, and neck
<b>C83.82</b>	Other non-follicular lymphoma, intrathoracic lymph nodes
<b>C83.83</b>	Other non-follicular lymphoma, intra-abdominal lymph nodes
<b>C83.84</b>	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
<b>C83.85</b>	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
<b>C83.86</b>	Other non-follicular lymphoma, intrapelvic lymph nodes
<b>C83.87</b>	Other non-follicular lymphoma, spleen
<b>C83.88</b>	Other non-follicular lymphoma, lymph nodes of multiple sites
<b>C83.89</b>	Other non-follicular lymphoma, extranodal and solid organ sites
<b>C83.94</b>	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb

ICD-10 Code	ICD-10
<b>C84.01</b>	Mycosis fungoides, lymph nodes of head, face, and neck
<b>C84.02</b>	Mycosis fungoides, intrathoracic lymph nodes
<b>C84.03</b>	Mycosis fungoides, intra-abdominal lymph nodes
<b>C84.04</b>	Mycosis fungoides, lymph nodes of axilla and upper limb
<b>C84.05</b>	Mycosis fungoides, lymph nodes of inguinal region and lower limb
<b>C84.06</b>	Mycosis fungoides, intrapelvic lymph nodes
<b>C84.07</b>	Mycosis fungoides, spleen
<b>C84.08</b>	Mycosis fungoides, lymph nodes of multiple sites
<b>C84.09</b>	Mycosis fungoides, extranodal and solid organ sites
<b>C84.11</b>	Sezary disease, lymph nodes of head, face, and neck
<b>C84.12</b>	Sezary disease, intrathoracic lymph nodes
<b>C84.13</b>	Sezary disease, intra-abdominal lymph nodes
<b>C84.14</b>	Sezary disease, lymph nodes of axilla and upper limb
<b>C84.15</b>	Sezary disease, lymph nodes of inguinal region and lower limb
<b>C84.16</b>	Sezary disease, intrapelvic lymph nodes
<b>C84.17</b>	Sezary disease, spleen
<b>C84.18</b>	Sezary disease, lymph nodes of multiple sites
<b>C84.19</b>	Sezary disease, extranodal and solid organ sites
<b>C84.41</b>	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck
<b>C84.42</b>	Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
<b>C84.43</b>	Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
<b>C84.44</b>	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
<b>C84.45</b>	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb
<b>C84.46</b>	Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
<b>C84.47</b>	Peripheral T-cell lymphoma, not elsewhere classified, spleen
<b>C84.48</b>	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites



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ICD-10 Code	ICD-10
<b>C84.49</b>	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
<b>C84.61</b>	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
<b>C84.62</b>	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
<b>C84.63</b>	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
<b>C84.64</b>	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
<b>C84.65</b>	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
<b>C84.66</b>	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
<b>C84.67</b>	Anaplastic large cell lymphoma, ALK-positive, spleen
<b>C84.68</b>	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
<b>C84.69</b>	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
<b>C84.71</b>	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
<b>C84.72</b>	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
<b>C84.73</b>	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
<b>C84.74</b>	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
<b>C84.75</b>	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
<b>C84.76</b>	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
<b>C84.77</b>	Anaplastic large cell lymphoma, ALK-negative, spleen
<b>C84.78</b>	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
<b>C84.79</b>	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
<b>C84.7A</b>	Anaplastic large cell lymphoma, ALK-negative, breast
<b>C84.91</b>	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck

ICD-10 Code	ICD-10
<b>C84.92</b>	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
<b>C84.93</b>	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
<b>C84.94</b>	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
<b>C84.95</b>	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
<b>C84.96</b>	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
<b>C84.97</b>	Mature T/NK-cell lymphomas, unspecified, spleen
<b>C84.98</b>	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
<b>C84.99</b>	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
<b>C85.11</b>	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
<b>C85.12</b>	Unspecified B-cell lymphoma, intrathoracic lymph nodes
<b>C85.13</b>	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
<b>C85.14</b>	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
<b>C85.15</b>	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
<b>C85.16</b>	Unspecified B-cell lymphoma, intrapelvic lymph nodes
<b>C85.17</b>	Unspecified B-cell lymphoma, spleen
<b>C85.18</b>	Unspecified B-cell lymphoma, lymph nodes of multiple sites
<b>C85.19</b>	Unspecified B-cell lymphoma, extranodal and solid organ sites
<b>C85.21</b>	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
<b>C85.22</b>	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
<b>C85.23</b>	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
<b>C85.24</b>	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
<b>C85.25</b>	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

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ICD-10 Code	ICD-10
<b>C85.26</b>	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
<b>C85.27</b>	Mediastinal (thymic) large B-cell lymphoma, spleen
<b>C85.28</b>	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
<b>C85.29</b>	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
<b>C85.81</b>	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
<b>C85.82</b>	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
<b>C85.83</b>	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
<b>C85.84</b>	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
<b>C85.85</b>	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
<b>C85.86</b>	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
<b>C85.87</b>	Other specified types of non-Hodgkin lymphoma, spleen
<b>C85.88</b>	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
<b>C85.89</b>	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
<b>C88.0</b>	Waldenstrom macroglobulinemia
<b>C88.4</b>	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
<b>C88.8</b>	Other malignant immunoproliferative diseases
<b>C90.00</b>	Multiple myeloma not having achieved remission
<b>C90.01</b>	Multiple myeloma in remission
<b>C90.02</b>	Multiple myeloma in relapse
<b>C90.10</b>	Plasma cell leukemia not having achieved remission
<b>C90.11</b>	Plasma cell leukemia in remission
<b>C90.12</b>	Plasma cell leukemia in relapse
<b>C90.20</b>	Extramedullary plasmacytoma not having achieved remission
<b>C90.21</b>	Extramedullary plasmacytoma in remission

ICD-10 Code	ICD-10
<b>C90.22</b>	Extramedullary plasmacytoma in relapse
<b>C90.30</b>	Solitary plasmacytoma not having achieved remission
<b>C90.31</b>	Solitary plasmacytoma in remission
<b>C90.32</b>	Solitary plasmacytoma in relapse
<b>C91.10</b>	Chronic lymphocytic leukemia of B-cell type not having achieved remission
<b>C91.11</b>	Chronic lymphocytic leukemia of B-cell type in remission
<b>C91.12</b>	Chronic lymphocytic leukemia of B-cell type in relapse
<b>C91.30</b>	Prolymphocytic leukemia of B-cell type not having achieved remission
<b>C91.31</b>	Prolymphocytic leukemia of B-cell type, in remission
<b>C91.32</b>	Prolymphocytic leukemia of B-cell type, in relapse
<b>C91.40</b>	Hairy cell leukemia not having achieved remission
<b>C91.41</b>	Hairy cell leukemia, in remission
<b>C91.42</b>	Hairy cell leukemia, in relapse
<b>C91.50</b>	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
<b>C91.51</b>	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
<b>C91.52</b>	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
<b>C91.60</b>	Prolymphocytic leukemia of T-cell type not having achieved remission
<b>C91.61</b>	Prolymphocytic leukemia of T-cell type, in remission
<b>C91.62</b>	Prolymphocytic leukemia of T-cell type, in relapse
<b>C91.A0</b>	Mature B-cell leukemia Burkitt-type not having achieved remission
<b>C91.A1</b>	Mature B-cell leukemia Burkitt-type, in remission
<b>C91.A2</b>	Mature B-cell leukemia Burkitt-type, in relapse
<b>C91.Z0</b>	Other lymphoid leukemia not having achieved remission
<b>C91.Z1</b>	Other lymphoid leukemia, in remission
<b>C91.Z2</b>	Other lymphoid leukemia, in relapse
<b>C92.30</b>	Myeloid sarcoma, not having achieved remission
<b>C92.31</b>	Myeloid sarcoma, in remission

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

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ICD-10 Code	ICD-10
<b>C92.32</b>	Myeloid sarcoma, in relapse
<b>C92.Z0</b>	Other myeloid leukemia not having achieved remission
<b>C92.Z1</b>	Other myeloid leukemia, in remission
<b>C92.Z2</b>	Other myeloid leukemia, in relapse
<b>C93.Z0</b>	Other monocytic leukemia, not having achieved remission
<b>C93.Z1</b>	Other monocytic leukemia, in remission
<b>C93.Z2</b>	Other monocytic leukemia, in relapse
<b>C94.30</b>	Mast cell leukemia not having achieved remission
<b>C94.31</b>	Mast cell leukemia, in remission
<b>C94.32</b>	Mast cell leukemia, in relapse
<b>C94.40</b>	Acute panmyelosis with myelofibrosis not having achieved remission
<b>C94.41</b>	Acute panmyelosis with myelofibrosis, in remission
<b>C94.42</b>	Acute panmyelosis with myelofibrosis, in relapse
<b>C94.80</b>	Other specified leukemias not having achieved remission
<b>C94.81</b>	Other specified leukemias, in remission
<b>C94.82</b>	Other specified leukemias, in relapse
<b>C95.10</b>	Chronic leukemia of unspecified cell type not having achieved remission
<b>C95.11</b>	Chronic leukemia of unspecified cell type, in remission
<b>C95.12</b>	Chronic leukemia of unspecified cell type, in relapse
<b>C96.0</b>	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
<b>C96.21</b>	Aggressive systemic mastocytosis
<b>C96.22</b>	Mast cell sarcoma
<b>C96.29</b>	Other malignant mast cell neoplasm
<b>C96.4</b>	Sarcoma of dendritic cells (accessory cells)
<b>C96.9</b>	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
<b>C96.A</b>	Histiocytic sarcoma
<b>C96.Z</b>	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
<b>D00.01</b>	Carcinoma in situ of labial mucosa and vermilion border

ICD-10 Code	ICD-10
<b>D00.02</b>	Carcinoma in situ of buccal mucosa
<b>D00.03</b>	Carcinoma in situ of gingiva and edentulous alveolar ridge
<b>D00.04</b>	Carcinoma in situ of soft palate
<b>D00.05</b>	Carcinoma in situ of hard palate
<b>D00.06</b>	Carcinoma in situ of floor of mouth
<b>D00.07</b>	Carcinoma in situ of tongue
<b>D00.08</b>	Carcinoma in situ of pharynx
<b>D02.0</b>	Carcinoma in situ of larynx
<b>D05.91</b>	Unspecified type of carcinoma in situ of right breast
<b>D05.92</b>	Unspecified type of carcinoma in situ of left breast
<b>D41.4</b>	Neoplasm of uncertain behavior of bladder
<b>D45</b>	Polycythemia vera
<b>D47.01</b>	Cutaneous mastocytosis
<b>D47.02</b>	Systemic mastocytosis
<b>D47.1</b>	Chronic myeloproliferative disease
<b>D47.2</b>	Monoclonal gammopathy
<b>D47.3</b>	Essential (hemorrhagic) thrombocythemia
<b>D47.4</b>	Osteomyelofibrosis
<b>D47.9</b>	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
<b>D47.Z1</b>	Post-transplant lymphoproliferative disorder (PTLD)
<b>D47.Z9</b>	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
<b>D49.2</b>	Neoplasm of unspecified behavior of bone, soft tissue, and skin
<b>D49.3</b>	Neoplasm of unspecified behavior of breast
<b>D49.4</b>	Neoplasm of unspecified behavior of bladder
<b>D51.0</b>	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
<b>D51.1</b>	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
<b>D51.2</b>	Transcobalamin II deficiency
<b>D51.3</b>	Other dietary vitamin B12 deficiency anemia

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

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ICD-10 Code	ICD-10
D51.8	Other vitamin B12 deficiency anemias
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia
D52.8	Other folate deficiency anemias
D52.9	Folate deficiency anemia, unspecified
D53.0	Protein deficiency anemia
D53.1	Other megaloblastic anemias, not elsewhere classified
D53.2	Scorbutic anemia
D53.8	Other specified nutritional anemias
D53.9	Nutritional anemia, unspecified
D58.9	Hereditary hemolytic anemia, unspecified
D59.11	Warm autoimmune hemolytic anemia
D59.12	Cold autoimmune hemolytic anemia
D59.13	Mixed type autoimmune hemolytic anemia
D59.19	Other autoimmune hemolytic anemia
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.02	Shwachman-Diamond syndrome
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease

ICD-10 Code	ICD-10
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D70.0	Congenital agranulocytosis
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D72.110	Idiopathic hypereosinophilic syndrome [IHES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.118	Other hypereosinophilic syndrome
D72.119	Hypereosinophilic syndrome [HES], unspecified
D72.12	Drug rash with eosinophilia and systemic symptoms syndrome
D72.18	Eosinophilia in diseases classified elsewhere
D72.19	Other eosinophilia
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count
D72.819	Decreased white blood cell count, unspecified
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.822	Plasmacytosis

# Medical Necessity Tool for Cytogenetics Discretionary Codes

## ICD-10 Codes Supporting Medical Necessity Numerical Listing:

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ICD-10 Code	ICD-10
D72.823	Leukemoid reaction
D72.824	Basophilia
D72.825	Bandemia
D72.828	Other elevated white blood cell count
D75.81	Myelofibrosis

ICD-10 Code	ICD-10
D75.838	Other thrombocytosis
D75.89	Other specified diseases of blood and blood-forming organs
D89.2	Hypergammaglobulinemia, unspecified
R16.1	Splenomegaly, not elsewhere classified

This resource is intended to aid physicians and qualified office staff to identify diagnosis codes (ICD-10 codes) that support medical necessity.

The ICD-10 codes indicated in this guide are based on AMA guidelines and are common codes currently listed as medically supportive, and therefore covered, under Medicare's limited coverage policy.

Services must meet specific medical necessity requirements contained in any applicable statutes, regulations and manuals, as well as criteria defined by National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

The accuracy and relevance of this information should be verified by reference to the current version of the Coding Manual of the American Medical Association (AMA) and by visiting the Centers for Medicare and Medicaid Services (CMS) Web site at [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp). This information is not intended to suggest reimbursement or provide direction for coding and was obtained online at [www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp). Codes listed are effective as of October 1, 2023. To ensure the accurate and appropriate use of the information, it is recommended that the primary sources (i.e., CMS, MAC publications, notices, and advice) should be consulted periodically since information is often affected by ongoing developments. All CPT codes provided above are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Centers for Medicare & Medicaid Services National Coverage Determination (NCD).

Covers: All Jurisdictions. Codes listed are effective as of October 1, 2023.



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