

# Medicare Part B Prior Authorization Form

Last reviewed: Sept. 2011

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to:  Commercial Plan  Medicaid Plan  Medicare Plan

## Rituxan (rituximab)

Urgent

Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Product:

Rituxan 10 mg

Requested Dose: \_\_\_\_\_ mg OR \_\_\_\_\_ mg/m<sup>2</sup>      Dosing Frequency: q \_\_\_\_\_ wks      Start Date: \_\_\_\_\_

Body Surface Area (BSA): \_\_\_\_\_ m<sup>2</sup>      Height: \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs

Note: BSA (m<sup>2</sup>) = ( [height(in) x weight(lbs)] / 3131 )<sup>½</sup>

Place of administration:

Self-administered

Provider's Office

Outpatient Infusion Center

Name of center: \_\_\_\_\_

Home Infusion

Name of agency: \_\_\_\_\_

Billing options:

Physician buy and bill

Preferred Specialty Vendor

Other: \_\_\_\_\_

Diagnosis:

Non-Hodgkin's Lymphoma – ICD code: \_\_\_\_\_

Rheumatoid Arthritis – ICD code: \_\_\_\_\_

Acute lymphocytic leukemia– ICD code: \_\_\_\_\_

Acquired blood factor deficiency– ICD code: \_\_\_\_\_

Autoimmune hemolytic anemia– ICD code: \_\_\_\_\_

B-cell lymphoma– ICD code: \_\_\_\_\_

Chronic lymphoid leukemia– ICD code: \_\_\_\_\_

Evans syndrome– ICD code: \_\_\_\_\_

Graft-versus-host disease– ICD code: \_\_\_\_\_

Hodgkin's disease CD20-positive– ICD code: \_\_\_\_\_

Human herpesvirus 8 (HHV-8) infection– ICD code: \_\_\_\_\_

- Multicentric Castleman's disease (MCD) – ICD code: \_\_\_\_\_
- Pemphigus vulgaris, severe– ICD code: \_\_\_\_\_
- Post-transplant lymphoproliferative disorder– ICD code: \_\_\_\_\_
- Systemic lupus erythematosus– ICD code: \_\_\_\_\_
- Thrombocytopenic purpura, immune or idiopathic– ICD code: \_\_\_\_\_
- Waldenstrom's macroglobulinemia– ICD code: \_\_\_\_\_
- Wegener's granulomatosis (severe) – ICD code: \_\_\_\_\_
- Relapsing-remitting multiple sclerosis– ICD code: \_\_\_\_\_
- Other: \_\_\_\_\_ – ICD code: \_\_\_\_\_  
Please provide rationale for use: \_\_\_\_\_

For Rheumatoid Arthritis (RA), will Rituxan be used in combination with methotrexate?

- Yes
- No – Rationale for use: \_\_\_\_\_

For Rheumatoid Arthritis, has the patient had a therapeutic trial and clinical failure with one or more TNF antagonists (e.g. Humiar, Enbrel, Remicade)? If yes, list the drug and trial date below.

- Yes  
Drug: \_\_\_\_\_ Trial dates: \_\_\_\_\_  
Drug: \_\_\_\_\_ Trial dates: \_\_\_\_\_

- No – Rationale for use \_\_\_\_\_

**Note:** Priority Health Medicare applies CMS local coverage determination criteria when available for Part B drugs. If no local coverage determination criteria is available for the state in which the member is receiving the services, the above prior authorization criteria must be met.

**\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\***  
**Please fax this request to: (877)974-4411 toll free or (616)942-8206**  
**YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**

The following Local Coverage Determination (LCD) information was obtained from the US Department of Health & Human Services Center for Medicare & Medicaid Services (available [www.cms.hhs.gov](http://www.cms.hhs.gov)). The primary jurisdiction for coverage outlined in this LCD is Michigan. For Priority Health Medicare members receiving this service outside the state of Michigan, please refer to the LCD for that state for coverage requirements. If no LCD is available for the state in which this service is being provided, coverage will be determined as outlined in this prior authorization document.

## Article for RITUXIMAB (e.g. Rituxan) – Related to LCD L25820 (A49636)

### Indications

Rituximab is a CD20-directed cytolytic antibody indicated for the treatment of the following:

Non-Hodgkin's Lymphoma (NHL)

Rituxan® (rituximab) is indicated for the treatment of patients with:

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with CVP chemotherapy
- Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent, after first-line CVP chemotherapy
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with CHOP or other anthracycline-based chemotherapy regimens.

Rituximab in combination with methotrexate is indicated for the treatment of adult patients with moderately-to severely-active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.

Rituximab is also used in combination with ibritumomab tiuxetan for both the diagnostic (treatment planning) and therapeutic administrations.

Acute lymphocytic leukemia  
Acquired blood factor deficiency  
Autoimmune hemolytic anemia  
B-cell lymphoma  
Chronic lymphoid leukemia, in combination for first-line treatment  
Chronic lymphoid leukemia, relapsed or refractory  
Evans syndrome, refractory to immunosuppressive therapy  
Graft-versus-host disease, chronic, Steroid-refractory  
Hodgkin's disease CD20-positive, as monotherapy  
Human herpesvirus 8 (HHV-8) infection  
Multicentric Castleman's disease (MCD)  
Pemphigus vulgaris, severe  
Post-transplant lymphoproliferative disorder  
Systemic lupus erythematosus, refractory to immunosuppressive therapy  
Thrombocytopenic purpura, immune or idiopathic  
Waldenstrom's macroglobulinemia  
Wengener's granulomatosis (severe), refractory, in combination with corticosteroids

Effective for dates of service on or after 06/01/2009, rituximab is payable for the treatment of relapsing-remitting multiple sclerosis.

### **Coding Guidelines:**

#### ***For claims submitted to the carrier or Part B MAC:***

Rituximab should be billed using chemotherapy administration codes and is payable in the following places of service: office (11), skilled nursing home for patients in a Part A stay (31) [if the drug is supplied by the facility, no claims for the drug should be submitted to the Part B carrier], nursing facility for patients not in a Part A stay (32) and independent

clinic (49) only when supplied as an "incident to" service by the physician.

### Coding Information

#### Bill Type Codes: [back to top](#)

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

11x Hospital-inpatient (including Part A)

13x Hospital-outpatient (HHA-A also) (under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00)

85x Special facility or ASC surgery-rural primary care hospital (eff 10/94)

#### CPT/HCPCS Codes [back to top](#)

J9310 INJECTION, RITUXIMAB, 100 MG

#### ICD-9 Codes that are Covered [back to top](#)

058.89 OTHER HUMAN HERPESVIRUS INFECTION

200.00 RETICULOSARCOMA UNSPECIFIED SITE

200.01 RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK

200.02 RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES

200.03 RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES

200.04 RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB

200.05 RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

200.06 RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES

200.07 RETICULOSARCOMA INVOLVING SPLEEN

200.08 RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES

200.10 LYMPHOSARCOMA UNSPECIFIED SITE

200.11 LYMPHOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK

200.12 LYMPHOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES

200.13 LYMPHOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES

200.14 LYMPHOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB

200.15 LYMPHOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

200.16 LYMPHOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES

**Coding Information**

200.17	LYMPHOSARCOMA INVOLVING SPLEEN
200.18	LYMPHOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.20	BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE
200.21	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.22	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
200.23	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.24	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.25	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.26	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
200.27	BURKITT'S TUMOR OR LYMPHOMA INVOLVING SPLEEN
200.28	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.30	MARGINAL ZONE LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.31	MARGINAL ZONE LYMPHOMA,LYMPH NODES OF HEAD, FACE, AND NECK
200.32	MARGINAL ZONE LYMPHOMA,INTRATHORACIC LYMPH NODES
200.33	MARGINAL ZONE LYMPHOMA, INTRAABDOMINAL LYMPH NODES
200.34	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.35	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.36	MARGINAL ZONE LYMPHOMA, INTRAPELVIC LYMPH NODES
200.37	MARGINAL ZONE LYMPHOMA, SPLEEN
200.38	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.40	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.41	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.42	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.43	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.44	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.45	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.46	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.47	MANTLE CELL LYMPHOMA, SPLEEN
200.48	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.50	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.51	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK

**Coding Information**

200.52	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRATHORACIC LYMPH NODES
200.53	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.54	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.55	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.56	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRAPELVIC LYMPH NODES
200.57	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, SPLEEN
200.58	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.60	ANAPLASTIC LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.61	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.62	ANAPLASTIC LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.63	ANAPLASTIC LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.64	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.65	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.66	ANAPLASTIC LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.67	ANAPLASTIC LARGE CELL LYMPHOMA, SPLEEN
200.68	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.70	LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.71	LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.72	LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.73	LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.74	LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.75	LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.76	LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.77	LARGE CELL LYMPHOMA, SPLEEN
200.78	LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.80	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED SITE
200.81	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.82	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.83	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.84	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH

**Coding Information**
**NODES OF AXILLA AND UPPER LIMB**

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

**Coding Information**

201.27	HODGKIN'S SARCOMA INVOLVING SPLEEN
201.28	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.40	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE UNSPECIFIED SITE
201.41	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.42	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRATHORACIC LYMPH NODES
201.43	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.44	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.45	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.46	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRAPELVIC LYMPH NODES
201.47	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING SPLEEN
201.48	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF MULTIPLE SITES
201.50	HODGKIN'S DISEASE NODULAR SCLEROSIS UNSPECIFIED SITE
201.51	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.52	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRATHORACIC LYMPH NODES
201.53	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.54	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.55	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.56	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRAPELVIC LYMPH NODES
201.57	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING SPLEEN
201.58	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
201.60	HODGKIN'S DISEASE MIXED CELLULARITY UNSPECIFIED SITE
201.61	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.62	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRATHORACIC LYMPH NODES
201.63	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.64	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.65	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

**Coding Information**

201.66	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRAPELVIC LYMPH NODES
201.67	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING SPLEEN
201.68	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF MULTIPLE SITES
201.70	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION UNSPECIFIED SITE
201.71	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.72	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRATHORACIC LYMPH NODES
201.73	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.74	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.75	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.76	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRAPELVIC LYMPH NODES
201.77	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING SPLEEN
201.78	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF MULTIPLE SITES
201.90	HODGKIN'S DISEASE UNSPECIFIED TYPE UNSPECIFIED SITE
201.91	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.92	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRATHORACIC LYMPH NODES
201.93	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.94	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.95	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.96	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRAPELVIC LYMPH NODES
201.97	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING SPLEEN
201.98	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.00	NODULAR LYMPHOMA UNSPECIFIED SITE
202.01	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.02	NODULAR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
202.03	NODULAR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.04	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.05	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.06	NODULAR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
202.07	NODULAR LYMPHOMA INVOLVING SPLEEN
202.08	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES

**Coding Information**

202.40	LEUKEMIC RETICULOENDOTHELIOSIS UNSPECIFIED SITE
202.41	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.42	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRATHORACIC LYMPH NODES
202.43	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.44	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER ARM
202.45	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.46	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING INTRAPELVIC LYMPH NODES
202.47	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING SPLEEN
202.48	LEUKEMIC RETICULOENDOTHELIOSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.80	OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE
202.81	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.82	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRATHORACIC LYMPH NODES
202.83	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.84	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.85	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.86	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRAPELVIC LYMPH NODES
202.87	OTHER MALIGNANT LYMPHOMAS INVOLVING SPLEEN
202.88	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.90	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE UNSPECIFIED SITE
202.91	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.92	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRATHORACIC LYMPH NODES
202.93	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.94	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.95	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.96	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRAPELVIC LYMPH NODES
202.97	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING SPLEEN

**Coding Information**

202.98	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES
204.00	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.01	LYMPHOID LEUKEMIA ACUTE IN REMISSION
204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.11	LYMPHOID LEUKEMIA CHRONIC IN REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
238.77	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)
238.79	OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES
273.3	MACROGLOBULINEMIA
279.50	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED
283.0	AUTOIMMUNE HEMOLYTIC ANEMIAS
286.7	ACQUIRED COAGULATION FACTOR DEFICIENCY
287.30	PRIMARY THROMBOCYTOPENIA, UNSPECIFIED
287.31	IMMUNE THROMBOCYTOPENIC PURPURA
287.32	EVANS' SYNDROME
287.33	CONGENITAL AND HEREDITARY THROMBOCYTOPENIC PURPURA
287.39	OTHER PRIMARY THROMBOCYTOPENIA
340	MULTIPLE SCLEROSIS
446.4	WEGENER'S GRANULOMATOSIS
446.6	THROMBOTIC MICROANGIOPATHY
585.6	END STAGE RENAL DISEASE
694.4	PEMPHIGUS
710.0	SYSTEMIC LUPUS ERYTHEMATOSUS
710.1	SYSTEMIC SCLEROSIS
714.0	RHEUMATOID ARTHRITIS
714.1	FELTY'S SYNDROME
714.2	OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT
714.81	RHEUMATOID LUNG
785.6	ENLARGEMENT OF LYMPH NODES
996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
996.83	COMPLICATIONS OF TRANSPLANTED HEART

### Coding Information

996.85 COMPLICATIONS OF TRANSPLANTED BONE MARROW  
V10.61 PERSONAL HISTORY OF LYMPHOID LEUKEMIA  
V10.71 PERSONAL HISTORY OF LYMPHOSARCOMA AND RETICULOSARCOMA  
V10.79 PERSONAL HISTORY OF OTHER LYMPHATIC AND HEMATOPOIETIC NEOPLASMS  
V42.0 KIDNEY REPLACED BY TRANSPLANT  
V42.1 HEART REPLACED BY TRANSPLANT

### Other Information

#### Other Comments [back to top](#)

#### Sources of Information

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#### Revision History Explanation [back to top](#)

Article published January 2010: Original version of article.

The original version of the corresponding LCD became effective on 12/01/2007.

#### Related Documents [back to top](#)

##### LMRP(s)

##### Article(s)

[A44930 - Drugs and Biologicals, Coverage of, for Label and Off-Label Uses - Supplemental Instructions Article](#)

##### LCD(s)

[L25820 - Drugs and Biologicals, Coverage of, for Label and Off-Label Uses](#)

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Updated on 12/22/2009 with effective dates 01/01/2010 - N/A



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