

**DISCLAIMER:**

Please be advised that while every effort has been made to ensure the accuracy of the information provided according to the most current LCD pertaining to the subject, periodic change to rules and coverage may occur. ICD-9-CM diagnosis codes are updated on the 1<sup>st</sup> of October and HCPCS codes on the 1<sup>st</sup> of January annually.

**NEW/REVISED MATERIAL:** Presented in italicized text

**EFFECTIVE DATE:** *January 1, 2008*

**GUIDELINES FOR REPORTING ADMINISTRATION OF EPOGEN  
MEDICARE**

An erythropoietin stimulating agent (ESA) is an analog of erythropoietin. ESAs are biologically engineered hormones produced by recombinant DNA technology. Erythropoietin analogs contain the identical amino acid sequence as naturally occurring erythropoietin, and have the same biological effect. Primarily, the kidneys produce erythropoietin in response to hypoxia. Both erythropoietin and ESAs stimulate the bone marrow to form new red blood cells. They are used to treat anemia by elevating or maintaining the red blood cell level (as demonstrated by the hematocrit and/or hemoglobin levels), therefore decreasing anemia and the need for transfusions.

In March 2007, the FDA issued new warnings against target HCT levels about 12 g/dL (36% hct) "for all patients." The FDA also issued specific warnings against off-label use in cancer patients whose anemia is not directly linked to chemotherapy. The FDA also reminded physicians that the main endpoint in studies for on-label indications has been avoidance or reduction in transfusions. This updated copy contains descriptions of specific coverage guidelines and documentation that supports medical necessity for individual patients.

**INDICATIONS:**

Erythropoietin analogues are covered for the following indications:

1. Treatment of anemia associated with chronic renal failure, including

patients on dialysis and patients not on dialysis;

2. Treatment of significant anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy;
3. Treatment of anemia induced by AZT *and/or other\* Nucleoside Reverse Transcriptase Inhibitors (NRTI)* used in treatment of HIV/AIDS;

*\*Note: This update is effective 02/01/08*

4. Treatment of selected patients with anemia related to myelodysplastic syndrome;
5. Perisurgical adjuvant therapy (epoetin alfa only);
6. Treatment of anemia of selected chronic diseases: rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel diseases, and hepatitis C undergoing treatment.

The following causes of anemia should be considered, documented, and corrected (when possible) before starting erythropoietin analogue therapy for any of the covered indications:

- iron deficiency;
- underlying infection or inflammatory process;
- underlying hematological disease;
- hemolysis;
- vitamin deficiencies (e.g. folic acid or B12)
- blood loss;
- aluminum intoxication

There are rare patients whose cardiac, pulmonary or other medical diseases warrant the use of ESAs to maintain a hemoglobin/hematocrit (Hb/HCT) higher than the target level. Documentation to support this practice must be available upon request. This does not apply to ESA therapy for anemia related to cancer chemotherapy, which follows the rules mandated by the National Coverage Decision.

## **LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY**

- During therapy treatment Epoetin alfa, virtually all patients will eventually require supplemental iron.

Store of iron should be regularly monitored to ensure a transferrin saturation greater than 20% and/or serum ferritin levels greater than 100 mg/ml, in order to guide appropriate supplementation.

- **Therapy Goal:**
  1. For patients receiving chemotherapy for non-myeloid malignancies, the goal of therapy is to maintain the **Hb/HCT at 10/30**.

ESA therapy will not be reimbursed when the Hb/Hct is greater than 10/30.

2. For all other indications, the goal of therapy is to maintain a stable Hb/HCT, with a target of **10-12 g/dL / 30-36%**.

Doses must be titrated according to the patient's response. Therapy need not be stopped completely simply due to the achievement of the target hgb/hct. However, judicious, appropriately timed dose adjustments are expected to prevent inappropriate increases in hgb/hct levels.  
(CMS PUB 100-2, Chapter 15, Paragraph 50.4.3.3 and CMS Pub 100-4, chapter 8, paragraph 60.4)

- **ADMINISTRATION ROUTE:**

1. Intravenous, or
2. subcutaneous

- **DOSAGE:**

The dosage may be dependent on several factors including the:

1. Availability of iron stores
2. The baseline hgb/hct, and the
3. Presence of concurrent medical problems.

- **COVERAGE CRITERIA:**

- A.** For End Stage Renal Disease (ESRD) patients on dialysis:

1. Diagnosis of end stage renal disease;
2. Anemia of ESRD with a:
  - Hb less than 10 gm/dL, or a
  - HCT of less than 30% at initiation of therapy.

- B.** For chronic kidney disease patients NOT on dialysis:

1. Anemia with Hb/HCT less than 10 / 30% at initiation of therapy.
2. Serum creatinine equal to or greater than 3, creatinine clearance less than 60 ml/min, or glomerular filtration rate (GFR) less than 60 mL/min/1.73 m<sup>2</sup>;

- C.** For patients with non-myeloid malignancies where anemia is due to the effect of chemotherapy:

1. Anemia with Hb/HCT less than 10 / 30% prior to initiation of therapy.
2. The starting dose for ESA treatment is no more than 150 U/kg/3 times weekly for epoetin and 2.25 mcg/kg/1 time weekly for darpoetin alpha. Equivalent doses may be given over other FDA approved time periods.
3. The maintenance dose of ESA therapy is the same as the starting dose if the Hb/HCT level remains below 10/30 4 weeks after initiation of therapy AND the rise in Hb/HCT is >1/3.
4. If Hb/HCT rises <1/3 compared to pretreatment baseline after 4 weeks of therapy and Hb/HCT level remains <10/30, the above starting dose may be increased once by 25%. Continued use of the drug is not reasonable and

necessary if the Hb/HCT rises  $<1/3$  after 8 weeks of treatment.

5. Continued administration of the drug is not reasonable and necessary if there is a rapid rise in Hb/HCT  $>1/3$  over 2 weeks of treatment unless the Hb/HCT remains below or subsequently falls to  $<10/30$ . Continuation and reinstatement of ESA therapy must include a dose reduction of 25% from previously administered dose.
  6. The FDA labeling states that ESAs are indicated for treatment of anemia of malignancy when receiving concomitant chemotherapy, which means during an established course of planned chemotherapy. It will also cover ESAs for eight weeks following the final dose of myelosuppressive chemotherapy in a chemotherapy regimen.
- D. For patients with anemia related to AZT and/or other NRTI therapy for HIV/AIDS:
1. Anemia with Hb/HCT less than 10 / 30% at initiation of therapy.
- E. For patients with myelodysplastic syndrome:
1. Low risk myelodysplasia with less than 5% blasts.
  2. Pretreatment *erythropoietin levels of 100 IU/L or less*.
  3. Anemia with Hb/HCT less than 10 / 30% at initiation of therapy.

If after two months of treatment, there is no significant increase in hgb/hct and/or a significant decrease in transfusion requirements, erythropoietin analogs therapy should be stopped.

- F. Perisurgical adjuvant therapy: epoetin alfa for patients who:
1. Are undergoing hip or knee surgery;
  2. Have an anemia with a Hb between 10 and 13 gm/dL;
  3. Are not a candidate for autologous blood transfusion;

4. Are expected to lose more than two units of blood;
5. Have been evaluated to ensure that their anemia is due to chronic disease.

**G.** For patients with anemia of chronic disease:

1. Anemia with Hb/HCT less than 10 / 30% at initiation of therapy.

Currently there is evidence of patient benefit using ESA therapy to reduce transfusions for selected patients with significant refractory and symptomatic anemia who have:

- inflammatory diseases (rheumatoid arthritis,
- Crohn's disease,
- ulcerative colitis), and
- hepatitis C with anemia due to the medication therapy.

Until further publications show clear benefit, ESAs for anemia of other chronic diseases other than those listed above will not be covered.

Note: Use the lowest dose of an ESA that will gradually increase the Hb concentration to the lowest level sufficient to avoid the need for red blood cell transfusion.

- **Other Coverage Comments:**

A claim that does not fulfill the coverage requirements described above and is not denied in the national coverage decision may be given individual consideration based on review of all pertinent medical information.

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

screening purposes. In these instances it is recommended, although not required, that the provider notify the beneficiary in writing with a Notice of Exclusion of Medicare Benefits (NEMB).

### **DOCUMENTATION REQUIREMENTS:**

- Medical record documentation must be legible and maintained in the patient's medical record, and meet the criteria as contained in these guidelines.
- Medical records such as physician's (or non-physician practitioner's) order must be made available upon request of NGS. Documentation the provider is to maintain in the patient's medical record should include:
  1. Patient's weight in kilograms.
  2. EPO units administered per kilogram of body weight.
  3. Medical justification for administration of EPO exceeding usual doses.
- Documentation supporting the indication for EPO must be made available upon the request of NGS. For all patients this includes:
  1. hgb/hct, and
  2. iron store levels.Regular reporting of Hgb/Hct is needed to show monitoring of ESA dose.
- Additional information requirements is determined by indication:
  - A. Dialysis patients:
    - Dialysis schedule
    - Hgb/hct immediately prior to billing period.
  - B. Chronic Renal Failure Non-dialysis patients:
    - Serum creatinine
    - Creatinine clearance, or
    - GFR *supporting a diagnosis of chronic renal failure*
  - C. Patients with myelodysplastic syndrome:
    - *bone marrow biopsy report,*

*For patients on ESA therapy for MDS, initiated prior to 12/01/07, National Government Services requires that a physician's statement that the patient does have MDS be included in the medical record.*

*For ESA therapy initiated on or after 12/01/07, a copy of the actual bone marrow report must be included in the medical record. MDS cannot be diagnosed definitively until a bone marrow biopsy is performed to confirm the diagnosis.*

- date of initiation of erythropoietin analogue therapy, and
- response to erythropoietin analogue administration (change in Hb/HCT and/or transfusion requirements).

**CPT/HCPCS CODES FOR THE ADMINISTRATION OF THE MEDICATION:**

|       |   |
|-------|---|
| J0881 | Injection, darbepoetin alfa, 1 mcg (non-ESRD use)   |
| J0882 | Injection, darbepoetin alfa, 1 mcg ( for ESRD on dialysis)  |
| J0885 | Injection, epoetin alfa, (for non-ESRD use), 1000 units   |
| J0886 | Injection, epoetin alfa, 1000 units (for ESRD on dialysis)  |
| Q4081 | Injection, epoetin alfa, 100 units ( for ESRD on dialysis)  |
| 90772 | Therapeutic, prophylactic or diagnostic injection (specify substance), <i>subcutaneous or intramuscular</i> |

**ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY**

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

**For patients on dialysis:**

Both diagnoses must be on claim.

|                           |                                  |
|---------------------------|----------------------------------|
| <b>PRIMARY DX. CODE</b>   |                                  |
| 285.21                    | Anemia in chronic kidney disease |
| <b>SECONDARY DX. CODE</b> |                                  |
| 585.6                     | End Stage Renal Disease          |

**For patients with Chronic Kidney Disease (not yet on dialysis) and Anemia:**

Must include 285.21 and one other listed diagnosis.

|                           |  |
|---------------------------|--|
| <b>PRIMARY DX. CODE</b>   |  |
| 285.21                    | Anemia in chronic kidney disease   |
| <b>SECONDARY DX. CODE</b> |  |
| 403.00*                   | Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified                                     |
| 403.01                    | Hypertensive chronic kidney disease, malignant with chronic kidney disease stage V or end stage renal disease  |
| 403.10*                   | Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified  |
| 403.11                    | Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease  |
| 403.90*                   | Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified                                   |
| 403.91                    | Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease   |
| 404.00*                   | Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified |
| 404.01*                   | Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified    |
| 404.02                    | Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease       |
| 404.03                    | Hypertensive heart and chronic kidney disease, malignant, with heart failure and chronic kidney disease stage V or end stage renal disease               |

|                                    |  |
|------------------------------------|--|
| 404.10*                            | Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified      |
| 404.11*                            | Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified         |
| 404.12                             | Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease            |
| 404.13                             | Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease                    |
| 404.90*                            | Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified |
| 404.91*                            | Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified    |
| 404.92                             | Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease       |
| 404.93                             | Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease               |
| <b>SECONDARY OR THIRD DX. CODE</b> |  |
| 585.3                              | Chronic kidney disease, Stage III (moderate)   |
| 585.4                              | Chronic kidney disease, Stage IV (severe)  |
| 585.5                              | Chronic kidney disease, Stage V  |

**\*Note:** Patients with stage I and II do not meet the creatinine clearance or GFR requirements in Coverage Criteria B.

**For patients with anemia related to treatment with zidovudine (AZT) and/or other Nucleoside Reverse Transcriptase Inhibitors (NRTI) for HIV disease.**

Must have 284.89 (aplastic anemia due to drugs) and either 042 or 079.53 on claim.

|                    |  |
|--------------------|--|
| <b>PRIMARY DX.</b> |  |
|--------------------|--|

|                            |   |
|----------------------------|---|
| <b>CODE</b>                |   |
| 042                        | Human immunodeficiency virus (HIV) disease                |
| <b>SECONDARY DX. CODES</b> |   |
| 284.89                     | Other specified aplastic anemia (due to drugs)            |
| E931.7                     | Antiviral drug causing adverse effects in therapeutic use |

**OR**

|                            |   |
|----------------------------|---|
| <b>PRIMARY DX. CODE</b>    |   |
| 284.89                     | Other specified aplastic anemia (due to drugs)            |
| <b>SECONDARY DX. CODES</b> |   |
| E931.7                     | Antiviral drug causing adverse effects in therapeutic use |
| 079.53                     | Human immunodeficiency virus, type 2 (HIV-2)              |

**For patients with anemia related to chemotherapy:**

*Must have 284.89 (representing the aplastic anemia related to chemotherapy) plus E930.7 or 933.1 (whichever is appropriate) plus the non-myeloid malignancy for which the chemotherapy was administered.*

(Note: 205.00-205.91, 206.00-206.91, 207.00-208.91 are myeloid malignancies and are excluded from coverage.)

|                           |  |
|---------------------------|--|
| <b>PRIMARY DX. CODE</b>   |  |
| 284.89                    | Other specified aplastic anemia (due to drugs)<br>Inc: Aplastic anemia due to chemotherapy and immunotherapy |
| <b>SECONDARY DX. CODE</b> |  |
| E933.1                    | Antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use                        |
|                           | <b>Or</b>  |
| E930.7                    | Antineoplastic antibiotic causing adverse effects in therapeutic use   |

|  |   |
|--|---|
| <b>ADDITIONAL DIAGNOSIS CODE</b>                   | Appropriate code for the malignancy                       |
| <b>MALIGNANT NEOPLASM OF LIP</b>                   |   |
| 140.0  | Malignant neoplasm of; upper lip, vermilion border        |
| 140.1  | Lower lip, vermilion border                               |
| 140.3  | Upper lip, inner aspect                                   |
| 140.4  | Lower lip, inner aspect                                   |
| 140.5  | Lip unspecified, inner aspect                             |
| 140.6  | Commissure of lip   |
| 140.8  | Other sites of lip  |
| 140.9  | Lip, unspecified, vermilion border                        |
| <b>MALIGNANT NEOPLASM OF TONGUE</b>                |   |
| 141.0  | Malignant neoplasm of; base of tongue                     |
| 141.1  | Dorsal surface of tongue                                  |
| 141.2  | Tip and lateral border of tongue                          |
| 141.3  | Ventral surface of tongue                                 |
| 141.4  | Anterior two-thirds of tongue part unspecified            |
| 141.5  | Junctional zone of tongue                                 |
| 141.6  | Lingual tonsil  |
| 141.8  | Other site of tongue                                      |
| 141.9  | Tongue unspecified  |
| <b>MALIGNANT NEOPLASM OF MAJOR SALIVARY GLANDS</b> |   |
| 142.0  | Malignant neoplasm of; parotid gland                      |
| 142.1  | Submandibular gland                                       |
| 142.2  | Sublingual gland  |
| 142.8  | Other major salivary glands                               |
| 142.9  | Salivary gland unspecified                                |
| <b>MALIGNANT NEOPLASM OF GUM</b>                   |   |
| 143.0  | Malignant neoplasm of; upper gum                          |
| 143.1  | Lower gum   |
| 143.8  | Other sites of gum  |
| 143.9  | Gum unspecified   |
| <b>MALIGNANT NEOPLASM OF FLOOR OF MOUTH</b>        |   |
| 144.0  | Malignant neoplasm of; anterior portion of floor of mouth |
| 144.1  | Lateral portion of floor of mouth                         |
| 144.8  | Other sites of floor of mouth                             |

|   |  |
|---|--|
| 144.9   | Floor of mouth part unspecified                          |
| <b>MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH</b>                                 |  |
| 145.0   | Malignant neoplasm of; cheek mucosa                      |
| 145.1   | Vestibule of mouth                                       |
| 145.2   | Hard palate  |
| 145.3   | Soft palate  |
| 145.4   | Uvula  |
| 145.5   | Palate unspecified                                       |
| 145.6   | Retromolar area  |
| 145.8   | Other specified parts of mouth                           |
| 145.9   | Mouth unspecified  |
| <b>MALIGNANT NEOPLASM OF OROPHARYNX</b>   |  |
| 146.0   | Malignant neoplasm of; tonsil                            |
| 146.1   | Tonsillar fossa  |
| 146.2   | Tonsillar pillars (anterior) (posterior)                 |
| 146.3   | Vallecula epiglottica                                    |
| 146.4   | Anterior aspect of epiglottis                            |
| 146.5   | Junctional region of oropharynx                          |
| 146.6   | Lateral wall of oropharynx                               |
| 146.7   | Posterior wall of oropharynx                             |
| 146.8   | Other specified sites of oropharynx                      |
| 146.9   | Oropharynx, unspecified site                             |
| <b>MALIGNANT NEOPLASM OF NASOPHARYNX</b>  |  |
| 147.0   | Malignant neoplasm of; superior wall of nasopharynx      |
| 147.1   | Posterior wall of nasopharynx                            |
| 147.2   | Laterall wall of nasopharynx                             |
| 147.3   | Anterior wall of nasopharynx                             |
| 147.8   | Other specified sites of nasopharynx                     |
| 147.9   | Nasopharynx unspecified site                             |
| <b>MALIGNANT NEOPLASM OF HYPOPHARYNX</b>  |  |
| 148.0   | Malignant neoplasm of; postcricoid region of hypopharynx |
| 148.1   | Pyriform sinus   |
| 148.2   | Aryepiglottic fold hypopharyngeal aspect                 |
| 148.3   | Posterior hypopharyngeal wall                            |
| 148.8   | Other specified sites of hypopharynx                     |
| 148.9   | Hypopharynx unspecified site                             |
| <b>MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE LIP, ORAL CAVITY, AND PHARYNX</b> |  |
| 149.0   | Pharynx, unspecified                                     |
| 149.1   | Waldeyer's ring  |

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| 149.8  | Other sites within the lip and oral cavity       |
| 149.9  | Ill-defined sites within the lip and oral cavity |
| <b>MALIGNANT NEOPLASM OF ESOPHAGUS</b>                           |  |
| 150.0  | Malignant neoplasm of; cervical esophagus        |
| 150.1  | Thoracic esophagus                               |
| 150.2  | Abdominal esophagus                              |
| 150.3  | Upper third of esophagus                         |
| 150.4  | Middle third of esophagus                        |
| 150.5  | Lower third of esophagus                         |
| 150.8  | Other specified part of esophagus                |
| 150.9  | Esophagus unspecified site                       |
| <b>MALIGNANT NEOPLASM OF STOMACH</b>                             |  |
| 151.0  | Malignant neoplasm of; stomach cardia            |
| 151.1  | Stomach pylorus                                  |
| 151.2  | Pyloric antrum of stomach                        |
| 151.3  | Fundus of stomach                                |
| 151.4  | Body of stomach                                  |
| 151.5  | Lesser curvature of stomach unspecified          |
| 151.6  | Greater curvature of stomach<br>Unspecified      |
| 151.8  | Other specified sites of stomach                 |
| 151.9  | Stomach unspecified site                         |
| <b>MALIGNANT NEOPLASM OF SMALL INTESTINE, INCLUDING DUODENUM</b> |  |
| 152.0  | Malignant neoplasm of; duodenum                  |
| 152.1  | Jejunum  |
| 152.2  | Ileum  |
| 152.3  | Meckel's diverticulum                            |
| 152.8  | Other specified sites of small intestine         |
| 152.9  | Small intestine unspecified site                 |
| <b>MALIGNANT NEOPLASM OF COLON</b>                               |  |
| 153.0  | Malignant neoplasm of; hepatic flexure colon     |
| 153.1  | Transverse colon                                 |
| 153.2  | Descending colon                                 |
| 153.3  | Sigmoid colon                                    |
| 153.4  | Cecum  |
| 153.5  | Appendix vermiformis                             |
| 153.6  | Ascending colon                                  |
| 153.7  | Splenic flexure                                  |
| 153.8  | Other specified sites of large intestine         |

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| 153.9   | Colon, unspecified site  |
| <b>MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS</b>                                |  |
| 154.0   | Malignant neoplasm of; rectosigmoid junction                     |
| 154.1   | Rectum   |
| 154.2   | Anal canal   |
| 154.3   | Anus unspecified site  |
| 154.8   | Other sites of rectum, rectosigmoid Junction, and anus           |
| <b>MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS</b>                                      |  |
| 155.0   | Malignant neoplasm of; liver primary                             |
| 155.1   | Intrahepatic bile ducts  |
| 155.2   | Liver not specified as primary or Secondary                      |
| <b>MALIGNANT NEOPLASM OF GALLBLADDER AND EXTRAHEPATIC BILE DUCTS</b>                                |  |
| 156.0   | Malignant neoplasm of; gallbladder                               |
| 156.1   | Extrahepatic bile ducts  |
| 156.2   | Ampulla of vater   |
| 156.8   | Other specified sites of gallbladder and extrahepatic bile ducts |
| 156.9   | Biliary tract, part unspecified                                  |
| <b>MALIGNANT NEOPLASM OF PANCREAS</b>   |  |
| 157.0   | Malignant neoplasm of; head of pancreas                          |
| 157.1   | Body of pancreas   |
| 157.2   | Tail of pancreas   |
| 157.3   | Pancreatic duct  |
| 157.4   | Islet of langerhans  |
| 157.8   | Other specified sites of pancreas                                |
| 157.9   | Pancreas part, unspecified                                       |
| <b>MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM</b>   |  |
| 158.0   | Malignant neoplasm of; retroperitoneum                           |
| 158.8   | Specified parts of peritoneum                                    |
| 158.9   | Peritoneum unspecified   |
| <b>MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM</b> |  |
| 159.0   | Malignant neoplasm of; Intestinal tract, part unspecified        |
| 159.1   | Spleen, not elsewhere classified                                 |
| 159.8   | Other sites of digestive system and intra-abdominal organs       |

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| 159.9  | Ill-defined sites within the digestive organs and peritoneum |
| <b>MALIGNANT NEOPLASM OF NASAL CAVITIES, MIDDLE EAR, AND ACCESSORY SINUSES</b> |  |
| 160.0  | Malignant neoplasm of; nasal cavities                        |
| 160.1  | Auditory tube, middle ear, and mastoid air cells             |
| 160.2  | Maxillary sinus  |
| 160.3  | Ethmoidal sinus  |
| 160.4  | Frontal sinus  |
| 160.5  | Sphenoidal sinus   |
| 160.8  | Other accessory sinuses                                      |
| 160.9  | Accessory sinus unspecified                                  |
| <b>MALIGNANT NEOPLASM OF LARYNX</b>  |  |
| 161.0  | Malignant neoplasm of; Glottis                               |
| 161.1  | Supraglottis   |
| 161.2  | Subglottis   |
| 161.3  | Laryngeal cartilages   |
| 161.8  | Other specified sites of larynx                              |
| 161.9  | Larynx, unspecified  |
| <b>MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG</b>                       |  |
| 162.0  | Malignant neoplasm of; trachea                               |
| 162.2  | Main bronchus  |
| 162.3  | Upper lobe bronchus or lung                                  |
| 162.4  | Middle lobe bronchus or lung                                 |
| 162.5  | Lower lobe bronchus or lung                                  |
| 162.8  | Other parts of bronchus or lung                              |
| 162.9  | Bronchus and lung unspecified                                |
| <b>MALIGNANT NEOPLASM OF PLEURA</b>  |  |
| 163.0  | Malignant neoplasm of; parietal pleura                       |
| 163.1  | Visceral pleura  |
| 163.8  | Other specified sites of pleura                              |
| 163.9  | Pleura unspecified   |
| <b>MALIGNANT NEOPLASM OF THYMUS, HEART, AND MEDIASTINUM</b>                    |  |
| 164.0  | Malignant neoplasm of; thymus                                |
| 164.1  | Heart  |
| 164.2  | Anterior mediastinum   |
| 164.3  | Posterior mediastinum  |
| 164.8  | Other parts of mediastinum                                   |
| 164.9  | Mediastinum, part unspecified                                |

| <b>MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS</b> |   |
|---|---|
| 165.0   | Malignant neoplasm of; upper respiratory tract, part unspecified                |
| 165.8   | Other sites within the respiratory system and intrathoracic organs              |
| 165.9   | Ill-defined sites within the respiratory system                                 |
| <b>MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE</b>   |   |
| 170.0   | Malignant neoplasm of; bones of skull and face except mandible                  |
| 170.1   | Mandible  |
| 170.2   | Vertebral column excluding sacrum and Coccyx                                    |
| 170.3   | Ribs, sternum, and clavicle   |
| 170.4   | Scapula and long bones of upper limb  |
| 170.5   | Short bones of upper limb   |
| 170.6   | Pelvic bones, sacrum and coccyx   |
| 170.7   | Long bones of lower limb  |
| 170.8   | Short bones of lower limb   |
| 170.9   | Bone and articular cartilage, site unspecified                                  |
| <b>MALIGNANT NEOPLASM OF CONNECTIVE TISSUE AND OTHER SOFT TISSUE</b>  |   |
| 171.0   | Malignant neoplasm of; connective and other soft tissue of Head, face, and neck |
| 171.2   | Connective and other soft tissue of upper limb, including shoulder              |
| 171.3   | Connective and other soft tissue of lower limb including hip                    |
| 171.4   | Connective and other soft tissue of Thorax                                      |
| 171.5   | Connective and other soft tissue of Abdomen                                     |
| 171.6   | Connective and other soft tissue of Pelvis                                      |
| 171.7   | Connective and other soft tissue of Trunk, unspecified                          |
| 171.8   | Other specified sites of connective and other soft tissue                       |
| 171.9   | Connective and other soft tissue, site unspecified                              |

| <b>MALIGNANT MELANOMA OF SKIN</b>          |   |
|--|---|
| 172.0                                      | Malignant melanoma of; skin of lip                        |
| 172.1                                      | Skin of eyelid including canthus                          |
| 172.2                                      | Skin of ear and external auditory canal                   |
| 172.3                                      | Skin of other and unspecified parts of Face               |
| 172.4                                      | Skin of scalp and neck                                    |
| 172.5                                      | Skin of trunk except scrotum                              |
| 172.6                                      | Skin of upper limb including shoulder                     |
| 172.7                                      | Skin of lower limb including hip                          |
| 172.8                                      | Other specified sites of skin                             |
| 172.9                                      | Skin, site unspecified                                    |
| <b>OTHER MALIGNANT NEOPLASM OF SKIN</b>    |   |
| 173.0                                      | Other malignant neoplasm of; skin of lip                  |
| 173.1                                      | Skin of eyelid including canthus                          |
| 173.2                                      | Skin of ear and external auditory canal                   |
| 173.3                                      | Skin of other and unspecified parts of face               |
| 173.4                                      | Scalp and skin of neck                                    |
| 173.5                                      | Skin of trunk except scrotum                              |
| 173.6                                      | Skin of upper limb including Shoulder                     |
| 173.7                                      | Skin of lower limb including hip                          |
| 173.8                                      | Other specified sites of skin                             |
| 173.9                                      | Skin, site unspecified                                    |
| <b>MALIGNANT NEOPLASM OF FEMALE BREAST</b> |   |
| 174.0                                      | Malignant neoplasm of; nipple and areola of female breast |
| 174.1                                      | Central portion of female breast                          |
| 174.2                                      | Upper-inner quadrant of female breast                     |
| 174.3                                      | Lower-inner quadrant of female breast                     |
| 174.4                                      | Upper-outer quadrant of female breast                     |
| 174.5                                      | Lower-outer quadrant of female breast                     |
| 174.6                                      | Axillary tail of female breast                            |
| 174.8                                      | Other specified sites of female breast                    |
| 174.9                                      | Breast (female) unspecified site                          |
| <b>MALIGNANT NEOPLASM OF MALE BREAST</b>   |   |
| 175.0                                      | Malignant neoplasm of; nipple and areola of male breast   |
| 175.9                                      | Other and unspecified sites of male Breast                |

| <b>KAPOSIS'S SARCOMA</b>   |  |
|--|--|
| 176.0  | Kaposi's sarcoma; skin                             |
| 176.1  | Soft tissue  |
| 176.2  | Palate   |
| 176.3  | Gastrointestinal sites                             |
| 176.4  | Lung   |
| 176.5  | Lymph nodes  |
| 176.8  | Other specified sites                              |
| 176.9  | Unspecified site                                   |
| <b>MALIGNANT NEOPLASM OF GENITOURINARY ORGANS</b>                        |  |
| 179  | Malignant neoplasm of uterus, part unspecified     |
| <b>MALIGNANT NEOPLASM OF CERVIX UTERI</b>                                |  |
| 180.0  | Malignant neoplasm of; endocervix                  |
| 180.1  | Exocervix  |
| 180.8  | Other specified sites of cervix                    |
| 180.9  | Cervix uteri unspecified site                      |
| <b>MALIGNANT NEOPLASM OF PLACENTA</b>                                    |  |
| 181  | Malignant neoplasm of placenta                     |
| <b>MALIGNANT NEOPLASM OF BODY OF UTERUS</b>                              |  |
| 182.0  | Malignant neoplasm of; corpus uteri except isthmus |
| 182.1  | Isthmus  |
| 182.8  | Other specified sites of body of uterus            |
| <b>MALIGNANT NEOPLASM OF OVARY AND OTHER UTERINE ADNEXA</b>              |  |
| 183.0  | Malignant neoplasm of; ovary                       |
| 183.2  | Fallopian tube                                     |
| 183.3  | Broad ligament of uterus                           |
| 183.4  | Parametrium  |
| 183.5  | Round ligaments of uterus                          |
| 183.8  | Other specified sites of uterine adnexa            |
| 183.9  | Uterine adnexa uns, unspecified site               |
| <b>MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS</b> |  |
| 184.0  | Malignant neoplasm of; vagina                      |
| 184.1  | Labia majora                                       |
| 184.2  | Labia minora                                       |
| 184.3  | Clitoris   |
| 184.4  | Vulva, unspecified site                            |
| 184.8  | Other specified sites of female genital Organs     |
| 184.9  | Female genital organ, site unspecified             |

| <b>MALIGNANT NEOPLASM OF PROSTATE</b>  |  |
|--|--|
| 185  | Malignant neoplasm of prostate   |
| <b>MALIGNANT NEOPLASM OF TESTIS</b>  |  |
| 186.0  | Malignant neoplasm of; undescended testis                                      |
| 186.9  | Other and unspecified testis   |
| <b>MALIGNANT NEOPLASM OF PENIS AND OTHER MALE GENITAL ORGANS</b>             |  |
| 187.1  | Malignant neoplasm of; prepuce   |
| 187.2  | Glans penis  |
| 187.3  | Body of penis  |
| 187.4  | Penis, part unspecified  |
| 187.5  | Epididymis   |
| 187.6  | Spermatic cord   |
| 187.7  | Scrotum  |
| 187.8  | Other specified site of male genital Organs                                    |
| 187.9  | Male genital organ, site unspecified   |
| <b>MALIGNANT NEOPLASM BLADDER</b>  |  |
| 188.0  | Malignant neoplasm of; trigone of urinary bladder                              |
| 188.1  | Dome of urinary bladder  |
| 188.2  | Lateral wall urinary bladder   |
| 188.3  | Anterior wall of urinary bladder   |
| 188.4  | Posterior wall of urinary bladder  |
| 188.5  | Bladder neck   |
| 188.6  | Ureteric orifice   |
| 188.7  | Urachus  |
| 188.8  | Other specified sites of bladder   |
| 188.9  | Bladder, part unspecified  |
| <b>MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS</b> |  |
| 189.0  | Malignant neoplasm of; kidney except pelvis                                    |
| 189.1  | Renal pelvis   |
| 189.2  | Ureter   |
| 189.3  | Urethra  |
| 189.4  | Paraurethral glands  |
| 189.8  | Other specified sites of urinary organs  |
| 189.9  | Urinary organ, site unspecified  |
| <b>MALIGNANT NEOPLASM OF EYE</b>   |  |
| 190.0  | Malignant neoplasm of; eyeball except conjunctiva, cornea, retina, and choroid |
| 190.1  | Orbit  |

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| 190.2  | Lacrimal gland  |
| 190.3  | Conjunctiva   |
| 190.4  | Cornea  |
| 190.5  | Retina  |
| 190.6  | Choroid   |
| 190.7  | Lacrimal duct   |
| 190.8  | Other specified sites of eye                                |
| 190.9  | Eye, part unspecified                                       |
| <b>MALIGNANT NEOPLASM OF BRAIN</b>   |   |
| 191.0  | Malignant neoplasm of; cerebrum except lobes and ventricles |
| 191.1  | Frontal lobe  |
| 191.2  | Temporal lobe   |
| 191.3  | Parietal lobe   |
| 191.4  | Occipital lobe  |
| 191.5  | Ventricles  |
| 191.6  | Cerebellum NOS  |
| 191.7  | Brain stem  |
| 191.8  | Other parts of brain  |
| 191.9  | Brain, unspecified site                                     |
| <b>MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM</b> |   |
| 192.0  | Malignant neoplasm of; cranial nerves                       |
| 192.1  | Cerebral meninges   |
| 192.2  | Spinal cord   |
| 192.3  | Spinal meninges   |
| 192.8  | Other specified sites of nervous System                     |
| 192.9  | Nervous system, part unspecified                            |
| <b>MALIGNANT NEOPLASM OF THYROID GLAND</b>                                 |   |
| 193  | Malignant neoplasm of thyroid gland                         |
| <b>MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES</b> |   |
| 194.0  | Malignant neoplasm of; adrenal gland                        |
| 194.1  | Parathyroid gland   |
| 194.3  | Pituitary gland and craniopharyngeal Duct                   |
| 194.4  | Pineal gland  |
| 194.5  | Carotid body  |
| 194.6  | Aortic body and other paraganglia                           |
| 194.8  | Other endocrine glands and related                          |

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|  | Structures   |
| 194.9  | Endocrine gland, site unspecified  |
| <b>MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES</b>                 |  |
| 195.0  | Malignant neoplasm of; head face and neck  |
| 195.1  | Thorax   |
| 195.2  | Abdomen  |
| 195.3  | Pelvis   |
| 195.4  | Upper limb   |
| 195.5  | Lower limb   |
| 195.8  | Other specified sites  |
| <b>SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES</b>       |  |
| 196.0  | Secondary and unspecified malignant neoplasm of lymph nodes of; head, face, and neck |
| 196.1  | Intra-thoracic lymph nodes   |
| 196.2  | Intra-abdominal lymph nodes  |
| 196.3  | Lymph nodes of axilla and upper limb   |
| 196.5  | Lymph nodes of inguinal region and lower limb  |
| 196.6  | Intra-pelvic lymph nodes   |
| 196.8  | Lymph nodes of multiple sites  |
| 196.9  | Site unspecified   |
| <b>SECONDARY MALIGNANT NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS</b> |  |
| 197.0  | Secondary malignant neoplasm of; lung  |
| 197.1  | Mediastinum  |
| 197.2  | Pleura   |
| 197.3  | Other respiratory organs   |
| 197.4  | Small intestine including duodenum   |
| 197.5  | Large intestine and rectum   |
| 197.6  | Retroperitoneum and peritoneum   |
| 197.7  | Liver, specified as secondary  |
| 197.8  | Other digestive organs and spleen  |
| <b>SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES</b>             |  |
| 198.0  | Secondary malignant neoplasm of; kidney  |
| 198.1  | Other urinary organs   |
| 198.2  | Skin   |
| 198.3  | Brain and spinal cord  |
| 198.4  | Other parts of nervous system  |
| 198.5  | Bone and bone marrow   |
| 198.6  | Ovary  |

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| 198.7   | Adrenal gland  |
| 198.81  | Breast   |
| 198.82  | Genital organs   |
| 198.89  | Other specified sites  |
| <b>MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE</b>   |  |
| 199.0   | Disseminated malignant neoplasm  |
| 199.1   | Other malignant neoplasm of unspecified site                                   |
| <b>LYMPHOSARCOMA AND RETICULOSARCOMA AND OTHER SPECIFIED MALIGNANT TUMORS OF LYMPHATIC TISSUE</b> |  |
| 200.00  | Reticulosarcoma unspecified site, extranodal and solid organ sites             |
| 200.01  | Reticulosarcoma involving lymph nodes of; head, face, and neck                 |
| 200.02  | Intrathoracic lymph nodes  |
| 200.03  | Intra-abdominal lymph nodes  |
| 200.04  | Lymph nodes of axilla and upper Limb   |
| 200.05  | Lymph nodes of inguinal region and lower limb                                  |
| 200.06  | Intrapelvic lymph nodes  |
| 200.07  | Spleen   |
| 200.08  | Lymph nodes of multiple sites  |
| 200.10  | Lymphosarcoma unspecified site, extranodal and solid organ sites               |
| 200.11  | Lymphosarcoma involving lymph nodes of; head, face, and neck                   |
| 200.12  | Intra-thoracic lymph nodes   |
| 200.13  | Intra-abdominal lymph nodes  |
| 200.14  | Lymph nodes of axilla and upper Limb   |
| 200.15  | Lymph nodes of inguinal region and lower limb                                  |
| 200.16  | Intrapelvic lymph nodes  |
| 200.17  | Spleen   |
| 200.18  | Lymph nodes of multiple sites  |
| 200.20  | Burkitt's tumor or lymphoma unspecified site, extranodal and solid organ sites |
| 200.21  | Burkitt's tumor or lymphoma involving lymph nodes of; head, face, and neck     |
| 200.22  | Intra-thoracic lymph nodes   |

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| 200.23 | Intra-abdominal lymph nodes   |
| 200.24 | Lymph nodes of axilla and upper Limb  |
| 200.25 | Lymph nodes of inguinal region and lower limb   |
| 200.26 | Intrapelvic lymph nodes   |
| 200.27 | Spleen  |
| 200.28 | Lymph nodes of multiple sites   |
| 200.30 | Marginal zone lymphoma, unspecified site, extranodal and solid organ sites                  |
| 200.31 | Marginal zone lymphoma involving lymph nodes of; head, face, and neck                       |
| 200.32 | Intra-thoracic lymph nodes  |
| 200.33 | Intra-abdominal lymph nodes   |
| 200.34 | Lymph nodes of axilla and upper Limb  |
| 200.35 | Lymph nodes of inguinal region and lower limb   |
| 200.36 | Intrapelvic lymph nodes   |
| 200.37 | Spleen  |
| 200.38 | Lymph nodes of multiple sites   |
| 200.40 | Mantel cell lymphoma, unspecified site, extranodal and solid organ sites                    |
| 200.41 | Mantel cell lymphoma, involving lymph nodes of; head, face, and neck                        |
| 200.42 | Intra-thoracic lymph nodes  |
| 200.43 | Intra-abdominal lymph nodes   |
| 200.44 | Lymph nodes of axilla and upper Limb  |
| 200.45 | Lymph nodes of inguinal region and lower limb   |
| 200.46 | Intrapelvic lymph nodes   |
| 200.47 | Spleen  |
| 200.48 | Lymph nodes of multiple sites   |
| 200.50 | Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites |
| 200.51 | Primary central nervous system lymphoma, involving lymph nodes of; head, face, and neck     |
| 200.52 | Intra-thoracic lymph nodes  |
| 200.53 | Intra-abdominal lymph nodes   |

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| 200.54 | Lymph nodes of axilla and upper Limb   |
| 200.55 | Lymph nodes of inguinal region and lower limb  |
| 200.56 | Intrapelvic lymph nodes  |
| 200.57 | Spleen   |
| 200.58 | Lymph nodes of multiple sites  |
| 200.60 | Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites                           |
| 200.61 | Anaplastic large cell lymphoma, involving lymph nodes of; head, face, and neck                               |
| 200.62 | Intra-thoracic lymph nodes   |
| 200.63 | Intra-abdominal lymph nodes  |
| 200.64 | Lymph nodes of axilla and upper Limb   |
| 200.65 | Lymph nodes of inguinal region and lower limb  |
| 200.66 | Intrapelvic lymph nodes  |
| 200.67 | Spleen   |
| 200.68 | Lymph nodes of multiple sites  |
| 200.70 | Large cell lymphoma, unspecified site, extranodal and solid organ sites                                      |
| 200.71 | Large cell lymphoma, involving lymph nodes of; head, face, and neck  |
| 200.72 | Intra-thoracic lymph nodes   |
| 200.73 | Intra-abdominal lymph nodes  |
| 200.74 | Lymph nodes of axilla and upper Limb   |
| 200.75 | Lymph nodes of inguinal region and lower limb  |
| 200.76 | Intrapelvic lymph nodes  |
| 200.77 | Spleen   |
| 200.78 | Lymph nodes of multiple sites  |
| 200.80 | Other name variants of lymphosarcoma and reticulosarcoma, unspecified site, extranodal and solid organ sites |
| 200.81 | Other name variants of lymphosarcoma and reticulosarcoma involving lymph nodes of; head, face, and neck      |
| 200.82 | Intra-thoracic lymph nodes   |
| 200.83 | Intra-abdominal lymph nodes  |
| 200.84 | Lymph nodes of axilla and upper  |

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 February 2008

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|                          | Limb   |
| 200.85                   | Lymph nodes of inguinal region and lower limb                              |
| 200.86                   | Intrapelvic lymph nodes  |
| 200.87                   | Spleen   |
| 200.88                   | Lymph nodes of multiple sites  |
| <b>HODGKIN'S DISEASE</b> |  |
| 201.00                   | Hodgkin's paragranuloma unspecified site, extranodal and solid organ sites |
| 201.01                   | Hodgkin's paragranuloma, involving lymph nodes of; head, face, and neck    |
| 201.02                   | Intra-thoracic lymph nodes   |
| 201.03                   | Intra-abdominal lymph nodes  |
| 201.04                   | Lymph nodes of axilla and upper Limb                                       |
| 201.05                   | Lymph nodes of inguinal region and lower limb                              |
| 201.06                   | Intrapelvic lymph nodes  |
| 201.07                   | Spleen   |
| 201.08                   | Lymph nodes of multiple sites  |
| 201.10                   | Hodgkin's granuloma, unspecified site, extranodal and solid organ sites    |
| 201.11                   | Hodgkin's granuloma involving lymph nodes of; head, face, and neck         |
| 201.12                   | Intra-thoracic lymph nodes   |
| 201.13                   | Intra-abdominal lymph nodes  |
| 201.14                   | Lymph nodes of axilla and upper Limb                                       |
| 201.15                   | Lymph nodes of inguinal region and lower limb                              |
| 201.16                   | Intrapelvic lymph nodes  |
| 201.17                   | Spleen   |
| 201.18                   | Lymph nodes of multiple sites  |
| 201.20                   | Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites      |
| 201.21                   | Hodgkin's sarcoma involving lymph nodes of; head, face, and neck           |
| 201.22                   | Intra-thoracic lymph nodes   |
| 201.23                   | Intra-abdominal lymph nodes  |
| 201.24                   | Lymph nodes of axilla and upper  |

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|        | Limb   |
| 201.25 | Lymph nodes of inguinal region and lower limb  |
| 201.26 | Intrapelvic lymph nodes  |
| 201.27 | Spleen   |
| 201.28 | Lymph nodes of multiple sites  |
| 201.40 | Hodgkin's disease, lymphocytic-histiocytic predominance , unspecified site, extranodal and solid organ sites |
| 201.41 | Hodgkin's disease, Lymphocytic-histiocytic predominance involving lymph nodes of; head, face, and neck       |
| 201.42 | Intra-thoracic lymph nodes   |
| 201.43 | Intra-abdominal lymph nodes  |
| 201.44 | Lymph nodes of axilla and upper Limb   |
| 201.45 | Lymph nodes of inguinal region and lower limb  |
| 201.46 | Intrapelvic lymph nodes  |
| 201.47 | Spleen   |
| 201.48 | Lymph nodes of multiple sites  |
| 201.50 | Hodgkin's disease, nodular sclerosis, unspecified site, extranodal and solid organ sites                     |
| 201.51 | Hodgkin's disease, nodular sclerosis involving lymph nodes of; head, face, and neck                          |
| 201.52 | Intra-thoracic lymph nodes   |
| 201.53 | Intra-abdominal lymph nodes  |
| 201.54 | Lymph nodes of axilla and upper Limb   |
| 201.55 | Lymph nodes of inguinal region and lower limb  |
| 201.56 | Intrapelvic lymph nodes  |
| 201.57 | Spleen   |
| 201.58 | Lymph nodes of multiple sites  |
| 201.60 | Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites                     |
| 201.61 | Hodgkin's disease, mixed cellularity involving lymph nodes of; head, face, and neck                          |
| 201.62 | Intra-thoracic lymph nodes   |
| 201.63 | Intra-abdominal lymph nodes  |
| 201.64 | Lymph nodes of axilla and upper Limb   |

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| 201.65  | Lymph nodes of inguinal region and lower limb  |
| 201.66  | Intrapelvic lymph nodes  |
| 201.67  | Spleen   |
| 201.68  | Lymph nodes of multiple sites  |
| 201.70  | Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites |
| 201.71  | Hodgkin's disease, lymphocytic depletion, involving lymph nodes of; head, face, and neck     |
| 201.72  | Intra-thoracic lymph nodes   |
| 201.73  | Intra-abdominal lymph nodes  |
| 201.74  | Lymph nodes of axilla and upper Limb   |
| 201.75  | Lymph nodes of inguinal region and lower limb  |
| 201.76  | Intrapelvic lymph nodes  |
| 201.77  | Spleen   |
| 201.78  | Lymph nodes of multiple sites  |
| 201.90  | Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites      |
| 201.91  | Hodgkin's disease, unspecified type, involving lymph nodes of; head, face, and neck          |
| 201.92  | Intra-thoracic lymph nodes   |
| 201.93  | Intra-abdominal lymph nodes  |
| 201.94  | Lymph nodes of axilla and upper Limb   |
| 201.95  | Lymph nodes of inguinal region and lower limb  |
| 201.96  | Intrapelvic lymph nodes  |
| 201.97  | Spleen   |
| 201.98  | Lymph nodes of multiple sites  |
| <b>OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE</b> |  |
| 202.00  | Nodular lymphoma, unspecified site, extranodal and solid organ sites                         |
| 202.01  | Nodular lymphoma involving lymph nodes of; head, face, and neck                              |
| 202.02  | Intra-thoracic lymph nodes   |
| 202.03  | Intra-abdominal lymph nodes  |
| 202.04  | Lymph nodes of axilla and upper Limb   |

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| 202.05 | Lymph nodes of inguinal region and lower limb                               |
| 202.06 | Intrapelvic lymph nodes   |
| 202.07 | Spleen  |
| 202.08 | Lymph nodes of multiple sites   |
| 202.10 | Mycoses fungoides, unspecified site, extranodal and solid organ sites       |
| 202.11 | Mycoses fungoides involving lymph nodes of; head, face, and neck            |
| 202.12 | Intra-thoracic lymph nodes  |
| 202.13 | Intra-abdominal lymph nodes   |
| 202.14 | Lymph nodes of axilla and upper Limb  |
| 202.15 | Lymph nodes of inguinal region and lower limb                               |
| 202.16 | Intrapelvic lymph nodes   |
| 202.17 | Spleen  |
| 202.18 | Lymph nodes of multiple sites   |
| 202.20 | Sezary's disease, unspecified site, extranodal and solid organ sites        |
| 202.21 | Sezary's disease involving lymph nodes of; head, face, and neck             |
| 202.22 | Intra-thoracic lymph nodes  |
| 202.23 | Intra-abdominal lymph nodes   |
| 202.24 | Lymph nodes of axilla and upper Limb  |
| 202.25 | Lymph nodes of inguinal region and lower limb                               |
| 202.26 | Intrapelvic lymph nodes   |
| 202.27 | Spleen  |
| 202.28 | Lymph nodes of multiple sites   |
| 202.30 | Malignant histiocytosis, unspecified site, extranodal and solid organ sites |
| 202.31 | Malignant histiocytosis involving lymph nodes of; head, face, and neck      |
| 202.32 | Intra-thoracic lymph nodes  |
| 202.33 | Intra-abdominal lymph nodes   |
| 202.34 | Lymph nodes of axilla and upper Limb  |
| 202.35 | Lymph nodes of inguinal region and  |

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|        | lower limb   |
| 202.36 | Intrapelvic lymph nodes  |
| 202.37 | Spleen   |
| 202.38 | Lymph nodes of multiple sites  |
| 202.40 | Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites |
| 202.41 | Leukemic reticuloendotheliosis involving lymph nodes of; head, face, and neck      |
| 202.42 | Intra-thoracic lymph nodes   |
| 202.43 | Intra-abdominal lymph nodes  |
| 202.44 | Lymph nodes of axilla and upper Limb   |
| 202.45 | Lymph nodes of inguinal region and lower limb                                      |
| 202.46 | Intrapelvic lymph nodes  |
| 202.47 | Spleen   |
| 202.48 | Lymph nodes of multiple sites  |
| 202.50 | Letterer-Siwe disease, unspecified site, extranodal and solid organ sites          |
| 202.51 | Letterer-Siwe disease involving lymph nodes of; head, face, and neck               |
| 202.52 | Intra-thoracic lymph nodes   |
| 202.53 | Intra-abdominal lymph nodes  |
| 202.54 | Lymph nodes of axilla and upper Limb   |
| 202.55 | Lymph nodes of inguinal region and lower limb                                      |
| 202.56 | Intrapelvic lymph nodes  |
| 202.57 | Spleen   |
| 202.58 | Lymph nodes of multiple sites  |
| 202.60 | Malignant mast cell tumors, unspecified site, extranodal and solid organ sites     |
| 202.61 | Malignant mast cell tumors involving lymph nodes of; head, face, and neck          |
| 202.62 | Intra-thoracic lymph nodes   |
| 202.63 | Intra-abdominal lymph nodes  |
| 202.64 | Lymph nodes of axilla and upper Limb   |
| 202.65 | Lymph nodes of inguinal region and lower limb                                      |

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| 202.66 | Intrapelvic lymph nodes  |
| 202.67 | Spleen   |
| 202.68 | Lymph nodes of multiple sites  |
| 202.70 | Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites   |
| 202.71 | Peripheral T-cell lymphoma involving lymph nodes of; head, face, and neck  |
| 202.72 | Intra-thoracic lymph nodes   |
| 202.73 | Intra-abdominal lymph nodes  |
| 202.74 | Lymph nodes of axilla and upper Limb   |
| 202.75 | Lymph nodes of inguinal region and lower limb  |
| 202.76 | Intrapelvic lymph nodes  |
| 202.77 | Spleen   |
| 202.78 | Lymph nodes of multiple sites  |
| 202.80 | Other malignant lymphomas, unspecified site, extranodal and solid organ sites  |
| 202.81 | Other malignant lymphomas involving lymph nodes of; head, face, and neck   |
| 202.82 | Intra-thoracic lymph nodes   |
| 202.83 | Intra-abdominal lymph nodes  |
| 202.84 | Lymph nodes of axilla and upper Limb   |
| 202.85 | Lymph nodes of inguinal region and lower limb  |
| 202.86 | Intrapelvic lymph nodes  |
| 202.87 | Spleen   |
| 202.88 | Lymph nodes of multiple sites  |
| 202.90 | Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites |
| 202.91 | Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, involving lymph nodes of; head, face, and neck     |
| 202.92 | Intra-thoracic lymph nodes   |
| 202.93 | Intra-abdominal lymph nodes  |
| 202.94 | Lymph nodes of axilla and upper Limb   |
| 202.95 | Lymph nodes of inguinal region and   |

|  |  |
|--|--|
|  | lower limb   |
| 202.96   | Intrapelvic lymph nodes                                  |
| 202.97   | Spleen   |
| 202.98   | Lymph nodes of multiple sites                            |
| <b>MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS</b>                  |  |
| 203.00   | Multiple myeloma; without mention of remission           |
| 203.01   | In remission   |
| 203.10   | Plasma cell leukemia; without remission                  |
| 203.11   | In remission   |
| 203.80   | Other immunoproliferative neoplasms; without remission   |
| 203.81   | In remission   |
| <b>LYMPHOID LEUKEMIA</b>   |  |
| 204.00   | Lymphoid leukemia acute; without remission               |
| 204.01   | In remission   |
| 204.10   | Lymphoid leukemia chronic ; without remission            |
| 204.11   | In remission   |
| 204.20   | Lymphoid leukemia subacute; without remission            |
| 204.21   | In remission   |
| 204.80   | Other lymphoid leukemia; without remission               |
| 204.81   | In remission   |
| 204.90   | Unspecified lymphoid leukemia; without remission         |
| 204.91   | In remission   |
| <b>CARCINOMA IN SITU</b>   |  |
| 233.30   | Carcinoma in situ; unspecified female genital organ      |
| 233.31   | Vagina   |
| 233.32   | Vulva  |
| 233.39   | Other female genital organ                               |
| <b>NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE AND RESPIRATORY SYSTEMS</b> |  |
| 235.0  | Neoplasm of uncertain behavior of; major salivary glands |
| 235.1  | Lip, oral cavity, and pharynx                            |
| 235.2  | Stomach, intestines, and rectum                          |
| 235.3  | Liver, and biliary passages                              |
| 235.4  | Retroperitoneum, and peritoneum                          |
| 235.5  | Other, and unspecified digestive Organs                  |
| 235.6  | Larynx   |
| 235.7  | Trachea, bronchus, and lung                              |
| 235.8  | Pleura, thymus, and mediastinum                          |
| 235.9  | Other and unspecified respiratory                        |

|  |  |
|--|--|
|  | organs   |
| <b>NEOPLASM OF UNCERTAIN BEHAVIOR OF GENITOURINARY ORGANS</b>                    |  |
| 236.0  | Neoplasm of uncertain behavior of; uterus  |
| 236.1  | Placenta   |
| 236.2  | Ovary  |
| 236.3  | Other and unspecified female genital organs                                      |
| 236.4  | Testis   |
| 236.5  | Prostate   |
| 236.6  | Other and unspecified male genital organs  |
| 236.7  | Bladder  |
| 236.90   | Urinary organ unspecified  |
| 236.91   | Kidney and ureter  |
| 236.99   | Other and unspecified urinary Organs   |
| <b>NEOPLASM OF UNCERTAIN BEHAVIOR OF ENDOCRINE GLANDS AND NERVOUS SYSTEM</b>     |  |
| 237.0  | Neoplasm of uncertain behavior of; pituitary and craniopharyngeal duct           |
| 237.1  | Pineal gland   |
| 237.2  | Adrenal gland  |
| 237.3  | Paraganglia  |
| 237.4  | Other unspecified endocrine Glands   |
| 237.5  | Brain and spinal cord  |
| 237.6  | Meninges   |
| <b>NEUROFIBROMATOSIS</b>   |  |
| 237.70   | Neurofibromatosis, unspecified   |
| 237.71   | Neurofibromatosis, Type 1 (von recklinghausen's disease)                         |
| 237.72   | Type 2 (acoustic neurofibromatosis)  |
|  |  |
| 237.9  | Neoplasm of uncertain behavior of other, and unspecified parts of nervous system |
| <b>NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES</b> |  |
| 238.0  | Neoplasm of uncertain behavior of; bone and articular cartilage                  |
| 238.1  | Connective and other soft tissue   |
| 238.2  | Skin   |
| 238.3  | Breast   |

|  |   |
|--|---|
| 238.4  | Polycythemia vera   |
| 238.5  | Neoplasm of uncertain behavior of; histiocytic and mast cells |
| 238.6  | Plasma cells  |
| <b>OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES</b> |   |
| 238.71   | Essential thrombocytopenia                                    |
| 238.72   | Low grade myelodysplastic syndrome lesions                    |
| 238.79   | Other lymphatic and hematopoietic tissues                     |
| 238.8  | Neoplasm of uncertain behavior of; other specified sites      |
| 238.9  | Site unspecified  |
| <b>NEOPLASM OF UNSPECIFIED NATURE</b>            |   |
| 239.0  | Neoplasm of unspecified nature of; digestive system           |
| 239.1  | Respiratory system  |
| 239.2  | Bone, soft tissue, and skin                                   |
| 239.3  | Breast  |
| 239.4  | Bladder   |
| 239.5  | Other genitourinary organs                                    |
| 239.6  | Brain   |
| 239.7  | Endocrine glands and other parts of nervous system            |
| 239.8  | Other specified sites   |
| 239.9  | Site unspecified  |
| 273.3  | Macroglobulinemia   |
| V58.11   | Encounter for antineoplastic chemotherapy                     |
| V58.12   | Encounter for immunotherapy for neoplastic condition          |

**For patients with anemia related to Myelodysplastic Syndrome:**

| <b>PRIMARY DX. CODE</b> |   |
|-------------------------|---|
| 238.72                  | Low grade myelodysplastic syndrome lesions<br>Inc. Refractory anemia (RA)<br>Refractory anemia with ringed sideroblasts (RARS)<br>Refractory cytopenia with multilineage dysplasia (RCMD)<br>Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS) |

**For pre-operative use in specified patients:**

Preoperative use in patients undergoing hip or knee surgery. Must have a primary anemia diagnosis (285.29 or 285.9), and other specified prophylactic measure diagnosis.

|                           |   |
|---------------------------|---|
| <b>PRIMARY DX. CODE</b>   |   |
| 285.29                    | Anemia of other chronic illness               |
| 285.9                     | <b>Or</b><br>Anemia unspecified               |
| <b>SECONDARY DX. CODE</b> |   |
| V07.8                     | Need for other specified prophylactic measure |

**Note:** *Code also chronic disease causing anemia*

**For patients with anemia of chronic inflammatory diseases and hepatitis C with anemia due medication therapy:**

*Must include 285.29 (anemia of other chronic disease) and one listed Hepatitis C (plus E931.7) or inflammatory diseases code.*

|                           |   |
|---------------------------|---|
| <b>PRIMARY DX. CODE</b>   |   |
| 285.29                    | Anemia of other chronic illness                     |
| <b>SECONDARY DX. CODE</b> | Appropriate code for the condition                  |
| <b>VIRAL HEPATITIS C</b>  |   |
| 070.41                    | Acute hepatitis C with hepatic coma                 |
| 070.44                    | Chronic hepatitis C with hepatic coma               |
| 070.51                    | Acute hepatitis C without mention of hepatic coma   |
| 070.54                    | Chronic hepatitis C without mention of hepatic coma |
| 070.70                    | Unspecified viral hepatitis C without hepatic coma  |
| 070.71                    | Unspecified viral hepatitis C with hepatic coma     |
| <b>REGIONAL ENTERITIS</b> |   |
| 555.0                     | Regional enteritis of; small intestine              |
| 555.1                     | large intestine                                     |
| 555.2                     | small intestine with large intestine                |
| 555.9                     | Unspecified site                                    |
| <b>ULCERATIVE COLITIS</b> |   |

|   |  |
|---|--|
| 556.0                                       | Ulcerative (chronic); enterocolitis                        |
| 556.1                                       | Ileocolitis  |
| 556.2                                       | Proctitis  |
| 556.3                                       | Proctosigmoiditis  |
| 556.4                                       | Pseudopolyposis of colon                                   |
| 556.5                                       | Left-sided ulcerative (chronic) colitis                    |
| 556.6                                       | Universal ulcerative (chronic) colitis                     |
| 556.8                                       | Other ulcerative colitis                                   |
| 556.9                                       | Ulcerative colitis unspecified                             |
| <b>DIFFUSE DISEASE OF CONNECTIVE TISSUE</b> |  |
| 710.0                                       | Systemic lupus erythematosus                               |
| <b>RHEUMATOID ARTHRITIS</b>                 |  |
| 714.0                                       | Rheumatoid arthritis                                       |
| <b>E Code</b>                               |  |
| E931.7                                      | Antiviral drugs causing adverse effects in therapeutic use |

**CODING TIP – SEQUENCING:**

**If a patient admission/encounter is:**

|   |  |
|---|--|
| <b>A. Solely for administration of chemotherapy, immunotherapy or radiation therapy assign:</b>   |  |
| <b>PRIMARY DX. CODE</b>   |  |
| V58.11  | Encounter for antineoplastic chemotherapy  |
| V58.12  | Encounter for antineoplastic immunotherapy |
| V58.0   | Encounter for radiotherapy                 |
| <b>SECONDARY DX. CODE</b>   | Appropriate code for the malignancy        |
| <b>B. For management of an anemia associated with chemotherapy, immunotherapy and radiation therapy and the only treatment is for the anemia:</b> |  |
| <b>PRIMARY DX. CODE</b>   |  |
| Documented as aplastic anemia due to chemotherapy:  |  |
| 284.89  | Aplastic anemia                            |
| Documented only as anemia due to chemotherapy:  |  |
| 285.9   | Unspecified anemia                         |
| <b>SECONDARY DX.</b>  |  |

|   |   |
|---|---|
| <b>CODE</b>   |   |
| E933.1  | Antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use |
| <b>ADDITIONAL DX. CODE</b>  | Appropriate code for the malignancy   |
| <b>C. For administration of chemotherapy, immunotherapy or radiation therapy assign and management of anemia of malignancy:</b> |   |
| <b>PRIMARY DX. CODE</b>   |   |
| V58.11  | Encounter for antineoplastic chemotherapy   |
| V58.12  | Encounter for antineoplastic immunotherapy  |
| V58.0   | Encounter for radiotherapy  |
| <b>SECONDARY DX. CODE</b>   |   |
| 285.22  | Anemia in neoplastic disease  |
| <b>ADDITIONAL DX. CODE</b>  | Appropriate code for the malignancy   |

***HOSPITAL BILLING FOR EPOETIN ALFA (EPO) AND DARBEPOETIN ALFA (ARANESP) FOR NON-ESRD PATIENTS***

***Subject:***

- *Implementation of new modifiers for Non-ESRD indications*
- *Reporting of Hgb/Hct levels on all Non-ESRD claims requesting payment for anti-anemia drugs.*

*Effective Date: January 1, 2008*

*Implementation Date: April 7, 2008*

1. *Effective January 1, 2008, all non-ESRD ESA claims billing HCPCS J0881 and J0885 must begin reporting one (and only one) of the following three modifiers on the same line as the ESA HCPCS:*
  - *EA – ESA, anemia, chemo-induced*
  - *EB – ESA, anemia, radio-induced, or*
  - *EC – ESA, anemia, non-chemo/radio*

*Non-ESRD ESA hospital claims that do not report one of the above 3 modifiers along with HCPCS J0881 or J0885 will be returned to the provider.*

*2. Effective January 1, 2008, all claims billing for the administration of an ESA (HCPCS J0881, J0882, J0885, J0886 and Q4081) must report the most recent hematocrit or hemoglobin reading.*

*For hospital claims the hemoglobin reading is reported with a value code 48 and a hematocrit reading is reported with the value code 49. Claims not reporting a value code 48 or 49 will be returned to the provider.*

*NOTE: For EPO and Aranesp billing instructions for beneficiaries with ESRD, see CMS, Claims Processing Manual, Chapter 8, sections 60.4 and 60.7*

**References:**

- Medicare Coverage Database LCD – L25211, 01-01-08, 12-01-07  
[www.cms.hhs.gov/mcd/viewlcd.asp?lcd\\_id=25211&lcd\\_version=8&show=all](http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=25211&lcd_version=8&show=all)  
[www.cms.hhs.gov/center/coverage.asp](http://www.cms.hhs.gov/center/coverage.asp)
- NGS Medical Policy update, SIA (A44399) 01/01/08, 02/01/08
- CMS, Medicare Claims Processing Manual, CR 5699, 01/11/08
- Medlearn Matters No. MM5699, 01/11/08
- PUB 100-2, Medicare Benefit Policy,  
Chapter 6, Hospital Services Covered Under Part B, paragraph 20.4, 30  
Chapter 11, ESRD, paragraph 90  
Chapter 15, Covered Medical and Other Health Services, paragraph 50
- PUB 100-4, Medicare Claims Processing Manual  
[www.cms.hhs.gov/manuals/iom](http://www.cms.hhs.gov/manuals/iom)
- ICD-9-CM Official Guidelines for Coding and Reporting, 10-01-07  
[www.cdc.gov/nchs/dataawh/ftpserv/fticd9/icdguide07.pdf](http://www.cdc.gov/nchs/dataawh/ftpserv/fticd9/icdguide07.pdf)
- ICD-9-CM Channel Publishing Coding Manual, Hospital Version, 2008
- 2008 Current Procedural Terminology (CPT), AMA
- 2008 HCPCS Level II, Ingenix

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