



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE:

PRIOR AUTHORIZATION: **Varies by plan**

POLICY: This policy lists the diagnoses and ICD 10 codes that are in scope for the utilization review agent vendor, OncoHealth™ (OH). OH conducts prior authorization reviews for **medical benefit** coverage requests for select oncology medications and other medications and interventions used for oncologic conditions if the diagnosis submitted is on the list below.

The following are out of scope for OH and should be submitted by the prescriber to the applicable utilization review entity:

- **Medical benefit** medication requests considered **out of scope** by OA will be reviewed by the **health plan**. Example: Medical benefit drug used for diagnosis not on list below.
- **Pharmacy benefit** medication requests for any diagnosis (including oncologic conditions) will be reviewed by the health plan **pharmacy benefit manager (PBM)**.

ICD-10 codes that are IN SCOPE for review by OncoHealth

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply.

ICD 10 code	Long description
C00	Malignant neoplasm of lip
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02	Malignant neoplasm of other and unspecified parts of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03	Malignant neoplasm of gum
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04	Malignant neoplasm of floor of mouth
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05	Malignant neoplasm of palate
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06	Malignant neoplasm of other and unspecified parts of mouth
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C07	Malignant neoplasm of parotid gland
C08	Malignant neoplasm of other and unspecified major salivary glands
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09	Malignant neoplasm of tonsil
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10	Malignant neoplasm of oropharynx
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11	Malignant neoplasm of nasopharynx
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13	Malignant neoplasm of hypopharynx
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx
C14.0	Malignant neoplasm of pharynx, unspecified



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15	Malignant neoplasm of esophagus
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16	Malignant neoplasm of stomach
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17	Malignant neoplasm of small intestine
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18	Malignant neoplasm of colon
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21	Malignant neoplasm of anus and anal canal
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22	Malignant neoplasm of liver and intrahepatic bile ducts
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24	Malignant neoplasm of other and unspecified parts of biliary tract
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25	Malignant neoplasm of pancreas
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26	Malignant neoplasm of other and ill-defined digestive organs



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30	Malignant neoplasm of nasal cavity and middle ear
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31	Malignant neoplasm of accessory sinuses
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32	Malignant neoplasm of larynx
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34	Malignant neoplasm of bronchus and lung
C34.0	Malignant neoplasm of main bronchus
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.1	Malignant neoplasm of upper lobe, bronchus or lung
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.3	Malignant neoplasm of lower lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	Malignant neoplasm of unspecified part of bronchus or lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38	Malignant neoplasm of heart, mediastinum and pleura
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40	Malignant neoplasm of bone and articular cartilage of limbs
C40.0	Malignant neoplasm of scapula and long bones of upper limb
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.1	Malignant neoplasm of short bones of upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.2	Malignant neoplasm of long bones of lower limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.3	Malignant neoplasm of short bones of lower limb



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43	Malignant melanoma of skin
C43.0	Malignant melanoma of lip
C43.1	Malignant melanoma of eyelid, including canthus
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.2	Malignant melanoma of ear and external auricular canal
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.3	Malignant melanoma of other and unspecified parts of face
C43.30	Malignant melanoma of unspecified part of face



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.5	Malignant melanoma of trunk
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.6	Malignant melanoma of upper limb, including shoulder
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.7	Malignant melanoma of lower limb, including hip
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44	Other and unspecified malignant neoplasm of skin
C44.0	Other and unspecified malignant neoplasm of skin of lip
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.1	Other and unspecified malignant neoplasm of skin of eyelid, including canthus
C44.10	Unspecified malignant neoplasm of skin of eyelid, including canthus
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.11	Basal cell carcinoma of skin of eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C44.112	Basal cell carcinoma of skin of right eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.12	Squamous cell carcinoma of skin of eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.19	Other specified malignant neoplasm of skin of eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.192	Other specified malignant neoplasm of skin of right 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
C44.199	Other specified malignant neoplasm of skin of left 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
C44.2	Other and unspecified malignant neoplasm of skin of ear and external auricular canal
C44.20	Unspecified malignant neoplasm of skin of ear and external auricular canal
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.21	Basal cell carcinoma of skin of ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.22	Squamous cell carcinoma of skin of ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.29	Other specified malignant neoplasm of skin of ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified 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
C44.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face
C44.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face
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
C44.31	Basal cell carcinoma of skin of other and unspecified parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.32	Squamous cell carcinoma of skin of other and unspecified parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.39	Other specified malignant neoplasm of skin of other and unspecified 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
C44.4	Other and unspecified malignant neoplasm of skin of scalp and neck
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.5	Other and unspecified malignant neoplasm of skin of trunk
C44.50	Unspecified malignant neoplasm of skin of trunk
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
C44.51	Basal cell carcinoma of skin of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.52	Squamous cell carcinoma of skin of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.59	Other specified malignant neoplasm of skin of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder
C44.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
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
C44.61	Basal cell carcinoma of skin of upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.62	Squamous cell carcinoma of skin of upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.69	Other specified malignant neoplasm of skin of upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip
C44.70	Unspecified malignant neoplasm of skin of lower limb, including hip
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
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
C44.71	Basal cell carcinoma of skin of lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.72	Squamous cell carcinoma of skin of lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.79	Other specified malignant neoplasm of skin of lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified 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
C44.8	Other and unspecified malignant neoplasm of overlapping sites of skin
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.9	Other and unspecified malignant neoplasm of skin, unspecified
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C45	Mesothelioma
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C46	Kaposi's sarcoma
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.5	Kaposi's sarcoma of lung
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48	Malignant neoplasm of retroperitoneum and peritoneum
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49	Malignant neoplasm of other connective and soft tissue



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including
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
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A	Gastrointestinal stromal tumor
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
C4A	Merkel cell carcinoma
C4A.0	Merkel cell carcinoma of lip
C4A.1	Merkel cell carcinoma of eyelid, including canthus
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.11	Merkel cell carcinoma of right eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.12	Merkel cell carcinoma of left 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.2	Merkel cell carcinoma of ear and external auricular canal



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
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.3	Merkel cell carcinoma of other and unspecified parts of face
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.5	Merkel cell carcinoma of trunk
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.6	Merkel cell carcinoma of upper limb, including shoulder
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.7	Merkel cell carcinoma of lower limb, including hip
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
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	Malignant neoplasm of breast
C50.0	Malignant neoplasm of nipple and areola
C50.01	Malignant neoplasm of nipple and areola, female
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.02	Malignant neoplasm of nipple and areola, male
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.1	Malignant neoplasm of central portion of breast
C50.11	Malignant neoplasm of central portion of breast, female



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.12	Malignant neoplasm of central portion of breast, male
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.2	Malignant neoplasm of upper-inner quadrant of breast
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.22	Malignant neoplasm of upper-inner quadrant of breast, male
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.3	Malignant neoplasm of lower-inner quadrant of breast
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.32	Malignant neoplasm of lower-inner quadrant of breast, male
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.4	Malignant neoplasm of upper-outer quadrant of breast
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.42	Malignant neoplasm of upper-outer quadrant of breast, male
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C50.5	Malignant neoplasm of lower-outer quadrant of breast
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.52	Malignant neoplasm of lower-outer quadrant of breast, male
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.6	Malignant neoplasm of axillary tail of breast
C50.61	Malignant neoplasm of axillary tail of breast, female
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.62	Malignant neoplasm of axillary tail of breast, male
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.8	Malignant neoplasm of overlapping sites of breast
C50.81	Malignant neoplasm of overlapping sites of breast, female
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.82	Malignant neoplasm of overlapping sites of breast, male
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.9	Malignant neoplasm of breast of unspecified site
C50.91	Malignant neoplasm of breast of unspecified site, female
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.92	Malignant neoplasm of breast of unspecified site, male
C50.921	Malignant neoplasm of unspecified site of right male breast



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51	Malignant neoplasm of vulva
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53	Malignant neoplasm of cervix uteri
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54	Malignant neoplasm of corpus uteri
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56	Malignant neoplasm of ovary
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57	Malignant neoplasm of other and unspecified female genital organs
C57.0	Malignant neoplasm of fallopian tube
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.1	Malignant neoplasm of broad ligament
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C57.12	Malignant neoplasm of left broad ligament
C57.2	Malignant neoplasm of round ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60	Malignant neoplasm of penis
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62	Malignant neoplasm of testis
C62.0	Malignant neoplasm of undescended testis
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.1	Malignant neoplasm of descended testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.9	Malignant neoplasm of testis, unspecified whether descended or undescended
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63	Malignant neoplasm of other and unspecified male genital organs
C63.0	Malignant neoplasm of epididymis
C63.00	Malignant neoplasm of unspecified epididymis



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.1	Malignant neoplasm of spermatic cord
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64	Malignant neoplasm of kidney, except renal pelvis
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65	Malignant neoplasm of renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66	Malignant neoplasm of ureter
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67	Malignant neoplasm of bladder
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	Malignant neoplasm of other and unspecified urinary organs



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

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	Malignant neoplasm of eye and adnexa
C69.0	Malignant neoplasm of conjunctiva
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.1	Malignant neoplasm of cornea
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.2	Malignant neoplasm of retina
C69.20	Malignant neoplasm of unspecified retina
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.3	Malignant neoplasm of choroid
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.4	Malignant neoplasm of ciliary body
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.5	Malignant neoplasm of lacrimal gland and duct
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.6	Malignant neoplasm of orbit
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.9	Malignant neoplasm of unspecified site of eye
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70	Malignant neoplasm of meninges
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71	Malignant neoplasm of brain
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.2	Malignant neoplasm of olfactory nerve
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.3	Malignant neoplasm of optic nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.4	Malignant neoplasm of acoustic nerve



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.5	Malignant neoplasm of other and unspecified cranial nerves
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74	Malignant neoplasm of adrenal gland
C74.0	Malignant neoplasm of cortex of adrenal gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.1	Malignant neoplasm of medulla of adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.9	Malignant neoplasm of unspecified part of adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75	Malignant neoplasm of other endocrine glands and related structures
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76	Malignant neoplasm of other and ill-defined sites
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C76.3	Malignant neoplasm of pelvis
C76.4	Malignant neoplasm of upper limb
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.5	Malignant neoplasm of lower limb
C76.50	Malignant neoplasm of unspecified lower limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
C77	Secondary and unspecified malignant neoplasm of lymph nodes
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78	Secondary malignant neoplasm of respiratory and digestive organs
C78.0	Secondary malignant neoplasm of lung
C78.00	Secondary malignant neoplasm of unspecified lung
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
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs
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
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79	Secondary malignant neoplasm of other and unspecified sites
C79.0	Secondary malignant neoplasm of kidney and renal pelvis
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
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
C79.3	Secondary malignant neoplasm of brain and cerebral meninges
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.5	Secondary malignant neoplasm of bone and bone marrow
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.6	Secondary malignant neoplasm of ovary
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.7	Secondary malignant neoplasm of adrenal gland
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.8	Secondary malignant neoplasm of other specified sites
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C7A	Malignant neuroendocrine tumors
C7A.0	Malignant carcinoid tumors
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.01	Malignant carcinoid tumors of the small intestine
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.02	Malignant carcinoid tumors of the appendix, large intestine, and rectum
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.09	Malignant carcinoid tumors of other sites
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B	Secondary neuroendocrine tumors
C7B.0	Secondary carcinoid tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C80	Malignant neoplasm without specification of site
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81	Hodgkin lymphoma
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.1	Nodular sclerosis Hodgkin lymphoma
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.2	Mixed cellularity Hodgkin lymphoma
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.3	Lymphocyte depleted Hodgkin lymphoma
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.4	Lymphocyte-rich Hodgkin lymphoma
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.7	Other Hodgkin lymphoma
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.9	Hodgkin lymphoma, unspecified
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82	Follicular lymphoma
C82.0	Follicular lymphoma grade I
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.1	Follicular lymphoma grade II
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.2	Follicular lymphoma grade III, unspecified
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.3	Follicular lymphoma grade IIIa
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.4	Follicular lymphoma grade IIIb
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.5	Diffuse follicle center lymphoma
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.6	Cutaneous follicle center lymphoma
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.8	Other types of follicular lymphoma
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.9	Follicular lymphoma, unspecified
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83	Non-follicular lymphoma
C83.0	Small cell B-cell lymphoma
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.1	Mantle cell lymphoma
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.3	Diffuse large B-cell lymphoma
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.5	Lymphoblastic (diffuse) lymphoma
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.7	Burkitt lymphoma
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.8	Other non-follicular lymphoma
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.9	Non-follicular (diffuse) lymphoma, unspecified
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84	Mature T/NK-cell lymphomas
C84.0	Mycosis fungoides
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.1	Sezary disease
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.4	Peripheral 1-cell lymphoma, not classified
C84.40	Peripheral 1-cell lymphoma, not classified, unspecified site
C84.41	Peripheral 1-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral 1-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral 1-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral 1-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral 1-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral 1-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral 1-cell lymphoma, not classified, spleen
C84.48	Peripheral 1-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral 1-cell lymphoma, not classified, extranodal and solid organ sites
C84.6	Anaplastic large cell lymphoma, ALK-positive
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.7	Anaplastic large cell lymphoma, ALK-negative
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.9	Mature 1/NK-cell lymphomas, unspecified
C84.90	Mature 1/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature 1/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature 1/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature 1/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature 1/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature 1/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature 1/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature 1/NK-cell lymphomas, unspecified, spleen
C84.98	Mature 1/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature 1/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A	Cutaneous 1-cell lymphoma, unspecified
C84.A0	Cutaneous 1-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous 1-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous 1-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous 1-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous 1-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous 1-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous 1-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous 1-cell lymphoma, unspecified, spleen



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C84.A8	Cutaneous 1-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous 1-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z	Other mature T/NK-cell lymphomas
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85	Other specified and unspecified types of non-Hodgkin lymphoma
C85.1	Unspecified B-cell lymphoma
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.2	Mediastinal (thymic) large B-cell lymphoma
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.8	Other specified types of non-Hodgkin lymphoma
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.9	Non-Hodgkin lymphoma, unspecified
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86	Other specified types of T/NK-cell lymphoma
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas
C88.0	Waldenstrom macroglobulinemia



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90	Multiple myeloma and malignant plasma cell neoplasms
C90.0	Multiple myeloma
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.1	Plasma cell leukemia
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.2	Extramedullary plasmacytoma
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.3	Solitary plasmacytoma
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91	Lymphoid leukemia
C91.0	Acute lymphoblastic leukemia [ALL]
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.1	Chronic lymphocytic leukemia of B-cell type
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.3	Polymphocytic leukemia of B-cell type
C91.30	Polymphocytic leukemia of B-cell type not having achieved remission
C91.31	Polymphocytic leukemia of B-cell type, in remission



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C91.32	Polymphocytic leukemia of B-cell type, in relapse
C91.4	Hairy cell leukemia
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)
C91.50	Adult 1-cell lymphoma/leukemia (H1LV-1-associated) not having achieved remission
C91.51	Adult 1-cell lymphoma/leukemia (H1LV-1-associated), in remission
C91.52	Adult 1-cell lymphoma/leukemia (H1LV-1-associated), in relapse
C91.6	Polymphocytic leukemia of 1-cell type
C91.60	Polymphocytic leukemia of 1-cell type not having achieved remission
C91.61	Polymphocytic leukemia of 1-cell type, in remission
C91.62	Polymphocytic leukemia of 1-cell type, in relapse
C91.9	Lymphoid leukemia, unspecified
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A	Mature B-cell leukemia Burkitt-type
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z	Other lymphoid leukemia
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92	Myeloid leukemia
C92.0	Acute myeloblastic leukemia
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.1	Chronic myeloid leukemia, BCR/ABL-positive
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.3	Myeloid sarcoma
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.4	Acute promyelocytic leukemia
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.5	Acute myelomonocytic leukemia
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.6	Acute myeloid leukemia with 11q23-abnormality
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.9	Myeloid leukemia, unspecified
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A	Acute myeloid leukemia with multilineage dysplasia
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z	Other myeloid leukemia
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93	Monocytic leukemia
C93.0	Acute monoblastic/monocytic leukemia



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.1	Chronic myelomonocytic leukemia
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.3	Juvenile myelomonocytic leukemia
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.9	Monocytic leukemia, unspecified
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z	Other monocytic leukemia
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94	Other leukemias of specified cell type
C94.0	Acute erythroid leukemia
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.2	Acute megakaryoblastic leukemia
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.3	Mast cell leukemia
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.8	Other specified leukemias
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95	Leukemia of unspecified cell type
C95.0	Acute leukemia of unspecified cell type
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.1	Chronic leukemia of unspecified cell type
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.9	Leukemia, unspecified
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell neoplasm
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00	Carcinoma in situ of oral cavity, esophagus and stomach
D00.0	Carcinoma in situ of lip, oral cavity and pharynx



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01	Carcinoma in situ of other and unspecified digestive organs
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.4	Carcinoma in situ of other and unspecified parts of intestine
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D02	Carcinoma in situ of middle ear and respiratory system
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.2	Carcinoma in situ of bronchus and lung
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
D02.4	Carcinoma in situ of respiratory system, unspecified
D03	Melanoma in situ
D03.0	Melanoma in situ of lip
D03.1	Melanoma in situ of eyelid, including canthus



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.11	Melanoma in situ of right eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.12	Melanoma in situ of left eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.2	Melanoma in situ of ear and external auricular canal
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.3	Melanoma in situ of other and unspecified parts of face
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.5	Melanoma in situ of trunk
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.6	Melanoma in situ of upper limb, including shoulder
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.7	Melanoma in situ of lower limb, including hip
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D04	Carcinoma in situ of skin
D04.0	Carcinoma in situ of skin of lip
D04.1	Carcinoma in situ of skin of eyelid, including canthus
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.11	Carcinoma in situ of skin of right eyelid, including canthus



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.12	Carcinoma in situ of skin of left eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.2	Carcinoma in situ of skin of ear and external auricular canal
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.3	Carcinoma in situ of skin of other and unspecified parts of face
D04.30	Carcinoma in situ of skin of unspecified part of face
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.6	Carcinoma in situ of skin of upper limb, including shoulder
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.7	Carcinoma in situ of skin of lower limb, including hip
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D04.9	Carcinoma in situ of skin, unspecified
D05	Carcinoma in situ of breast
D05.0	Lobular carcinoma in situ of breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.1	Intraductal carcinoma in situ of breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.8	Other specified type of carcinoma in situ of breast



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.9	Unspecified type of carcinoma in situ of breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D06	Carcinoma in situ of cervix uteri
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07	Carcinoma in situ of other and unspecified genital organs
D07.0	Carcinoma in situ of endometrium
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.3	Carcinoma in situ of other and unspecified female genital organs
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.5	Carcinoma in situ of prostate
D07.6	Carcinoma in situ of other and unspecified male genital organs
D07.60	Carcinoma in situ of unspecified male genital organs
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs
D09	Carcinoma in situ of other and unspecified sites
D09.0	Carcinoma in situ of bladder
D09.1	Carcinoma in situ of other and unspecified urinary organs
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D09.2	Carcinoma in situ of eye
D09.20	Carcinoma in situ of unspecified eye
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.03	Neoplasm of uncertain behavior of the major salivary glands
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
D3A.00	Benign carcinoid tumor of unspecified site
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.09	Benign carcinoid tumors of other sites
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.093	Benign carcinoid tumor of the kidney
D3A.094	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
D3A.8	Other benign neuroendocrine tumors
D40.0	Neoplasm of uncertain behavior of prostate
D40.10	Neoplasm of uncertain behavior of unspecified testis
D40.11	Neoplasm of uncertain behavior of right testis
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified
D41.00	Neoplasm of uncertain behavior of unspecified kidney
D41.01	Neoplasm of uncertain behavior of right kidney
D41.02	Neoplasm of uncertain behavior of left kidney
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis
D41.20	Neoplasm of uncertain behavior of unspecified ureter
D41.21	Neoplasm of uncertain behavior of right ureter
D41.22	Neoplasm of uncertain behavior of left ureter
D41.3	Neoplasm of uncertain behavior of urethra
D41.4	Neoplasm of uncertain behavior of bladder
D41.8	Neoplasm of uncertain behavior of other specified urinary organs
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland
D44.11	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Neoplasm of uncertain behavior of left adrenal gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland
D45	Polycythemia vera
D46	Myelodysplastic syndromes
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D46.2	Refractory anemia with excess of blasts [RAEB]
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47	Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.0	Mast cell neoplasms of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related
D47Z	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D48.7	Neoplasm of uncertain behavior of other specified sites
D48.9	Neoplasm of uncertain behavior, unspecified
D49.0	Neoplasm of unspecified behavior of digestive system
D49.1	Neoplasm of unspecified behavior of respiratory system
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.3	Neoplasm of unspecified behavior of breast



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

D49.4	Neoplasm of unspecified behavior of bladder
D49.5	Neoplasm of unspecified behavior of other genitourinary organs
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D49.8	Neoplasm of unspecified behavior of other specified sites
D49.81	Neoplasm of unspecified behavior of retina and choroid
D49.89	Neoplasm of unspecified behavior of other specified sites
D49.9	Neoplasm of unspecified behavior of unspecified site
D61.810	Antineoplastic chemotherapy induced pancytopenia
D63.0	Anemia in neoplastic disease
D64.81	Anemia due to antineoplastic chemotherapy
D70.1	Agranulocytosis secondary to cancer chemotherapy
D76	Other specified diseases with participation of lymphoreticular and reticulohistiocytic tissue
D76.1	Hemophagocytic lymphohistiocytosis
D76.3	Other histiocytosis syndromes
E34.0	Carcinoid syndrome
E83.52	Hypercalcemia
J84.82	Adult pulmonary Langerhans cell histiocytosis
J91.0	Malignant pleural effusion
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R18.0	Malignant ascites
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
145.1X5	Adverse effect of antineoplastic and immunosuppressive drugs
145.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
145.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
145.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
Z03.8	Encounter for observation for other suspected diseases and conditions ruled out



MEDICAL COVERAGE POLICY

SERVICE: OncoHealth In Scope ICD-10 Codes

Policy Number: 275

Effective Date: 1/1/2024

Last Review: 11/29/2023

Next Review: 11/29/2024

Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z15.0	Genetic susceptibility to malignant neoplasm
Z17	Estrogen receptor status
Z17.0	Estrogen receptor positive status [ER+]
Z17.1	Estrogen receptor negative status [ER-]
Z19	Hormone sensitivity malignancy status
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z51.0	Encounter for antineoplastic radiation therapy
Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels
Z94.84	Stem cells transplant status

POLICY HISTORY:

Status	Date	Action
New	9/24/2020	New Policy
Reviewed	10/28/2021	No changes
Reviewed	9/22/2022	Updated policy to reflect vendor name change from Oncology Analytics to OncoHealth
Reviewed	10/27/2022	Corrected ICD-10 code error
Reviewed	11/29/2023	Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA.