

# Local Coverage Determination (LCD): Intensity Modulated Radiation Therapy (IMRT) (L34080)

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## Contractor Information

| CONTRACTOR NAME                    | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S)     |
|------------------------------------|---------------|-----------------|--------------|--------------|
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02101 - MAC A   | J - F        | Alaska       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02102 - MAC B   | J - F        | Alaska       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02201 - MAC A   | J - F        | Idaho        |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02202 - MAC B   | J - F        | Idaho        |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02301 - MAC A   | J - F        | Oregon       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02302 - MAC B   | J - F        | Oregon       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02401 - MAC A   | J - F        | Washington   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02402 - MAC B   | J - F        | Washington   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03101 - MAC A   | J - F        | Arizona      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03102 - MAC B   | J - F        | Arizona      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03201 - MAC A   | J - F        | Montana      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03202 - MAC B   | J - F        | Montana      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03301 - MAC A   | J - F        | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03302 - MAC B   | J - F        | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03401 - MAC A   | J - F        | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03402 - MAC B   | J - F        | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03501 - MAC A   | J - F        | Utah         |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03502 - MAC B   | J - F        | Utah         |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03601 - MAC A   | J - F        | Wyoming      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03602 - MAC B   | J - F        | Wyoming      |

## LCD Information

### Document Information

**LCD ID**

L34080

**Original Effective Date**

For services performed on or after 10/01/2015

**Original ICD-9 LCD ID****Revision Effective Date**

**LCD Title**

Intensity Modulated Radiation Therapy (IMRT)

**Revision Ending Date**

N/A

**Proposed LCD in Comment Period**

N/A

**Retirement Date**

N/A

**Source Proposed LCD**

N/A

**Notice Period Start Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Notice Period End Date**

N/A

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those

services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

IOM 100-04, chap 4, §200.3.

200.3 - Billing Codes for Intensity Modulated Radiation Therapy (IMRT) and Stereotactic Radiosurgery (SRS)  
(Rev. 1445, Issued: 02-08-08; Effective: 01-01-08; Implementation: 03-10-08)

200.3.1 - Billing for IMRT Planning and Delivery  
(Rev. 1445, Issued: 02-08-08; Effective: 01-01-08; Implementation: 03-10-08)

## **Coverage Guidance**

### **Coverage Indications, Limitations, and/or Medical Necessity**

Intensity Modulated Radiation Therapy (IMRT) is a computer-based method of planning for, and delivery of generally narrow, patient specific, spatially and often temporally modulated beams of radiation to solid tumors within a patient. IMRT planning and delivery uses an approach for obtaining the highly conformal dose distributions needed to irradiate complex targets positioned near, or invaginated by, sensitive normal tissues, thus improving the therapeutic ratios. IMRT delivers a more precise radiation dose to the tumor while sparing the surrounding normal tissues by using non-uniform radiation beam intensities that are determined by various computer-based optimization techniques.

The computer based optimization process is referred to as "inverse planning." Inverse planning develops a dose distribution based on the input of specific dose constraints for the planned treatment volume (PTV) and nearby clinical structures and is the beginning of the IMRT treatment planning process. The gross tumor volume (GTV), the PTV and surrounding normal tissues must be identified by a contouring procedure and the optimization must sample the dose with a grid spacing of 1 centimeter or less.

IMRT uses non-uniform and customized fluence distributions in treatment delivery. Delivery of IMRT requires either the use of a multi-leaf collimator (MLC) with leaves that project to a nominal 1 cm or less at the treatment unit isocenter or the use of compensator-based beam modulation treatment using three or more high resolution compensator convergent beam modulated fields. A MLC may use a dynamic (DMLC) or segmented mode (SMLC) to create the 3-dimensional, intensity-modulated dose distribution. The average segments (or "steps") per gantry position required to meet IMRT delivery is five. The exact delivery method is not restricted as long as the particular technique chosen has the ability to model the highly modulated intensity patterns that result from the planning process described above (e.g. solid modulators or compensators may be an alternative to MLC). However, the use of a MLC just to produce simple one-dimensional ramp intensity distributions is excluded because the inverse planning process is not necessary to produce this simple intensity variation. Also, the use of a MLC does not, in itself, constitute or define IMRT (for example, it is possible to use a MLC for intermediate or complex, 3D conformal therapy).

Note also, traditional "field-in-field technique" which is neither MLC nor compensator-based is not considered IMRT but rather external beam therapy.

IMRT delivery imposes a more stringent requirement than conventional radiation therapy in terms of accounting for patient position and organ motion. Methods that account for organ motion include but are not limited to: 1) use of published studies on organ movement when developing the PTV, 2) image guided adaptive radiotherapy (e.g., ultrasound guided or portal-image guided setup with implanted fiducial markers), and 3) respiratory gating of diaphragm movement for thoracic and upper abdominal sites.

## Indications of Coverage:

The decision process for using IMRT requires an understanding of accepted practices that take into account the risks and benefits of such therapy compared to conventional treatment techniques. While IMRT technology may empirically offer advances over conventional or three dimensional (3-D) conformal radiation, a comprehensive understanding of all consequences is required before applying this technology.

IMRT is not a replacement therapy for conventional and 3-D conformal radiation therapy methods. IMRT is considered reasonable and necessary in instances where sparing the surrounding normal tissue is essential and the patient has at least one of the following conditions met:

1. Important dose limiting structures adjacent to, but outside the PTV, are sufficiently close and require IMRT to assure safety and morbidity reduction.
2. An immediately adjacent volume has been irradiated and abutting portals must be established with high precision.
3. Gross Tumor Volume (GTV) margins are concave or convex and in close proximity to critical structures that must be protected to avoid unacceptable morbidity.
4. Only IMRT techniques would decrease the probability of grade 2 or grade 3 radiation toxicity as compared to conventional radiation in greater than 15% of radiated similar cases.

IMRT is an evolving technology and, as such, this IMRT LCD will be reviewed and updated as often as necessary. Currently, IMRT is indicated for primary brain tumors, brain metastasis, prostate cancer, lung cancer (with special provision for organ motion), pancreas cancer and other upper abdominal sites (with special provision for organ motion), spinal cord tumors, head and neck cancer, adrenal tumors, pituitary tumors and situations in which extremely high precision is required. Indications will include some left breast tumors due to risk to immediately adjacent cardiac and pericardial structures, though it would only rarely if ever be medically necessary for tumors of the right breast.

IMRT may be necessary in *some* gynecologic tumors or in *some* genitourinary tumors where its high precision is especially necessary to avoid immediately adjacent structures such as bowel or where there is a special need to avoid marrow. It may also be necessary in some lymphomas, malignant lymph nodes or sarcomas where anatomic location gives rise to a need for special care to avoid adjacent structures. Since these are likely to be only a relatively small fraction of gynecologic tumors, genitourinary tumors, lymphomas, malignant nodes or sarcomas, in each case particular care is required to document the necessity for IMRT.

## Patient Specific IMRT Treatment Verification

The accepted methodology to perform the computer plan distribution verification aspect of the treatment planning process is to deliver the plan to an extended phantom that contains 2D film in planes that correspond to planes in the IMRT plan that can be compared. Since there are literally thousands of beamlets used in delivering IMRT dose patterns, delivering these plans to such a phantom will indicate any deviations from the physician's (radiation oncologist) prescription and corrective action can be taken before the patient is treated.

Generally, film phantoms can be calibrated such that film density corresponds to dose on the 2D film patterns when processed, so that a one-to-one comparison with the appropriate slice on the IMRT dose plan can be obtained. If not, ion chamber apertures can be built into the phantoms to make absolute dose measurements that can be compared to the appropriate points on the dose plan. These point dose measurements, however, are not a substitute for the 2D planar comparisons mentioned above.

Since this complex measurement system tests many of the parameters associated with the delivery of IMRT (multileaf collimator operation, gantry angle position, couch collision potential, etc.), it represents the "gold standard" in IMRT plan/delivery verification. Surrogates for the complete set of measurements with film phantom/ion chamber methods have been proposed. For those methods utilizing "step and shoot" or dynamic MultiLeaf Collimation (MLC), intensity map measurement in 2D have been proposed using film, electronic portal imaging devices or electronic 2D measuring tools. The plan intensity maps may be obtained in similar planes and compared to these measurements. If they align properly, the physician's prescription is assumed to be verified by this process. These measurements are made for each radiation field and appear to be an appropriate surrogate for the previously mentioned film phantom measurements. The time and intensity for this type of procedure closely approximates that of the film phantom technique and is acceptable.

Other methods are currently **not** acceptable surrogates for these measurements. Computer calculated machine settings (MU Calc, for example) for the radiation fields planned and used for IMRT do not test many of the parameters used in IMRT treatment delivery. This method consumes much less time and effort to be construed as IMRT treatment verification and, hence, does not qualify, by itself, as an acceptable surrogate to IMRT film phantom measurements, or the fluence mapping devices described earlier. It does not, for example, test the MLC performance during a treatment delivery. Noridian will welcome updated information from ASTRO/ACR and others on alternative IMRT verification methods as this becomes available. Until such time, other methods remain **not** acceptable.

### **Use of Clinical Treatment Planning in IMRT (CPT: 77261-77263) prior to the specific IMRT treatment plan (77301)**

Clinical treatment planning includes interpretation of special testing, tumor localization, treatment volume determinations, treatment time/dosage determinations, choice of treatment modality(ies), selection of appropriate treatment devices, and other procedures such as concurrent or sequential chemotherapy or surgery. A separate charge for Clinical Treatment Planning may be appropriately claimed at the appropriate level of service (77261, 77262 or 77263), when based on separately-documented work itemizing the specific services provided. Review of records, pathology reports, and/or imaging studies are typically part of the basis for claiming either a higher-level E/M service preceding treatment planning, or as a component of this code, but this same work should not be counted as a basis for both services.

### **Use of Simulation-Aided Field Setting in IMRT (CPT 77280-77295)**

Simulation-aided field setting complex (77290) during a course of IMRT is appropriate for the initial set up of the patient where an immobilization device may be constructed, isocenter(s) and volume of interest are determined, and CT or other imaging is obtained for subsequent reconstruction of target(s) and critical structure(s). CT and other imaging are separately coded (e.g. 77014), when necessary and performed.

### **Use of Intensity modulated radiotherapy plan (77301), including dose volume histograms for target and critical structure partial tolerance specification.**

Intensity modulated radiotherapy plan (77301) is a separate and distinct step in the process of care whose product is the computerized plan developed by the physician, medical physicist and dosimetrist and is required for the delivery of IMRT. Note that all exclusions that apply to 77295 apply to 77301.

### **Use of "Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician (CPT 77300)" in IMRT.**

The IMRT plan (CPT 77301) produces monitor units (MUs) for each gantry angle. A *separate* claim for basic dosimetry (77300) is appropriate only when there is a separate and distinct service, prescribed by the treating

physician, over and above those that are a part of the IMRT plan. 77300 is appropriate to describe a necessary, independent calculation(s) performed outside the parameters of, and on a different date of service than the IMRT plan (77301). It is not appropriate to automatically report this service for the computerized IMRT plan, or for the films, phantoms or equivalent done as a part of the 77301 or as may be a part of a separately performed and billed 77370 (see below).

### **Use of Teletherapy Isodose Plan in IMRT (CPT 77306, 77307, 77321)**

A claim for a separate teletherapy isodose plan during a course of IMRT is appropriate only where the claim applies to another modality (e.g. an accompanying "boost" with external beam).

### **Use of Brachytherapy Isodose Plan in IMRT (CPT 77316-77318)**

A claim for a separate brachytherapy isodose plan during a course of IMRT is appropriate only where the claim applies to a separate, accompanying brachytherapy modality.

### **Use of Special Dosimetry in IMRT (CPT 77331)**

Dosimetry of the hybrid plan is part of the work and practice expense of 77301. Therefore, a claim for special dosimetry during a course of IMRT is appropriate only where the need for and use of the special dosimetry are carefully documented and occur at a time **other** than that necessary as a part of IMRT planning (77301) (e.g. a special check on a pacemaker site when into a course of therapy). Special dosimetry could also be appropriate where it applies to another modality (e.g. an accompanying "boost" with external beam).

### **Use of Treatment Devices (e.g., "Blocks") in IMRT (CPT: 77332-77334)**

When a provider designs and constructs a treatment or immobilization device separate and distinct from the "device" derived from the computerized IMRT plan, the provider may then report 77332-77334, as appropriate, with modifier -59. The medical record must have documentation to support this use of modifier -59. A treatment device could also be appropriate where it applies to another modality (e.g. an accompanying "boost" with external beam).

The new CPT code 77338 is used for the MLC treatment devised used for IMRT. Normally it is used **once per IMRT plan**. In certain instances, e.g., when a radiotherapy boost is performed, it may be used more than once during a course of therapy. This CPT code 77338 is not to be used with compensator based IMRT.

### **Use of Continuing Medical Physics Consultation in IMRT ("weekly" physics QA: 77336)**

Continuing medical physics is appropriate for the "weekly" continuing medical physics process and reports the work and oversight of the medical physicist in the care of the IMRT patient. It is not appropriately reported for work associated with the creation of the IMRT plan. It may also be reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment.

### **Use of Special Medical Radiation Physics Consultation in IMRT (CPT 77370)**

A claim for special medical radiation physics consultation during a course of IMRT is appropriate only where the need for and use of the consultation are carefully documented and occur at a time **other** than that necessary as a part of IMRT planning (e.g. a special physics assessment requested when already into a course of therapy). A medical physics consultation could also be appropriate where it applies to another modality (e.g. an accompanying "boost" with external beam).

### **Use of other Radiation Treatment Delivery on the same day as IMRT treatment delivery (G6015, G6016),**

Radiation treatment delivery codes 77401, G6004-G6014, 77422-23, 0082T may not be used on the same date of service as IMRT treatment delivery (CPT G6016 or G6015). These other delivery codes may be used prior to or subsequent to an IMRT treatment course, for treatment with a different modality.

### **Radiation Treatment Management 77427**

Radiation treatment management (77427) is reported by the physician for the "weekly" (defined as five-fraction) management of patients receiving radiation therapy, including IMRT. It may also be reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment.

### **Use of "Special Treatment Procedure" in IMRT (CPT 77470)**

A claim for "Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)" would not be appropriate for services that are a necessary part of IMRT planning, but might rarely be appropriate during a course of IMRT where the respective treatment is being delivered as a separate therapy. Providers are cautioned that the use of this code implies a special treatment procedure with moderate physician work and very considerable practice expense (such as in TBI). This service is not to be claimed for much less significant "special procedures" that would more appropriately use 77499 or are a regular variant of IMRT or regular combination with IMRT.

### **Limitations of Coverage:**

IMRT is not considered reasonable and necessary when at least one of the criteria listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section or one of the diagnoses listed in the "ICD-10-CM Codes that Support Medical Necessity" section of this policy are not present.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **Coding Information**

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service.

Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

| CODE | DESCRIPTION    |
|------|----------------|
| 999x | Not Applicable |

**Revenue Codes:**

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

| CODE  | DESCRIPTION    |
|-------|----------------|
| 99999 | Not Applicable |

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

| CODE  | DESCRIPTION   |
|-------|---|
| 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS  |
| 77338 | MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN   |
| G6015 | INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION                                 |
| G6016 | COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION |

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

**Note:** Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of LCD



publication. Any updates to ICD-10-CM codes will be reviewed by Noridian; and coverage should not be presumed until the results of such review have been published/posted.

These are the **only** covered ICD-10-CM codes that support medical necessity:

**The following ICD-10-CM codes may be used alone:** (Only **one** diagnosis code is required for payment.)

**Group 1 Codes:**

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C01         | Malignant neoplasm of base of tongue                            |
| C02.0       | Malignant neoplasm of dorsal surface of tongue                  |
| C02.1       | Malignant neoplasm of border of tongue                          |
| C02.2       | Malignant neoplasm of ventral surface of tongue                 |
| C02.4       | Malignant neoplasm of lingual tonsil                            |
| C02.8       | Malignant neoplasm of overlapping sites of tongue               |
| C04.0       | Malignant neoplasm of anterior floor of mouth                   |
| C04.1       | Malignant neoplasm of lateral floor of mouth                    |
| C04.8       | Malignant neoplasm of overlapping sites of floor of mouth       |
| C05.0       | Malignant neoplasm of hard palate                               |
| C05.1       | Malignant neoplasm of soft palate                               |
| C05.2       | Malignant neoplasm of uvula                                     |
| C05.8       | Malignant neoplasm of overlapping sites of palate               |
| C06.0       | Malignant neoplasm of cheek mucosa                              |
| C06.1       | Malignant neoplasm of vestibule of mouth                        |
| C06.2       | Malignant neoplasm of retromolar area                           |
| C06.89      | Malignant neoplasm of overlapping sites of other parts of mouth |
| C07         | Malignant neoplasm of parotid gland                             |
| C08.0       | Malignant neoplasm of submandibular gland                       |
| C08.1       | Malignant neoplasm of sublingual gland                          |
| C09.0       | Malignant neoplasm of tonsillar fossa                           |
| C09.1       | Malignant neoplasm of tonsillar pillar (anterior) (posterior)   |
| C09.8       | Malignant neoplasm of overlapping sites of tonsil               |
| C09.9       | Malignant neoplasm of tonsil, unspecified                       |
| C10.0       | Malignant neoplasm of vallecula                                 |
| C10.1       | Malignant neoplasm of anterior surface of epiglottis            |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C10.2       | Malignant neoplasm of lateral wall of oropharynx                        |
| C10.3       | Malignant neoplasm of posterior wall of oropharynx                      |
| C10.4       | Malignant neoplasm of branchial cleft                                   |
| C10.8       | Malignant neoplasm of overlapping sites of oropharynx                   |
| C11.0       | Malignant neoplasm of superior wall of nasopharynx                      |
| C11.1       | Malignant neoplasm of posterior wall of nasopharynx                     |
| C11.2       | Malignant neoplasm of lateral wall of nasopharynx                       |
| C11.3       | Malignant neoplasm of anterior wall of nasopharynx                      |
| C11.8       | Malignant neoplasm of overlapping sites of nasopharynx                  |
| C12         | Malignant neoplasm of pyriform sinus                                    |
| C13.0       | Malignant neoplasm of postcricoid region                                |
| C13.1       | Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect         |
| C13.2       | Malignant neoplasm of posterior wall of hypopharynx                     |
| C13.8       | Malignant neoplasm of overlapping sites of hypopharynx                  |
| C14.2       | Malignant neoplasm of Waldeyer's ring                                   |
| C14.8       | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx |
| C15.3       | Malignant neoplasm of upper third of esophagus                          |
| C15.4       | Malignant neoplasm of middle third of esophagus                         |
| C15.5       | Malignant neoplasm of lower third of esophagus                          |
| C15.8       | Malignant neoplasm of overlapping sites of esophagus                    |
| C18.0       | Malignant neoplasm of cecum   |
| C18.1       | Malignant neoplasm of appendix  |
| C18.2       | Malignant neoplasm of ascending colon                                   |
| C18.3       | Malignant neoplasm of hepatic flexure                                   |
| C18.4       | Malignant neoplasm of transverse colon                                  |
| C18.5       | Malignant neoplasm of splenic flexure                                   |
| C18.6       | Malignant neoplasm of descending colon                                  |
| C18.7       | Malignant neoplasm of sigmoid colon                                     |
| C18.8       | Malignant neoplasm of overlapping sites of colon                        |
| C19         | Malignant neoplasm of rectosigmoid junction                             |
| C20         | Malignant neoplasm of rectum  |
| C21.1       | Malignant neoplasm of anal canal  |

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| C21.2       | Malignant neoplasm of cloacogenic zone                                 |
| C21.8       | Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
| C22.0       | Liver cell carcinoma   |
| C22.1       | Intrahepatic bile duct carcinoma                                       |
| C22.2       | Hepatoblastoma   |
| C22.3       | Angiosarcoma of liver  |
| C22.4       | Other sarcomas of liver  |
| C22.7       | Other specified carcinomas of liver                                    |
| C23         | Malignant neoplasm of gallbladder                                      |
| C24.0       | Malignant neoplasm of extrahepatic bile duct                           |
| C24.1       | Malignant neoplasm of ampulla of Vater                                 |
| C24.8       | Malignant neoplasm of overlapping sites of biliary tract               |
| C25.0       | Malignant neoplasm of head of pancreas                                 |
| C25.1       | Malignant neoplasm of body of pancreas                                 |
| C25.2       | Malignant neoplasm of tail of pancreas                                 |
| C25.3       | Malignant neoplasm of pancreatic duct                                  |
| C25.4       | Malignant neoplasm of endocrine pancreas                               |
| C25.7       | Malignant neoplasm of other parts of pancreas                          |
| C25.8       | Malignant neoplasm of overlapping sites of pancreas                    |
| C30.0       | Malignant neoplasm of nasal cavity                                     |
| C30.1       | Malignant neoplasm of middle ear                                       |
| C31.0       | Malignant neoplasm of maxillary sinus                                  |
| C31.1       | Malignant neoplasm of ethmoidal sinus                                  |
| C31.2       | Malignant neoplasm of frontal sinus                                    |
| C31.3       | Malignant neoplasm of sphenoid sinus                                   |
| C31.8       | Malignant neoplasm of overlapping sites of accessory sinuses           |
| C32.0       | Malignant neoplasm of glottis  |
| C32.1       | Malignant neoplasm of supraglottis                                     |
| C32.2       | Malignant neoplasm of subglottis                                       |
| C32.3       | Malignant neoplasm of laryngeal cartilage                              |
| C32.8       | Malignant neoplasm of overlapping sites of larynx                      |
| C33         | Malignant neoplasm of trachea  |

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| C34.01      | Malignant neoplasm of right main bronchus                                |
| C34.02      | Malignant neoplasm of left main bronchus                                 |
| C34.11      | Malignant neoplasm of upper lobe, right bronchus or lung                 |
| C34.12      | Malignant neoplasm of upper lobe, left bronchus or lung                  |
| C34.2       | Malignant neoplasm of middle lobe, bronchus or lung                      |
| C34.31      | Malignant neoplasm of lower lobe, right bronchus or lung                 |
| C34.32      | Malignant neoplasm of lower lobe, left bronchus or lung                  |
| C34.81      | Malignant neoplasm of overlapping sites of right bronchus and lung       |
| C34.82      | Malignant neoplasm of overlapping sites of left bronchus and lung        |
| C34.91      | Malignant neoplasm of unspecified part of right bronchus or lung         |
| C34.92      | Malignant neoplasm of unspecified part of left bronchus or lung          |
| ICD-10 CODE | DESCRIPTION  |
| C37         | Malignant neoplasm of thymus   |
| C38.0       | Malignant neoplasm of heart  |
| C38.1       | Malignant neoplasm of anterior mediastinum                               |
| C38.2       | Malignant neoplasm of posterior mediastinum                              |
| C38.4       | Malignant neoplasm of pleura   |
| C38.8       | Malignant neoplasm of overlapping sites of heart, mediastinum and pleura |
| C43.111     | Malignant melanoma of right upper eyelid, including canthus              |
| C43.112     | Malignant melanoma of right lower eyelid, including canthus              |
| C43.121     | Malignant melanoma of left upper eyelid, including canthus               |
| C43.122     | Malignant melanoma of left lower eyelid, including canthus               |
| C4A.111     | Merkel cell carcinoma of right upper eyelid, including canthus           |
| C4A.112     | Merkel cell carcinoma of right lower eyelid, including canthus           |
| C4A.121     | Merkel cell carcinoma of left upper eyelid, including canthus            |
| C4A.122     | Merkel cell carcinoma of left lower eyelid, including canthus            |
| C44.1121    | Basal cell carcinoma of skin of right upper eyelid, including canthus    |
| C44.1122    | Basal cell carcinoma of skin of right lower eyelid, including canthus    |
| C44.1191    | Basal cell carcinoma of skin of left upper eyelid, including canthus     |
| C44.1192    | Basal cell carcinoma of skin of left lower eyelid, including canthus     |
| C44.1221    | Squamous cell carcinoma of skin of right upper eyelid, including canthus |
| C44.1222    | Squamous cell carcinoma of skin of right lower eyelid, including canthus |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C44.1921    | Other specified malignant neoplasm of skin of right upper eyelid, including canthus |
| C44.1922    | Other specified malignant neoplasm of skin of right lower eyelid, including canthus |
| C44.1991    | Other specified malignant neoplasm of skin of left upper eyelid, including canthus  |
| C44.1992    | Other specified malignant neoplasm of skin of left lower eyelid, including canthus  |
| C45.0       | Mesothelioma of pleura  |
| C45.1       | Mesothelioma of peritoneum  |
| C45.2       | Mesothelioma of pericardium   |
| C45.7       | Mesothelioma of other sites   |
| C48.0       | Malignant neoplasm of retroperitoneum   |
| C48.1       | Malignant neoplasm of specified parts of peritoneum                                 |
| C48.8       | Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum           |
| C49.0       | Malignant neoplasm of connective and soft tissue of head, face and neck             |
| C49.3       | Malignant neoplasm of connective and soft tissue of thorax                          |
| C49.4       | Malignant neoplasm of connective and soft tissue of abdomen                         |
| C49.5       | Malignant neoplasm of connective and soft tissue of pelvis                          |
| C49.8       | Malignant neoplasm of overlapping sites of connective and soft tissue               |
| C50.012*    | Malignant neoplasm of nipple and areola, left female breast                         |
| C50.022*    | Malignant neoplasm of nipple and areola, left male breast                           |
| C50.112     | Malignant neoplasm of central portion of left female breast                         |
| C50.122*    | Malignant neoplasm of central portion of left male breast                           |
| C50.212*    | Malignant neoplasm of upper-inner quadrant of left female breast                    |
| C50.222*    | Malignant neoplasm of upper-inner quadrant of left male breast                      |
| C50.312*    | Malignant neoplasm of lower-inner quadrant of left female breast                    |
| C50.322*    | Malignant neoplasm of lower-inner quadrant of left male breast                      |
| C50.412*    | Malignant neoplasm of upper-outer quadrant of left female breast                    |
| C50.422*    | Malignant neoplasm of upper-outer quadrant of left male breast                      |
| C50.512*    | Malignant neoplasm of lower-outer quadrant of left female breast                    |
| C50.522*    | Malignant neoplasm of lower-outer quadrant of left male breast                      |
| C50.612*    | Malignant neoplasm of axillary tail of left female breast                           |
| C50.622*    | Malignant neoplasm of axillary tail of left male breast                             |
| C50.812*    | Malignant neoplasm of overlapping sites of left female breast                       |
| C50.822*    | Malignant neoplasm of overlapping sites of left male breast                         |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C61         | Malignant neoplasm of prostate                                  |
| C69.01      | Malignant neoplasm of right conjunctiva                         |
| C69.02      | Malignant neoplasm of left conjunctiva                          |
| C69.11      | Malignant neoplasm of right cornea                              |
| C69.12      | Malignant neoplasm of left cornea                               |
| C69.21      | Malignant neoplasm of right retina                              |
| C69.22      | Malignant neoplasm of left retina                               |
| C69.31      | Malignant neoplasm of right choroid                             |
| C69.32      | Malignant neoplasm of left choroid                              |
| C69.41      | Malignant neoplasm of right ciliary body                        |
| C69.42      | Malignant neoplasm of left ciliary body                         |
| C69.51      | Malignant neoplasm of right lacrimal gland and duct             |
| C69.52      | Malignant neoplasm of left lacrimal gland and duct              |
| C69.61      | Malignant neoplasm of right orbit                               |
| C69.62      | Malignant neoplasm of left orbit                                |
| C69.81      | Malignant neoplasm of overlapping sites of right eye and adnexa |
| C69.82      | Malignant neoplasm of overlapping sites of left eye and adnexa  |
| C69.91      | Malignant neoplasm of unspecified site of right eye             |
| C69.92      | Malignant neoplasm of unspecified site of left eye              |
| C70.0       | Malignant neoplasm of cerebral meninges                         |
| C70.1       | Malignant neoplasm of spinal meninges                           |
| C71.0       | Malignant neoplasm of cerebrum, except lobes and ventricles     |
| C71.1       | Malignant neoplasm of frontal lobe                              |
| C71.2       | Malignant neoplasm of temporal lobe                             |
| C71.3       | Malignant neoplasm of parietal lobe                             |
| C71.4       | Malignant neoplasm of occipital lobe                            |
| C71.5       | Malignant neoplasm of cerebral ventricle                        |
| C71.6       | Malignant neoplasm of cerebellum                                |
| C71.7       | Malignant neoplasm of brain stem                                |
| C71.8       | Malignant neoplasm of overlapping sites of brain                |
| C72.0       | Malignant neoplasm of spinal cord                               |
| C72.1       | Malignant neoplasm of cauda equina                              |

| <b>ICD-10 CODE</b> | <b>DESCRIPTION</b>   |
|--------------------|--|
| C72.21             | Malignant neoplasm of right olfactory nerve  |
| C72.22             | Malignant neoplasm of left olfactory nerve   |
| C72.31             | Malignant neoplasm of right optic nerve  |
| C72.32             | Malignant neoplasm of left optic nerve   |
| C72.41             | Malignant neoplasm of right acoustic nerve   |
| C72.42             | Malignant neoplasm of left acoustic nerve  |
| C72.59             | Malignant neoplasm of other cranial nerves   |
| C73                | Malignant neoplasm of thyroid gland  |
| C74.01             | Malignant neoplasm of cortex of right adrenal gland                                |
| C74.02             | Malignant neoplasm of cortex of left adrenal gland                                 |
| C74.11             | Malignant neoplasm of medulla of right adrenal gland                               |
| C74.12             | Malignant neoplasm of medulla of left adrenal gland                                |
| C74.91             | Malignant neoplasm of unspecified part of right adrenal gland                      |
| C74.92             | Malignant neoplasm of unspecified part of left adrenal gland                       |
| C75.0              | Malignant neoplasm of parathyroid gland  |
| C76.0              | Malignant neoplasm of head, face and neck  |
| <b>ICD-10 CODE</b> | <b>DESCRIPTION</b>   |
| C76.1              | Malignant neoplasm of thorax   |
| C76.2              | Malignant neoplasm of abdomen  |
| C76.3              | Malignant neoplasm of pelvis   |
| C76.41             | Malignant neoplasm of right upper limb   |
| C76.42             | Malignant neoplasm of left upper limb  |
| C76.51             | Malignant neoplasm of right lower limb   |
| C76.52             | Malignant neoplasm of left lower limb  |
| C77.0              | Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck |
| C79.31             | Secondary malignant neoplasm of brain  |
| D03.111            | Melanoma in situ of right upper eyelid, including canthus                          |
| D03.112            | Melanoma in situ of right lower eyelid, including canthus                          |
| D03.121            | Melanoma in situ of left upper eyelid, including canthus                           |
| D03.122            | Melanoma in situ of left lower eyelid, including canthus                           |
| D32.0              | Benign neoplasm of cerebral meninges   |

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| D33.3       | Benign neoplasm of cranial nerves                    |
| D35.2       | Benign neoplasm of pituitary gland                   |
| D35.3       | Benign neoplasm of craniopharyngeal duct             |
| D35.4       | Benign neoplasm of pineal gland                      |
| D35.6       | Benign neoplasm of aortic body and other paraganglia |
| Q28.2       | Arteriovenous malformation of cerebral vessels       |
| Q28.3       | Other malformations of cerebral vessels              |

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**

\* ICD-10-CM Codes C50.012, C50.122, C50.212, C50.312, C50.412, C50.512, C50.612, C50.812, C50.022 and C50.222, C50.322, C50.422, C50.512, C50.522, C50.622 and C50.822 - Indications will include some left breast tumors due to risk to immediately adjacent cardiac and pericardial structures, though IMRT would only rarely if ever be medically necessary for tumors of the right breast.

**Group 2 Paragraph:**

**Two diagnoses are required for payment.**

The following ICD-10-CM codes must be used in pairs, i.e., a primary diagnosis from the listing below and a secondary diagnosis of Z74.09 **OR** Z78.9 (Other specified conditions influencing health status), must also be on the claim to indicate the record has a specific entry clarifying why IMRT is necessary.

**Group 2 Codes:**

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C52         | Malignant neoplasm of vagina                            |
| C53.0       | Malignant neoplasm of endocervix                        |
| C53.1       | Malignant neoplasm of exocervix                         |
| C53.8       | Malignant neoplasm of overlapping sites of cervix uteri |
| C54.0       | Malignant neoplasm of isthmus uteri                     |
| C54.1       | Malignant neoplasm of endometrium                       |
| C54.2       | Malignant neoplasm of myometrium                        |
| C54.3       | Malignant neoplasm of fundus uteri                      |
| C54.8       | Malignant neoplasm of overlapping sites of corpus uteri |
| C56.1       | Malignant neoplasm of right ovary                       |
| C56.2       | Malignant neoplasm of left ovary                        |
| C57.01      | Malignant neoplasm of right fallopian tube              |



| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| C57.02      | Malignant neoplasm of left fallopian tube  |
| C57.11      | Malignant neoplasm of right broad ligament   |
| C57.12      | Malignant neoplasm of left broad ligament  |
| C57.21      | Malignant neoplasm of right round ligament   |
| C57.22      | Malignant neoplasm of left round ligament  |
| C57.3       | Malignant neoplasm of parametrium  |
| C57.7       | Malignant neoplasm of other specified female genital organs                                    |
| C57.8       | Malignant neoplasm of overlapping sites of female genital organs                               |
| C67.0       | Malignant neoplasm of trigone of bladder   |
| C67.1       | Malignant neoplasm of dome of bladder  |
| C67.2       | Malignant neoplasm of lateral wall of bladder  |
| C67.3       | Malignant neoplasm of anterior wall of bladder   |
| C67.4       | Malignant neoplasm of posterior wall of bladder  |
| C67.5       | Malignant neoplasm of bladder neck   |
| C67.6       | Malignant neoplasm of ureteric orifice   |
| C67.7       | Malignant neoplasm of urachus  |
| C67.8       | Malignant neoplasm of overlapping sites of bladder   |
| C78.01      | Secondary malignant neoplasm of right lung   |
| C78.02      | Secondary malignant neoplasm of left lung  |
| C81.00      | Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site                              |
| C81.01      | Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C81.02      | Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C81.03      | Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes                   |
| C81.04      | Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb          |
| C81.05      | Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.06      | Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes                       |
| C81.07      | Nodular lymphocyte predominant Hodgkin lymphoma, spleen  |
| C81.08      | Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites                 |
| C81.09      | Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites              |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C81.10      | Nodular sclerosis Hodgkin lymphoma, unspecified site                                |
| C81.11      | Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck             |
| C81.12      | Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes                       |
| C81.13      | Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes                     |
| C81.14      | Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb            |
| C81.15      | Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb   |
| C81.16      | Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes                         |
| C81.17      | Nodular sclerosis Hodgkin lymphoma, spleen  |
| C81.18      | Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites                   |
| C81.19      | Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites                |
| C81.20      | Mixed cellularity Hodgkin lymphoma, unspecified site                                |
| C81.21      | Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck             |
| C81.22      | Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes                       |
| C81.23      | Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes                     |
| C81.24      | Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb            |
| C81.25      | Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb   |
| C81.26      | Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes                         |
| C81.27      | Mixed cellularity Hodgkin lymphoma, spleen  |
| C81.28      | Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites                   |
| C81.29      | Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites                |
| C81.30      | Lymphocyte depleted Hodgkin lymphoma, unspecified site                              |
| C81.31      | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C81.32      | Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C81.33      | Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes                   |
| C81.34      | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb          |
| C81.35      | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.36      | Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes                       |
| C81.37      | Lymphocyte depleted Hodgkin lymphoma, spleen  |
| C81.38      | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites                 |
| C81.39      | Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites              |
| C81.40      | Lymphocyte-rich Hodgkin lymphoma, unspecified site                                  |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C81.41      | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C81.42      | Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C81.43      | Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes                   |
| C81.44      | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb          |
| C81.45      | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.46      | Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes                       |
| C81.47      | Lymphocyte-rich Hodgkin lymphoma, spleen  |
| C81.48      | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites                 |
| C81.49      | Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites              |
| C81.70      | Other Hodgkin lymphoma, unspecified site  |
| C81.71      | Other Hodgkin lymphoma, lymph nodes of head, face, and neck                     |
| C81.72      | Other Hodgkin lymphoma, intrathoracic lymph nodes                               |
| C81.73      | Other Hodgkin lymphoma, intra-abdominal lymph nodes                             |
| C81.74      | Other Hodgkin lymphoma, lymph nodes of axilla and upper limb                    |
| C81.75      | Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb           |
| C81.76      | Other Hodgkin lymphoma, intrapelvic lymph nodes                                 |
| C81.77      | Other Hodgkin lymphoma, spleen  |
| C81.78      | Other Hodgkin lymphoma, lymph nodes of multiple sites                           |
| C81.79      | Other Hodgkin lymphoma, extranodal and solid organ sites                        |
| C81.90      | Hodgkin lymphoma, unspecified, unspecified site                                 |
| C81.91      | Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck              |
| C81.92      | Hodgkin lymphoma, unspecified, intrathoracic lymph nodes                        |
| C81.93      | Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes                      |
| C81.94      | Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb             |
| C81.95      | Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb    |
| C81.96      | Hodgkin lymphoma, unspecified, intrapelvic lymph nodes                          |
| C81.97      | Hodgkin lymphoma, unspecified, spleen   |
| C81.98      | Hodgkin lymphoma, unspecified, lymph nodes of multiple sites                    |
| C81.99      | Hodgkin lymphoma, unspecified, extranodal and solid organ sites                 |
| ICD-10 CODE | DESCRIPTION   |
| C82.00      | Follicular lymphoma grade I, unspecified site                                   |
| C82.01      | Follicular lymphoma grade I, lymph nodes of head, face, and neck                |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C82.02      | Follicular lymphoma grade I, intrathoracic lymph nodes                                    |
| C82.03      | Follicular lymphoma grade I, intra-abdominal lymph nodes                                  |
| C82.04      | Follicular lymphoma grade I, lymph nodes of axilla and upper limb                         |
| C82.05      | Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb                |
| C82.06      | Follicular lymphoma grade I, intrapelvic lymph nodes                                      |
| C82.07      | Follicular lymphoma grade I, spleen   |
| C82.08      | Follicular lymphoma grade I, lymph nodes of multiple sites                                |
| C82.09      | Follicular lymphoma grade I, extranodal and solid organ sites                             |
| C82.10      | Follicular lymphoma grade II, unspecified site  |
| C82.11      | Follicular lymphoma grade II, lymph nodes of head, face, and neck                         |
| C82.12      | Follicular lymphoma grade II, intrathoracic lymph nodes                                   |
| C82.13      | Follicular lymphoma grade II, intra-abdominal lymph nodes                                 |
| C82.14      | Follicular lymphoma grade II, lymph nodes of axilla and upper limb                        |
| C82.15      | Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb               |
| C82.16      | Follicular lymphoma grade II, intrapelvic lymph nodes                                     |
| C82.17      | Follicular lymphoma grade II, spleen  |
| C82.18      | Follicular lymphoma grade II, lymph nodes of multiple sites                               |
| C82.19      | Follicular lymphoma grade II, extranodal and solid organ sites                            |
| C82.20      | Follicular lymphoma grade III, unspecified, unspecified site                              |
| C82.21      | Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck           |
| C82.22      | Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes                     |
| C82.23      | Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes                   |
| C82.24      | Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb          |
| C82.25      | Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb |
| C82.26      | Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes                       |
| C82.27      | Follicular lymphoma grade III, unspecified, spleen  |
| C82.28      | Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites                 |
| C82.29      | Follicular lymphoma grade III, unspecified, extranodal and solid organ sites              |
| C82.30      | Follicular lymphoma grade IIIa, unspecified site  |
| C82.31      | Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck                       |
| C82.32      | Follicular lymphoma grade IIIa, intrathoracic lymph nodes                                 |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C82.33      | Follicular lymphoma grade IIIa, intra-abdominal lymph nodes                     |
| C82.34      | Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb            |
| C82.35      | Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb   |
| C82.36      | Follicular lymphoma grade IIIa, intrapelvic lymph nodes                         |
| C82.37      | Follicular lymphoma grade IIIa, spleen  |
| C82.38      | Follicular lymphoma grade IIIa, lymph nodes of multiple sites                   |
| C82.39      | Follicular lymphoma grade IIIa, extranodal and solid organ sites                |
| C82.40      | Follicular lymphoma grade IIIb, unspecified site                                |
| C82.41      | Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck             |
| C82.42      | Follicular lymphoma grade IIIb, intrathoracic lymph nodes                       |
| C82.43      | Follicular lymphoma grade IIIb, intra-abdominal lymph nodes                     |
| C82.44      | Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb            |
| C82.45      | Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb   |
| C82.46      | Follicular lymphoma grade IIIb, intrapelvic lymph nodes                         |
| C82.47      | Follicular lymphoma grade IIIb, spleen  |
| C82.48      | Follicular lymphoma grade IIIb, lymph nodes of multiple sites                   |
| C82.49      | Follicular lymphoma grade IIIb, extranodal and solid organ sites                |
| C82.50      | Diffuse follicle center lymphoma, unspecified site                              |
| C82.51      | Diffuse follicle center lymphoma, lymph nodes of head, face, and neck           |
| C82.52      | Diffuse follicle center lymphoma, intrathoracic lymph nodes                     |
| C82.53      | Diffuse follicle center lymphoma, intra-abdominal lymph nodes                   |
| C82.54      | Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb          |
| C82.55      | Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb |
| C82.56      | Diffuse follicle center lymphoma, intrapelvic lymph nodes                       |
| C82.57      | Diffuse follicle center lymphoma, spleen  |
| C82.58      | Diffuse follicle center lymphoma, lymph nodes of multiple sites                 |
| C82.59      | Diffuse follicle center lymphoma, extranodal and solid organ sites              |
| C82.60      | Cutaneous follicle center lymphoma, unspecified site                            |
| C82.61      | Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck         |
| C82.62      | Cutaneous follicle center lymphoma, intrathoracic lymph nodes                   |
| C82.63      | Cutaneous follicle center lymphoma, intra-abdominal lymph nodes                 |
| C82.64      | Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb        |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C82.65      | Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb |
| C82.66      | Cutaneous follicle center lymphoma, intrapelvic lymph nodes                       |
| C82.67      | Cutaneous follicle center lymphoma, spleen  |
| C82.68      | Cutaneous follicle center lymphoma, lymph nodes of multiple sites                 |
| C82.69      | Cutaneous follicle center lymphoma, extranodal and solid organ sites              |
| C82.80      | Other types of follicular lymphoma, unspecified site                              |
| C82.81      | Other types of follicular lymphoma, lymph nodes of head, face, and neck           |
| C82.82      | Other types of follicular lymphoma, intrathoracic lymph nodes                     |
| C82.83      | Other types of follicular lymphoma, intra-abdominal lymph nodes                   |
| C82.84      | Other types of follicular lymphoma, lymph nodes of axilla and upper limb          |
| C82.85      | Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb |
| C82.86      | Other types of follicular lymphoma, intrapelvic lymph nodes                       |
| C82.87      | Other types of follicular lymphoma, spleen  |
| C82.88      | Other types of follicular lymphoma, lymph nodes of multiple sites                 |
| C82.89      | Other types of follicular lymphoma, extranodal and solid organ sites              |
| C82.90      | Follicular lymphoma, unspecified, unspecified site                                |
| C82.91      | Follicular lymphoma, unspecified, lymph nodes of head, face, and neck             |
| C82.92      | Follicular lymphoma, unspecified, intrathoracic lymph nodes                       |
| C82.93      | Follicular lymphoma, unspecified, intra-abdominal lymph nodes                     |
| C82.94      | Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb            |
| C82.95      | Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb   |
| C82.96      | Follicular lymphoma, unspecified, intrapelvic lymph nodes                         |
| C82.97      | Follicular lymphoma, unspecified, spleen  |
| C82.98      | Follicular lymphoma, unspecified, lymph nodes of multiple sites                   |
| C82.99      | Follicular lymphoma, unspecified, extranodal and solid organ sites                |
| C83.00      | Small cell B-cell lymphoma, unspecified site                                      |
| C83.01      | Small cell B-cell lymphoma, lymph nodes of head, face, and neck                   |
| C83.02      | Small cell B-cell lymphoma, intrathoracic lymph nodes                             |
| C83.03      | Small cell B-cell lymphoma, intra-abdominal lymph nodes                           |
| C83.04      | Small cell B-cell lymphoma, lymph nodes of axilla and upper limb                  |
| C83.05      | Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb         |
| C83.06      | Small cell B-cell lymphoma, intrapelvic lymph nodes                               |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C83.07      | Small cell B-cell lymphoma, spleen  |
| C83.08      | Small cell B-cell lymphoma, lymph nodes of multiple sites                       |
| C83.09      | Small cell B-cell lymphoma, extranodal and solid organ sites                    |
| ICD-10 CODE | DESCRIPTION   |
| C83.30      | Diffuse large B-cell lymphoma, unspecified site                                 |
| C83.31      | Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck              |
| C83.32      | Diffuse large B-cell lymphoma, intrathoracic lymph nodes                        |
| C83.33      | Diffuse large B-cell lymphoma, intra-abdominal lymph nodes                      |
| C83.34      | Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb             |
| C83.35      | Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb    |
| C83.36      | Diffuse large B-cell lymphoma, intrapelvic lymph nodes                          |
| C83.37      | Diffuse large B-cell lymphoma, spleen   |
| C83.38      | Diffuse large B-cell lymphoma, lymph nodes of multiple sites                    |
| C83.39      | Diffuse large B-cell lymphoma, extranodal and solid organ sites                 |
| C83.50      | Lymphoblastic (diffuse) lymphoma, unspecified site                              |
| C83.51      | Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck           |
| C83.52      | Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes                     |
| C83.53      | Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes                   |
| C83.54      | Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb          |
| C83.55      | Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb |
| C83.56      | Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes                       |
| C83.57      | Lymphoblastic (diffuse) lymphoma, spleen  |
| C83.58      | Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites                 |
| C83.59      | Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites              |
| C83.70      | Burkitt lymphoma, unspecified site  |
| C83.71      | Burkitt lymphoma, lymph nodes of head, face, and neck                           |
| C83.72      | Burkitt lymphoma, intrathoracic lymph nodes                                     |
| C83.73      | Burkitt lymphoma, intra-abdominal lymph nodes                                   |
| C83.74      | Burkitt lymphoma, lymph nodes of axilla and upper limb                          |
| C83.75      | Burkitt lymphoma, lymph nodes of inguinal region and lower limb                 |
| C83.76      | Burkitt lymphoma, intrapelvic lymph nodes                                       |
| C83.77      | Burkitt lymphoma, spleen  |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C83.78      | Burkitt lymphoma, lymph nodes of multiple sites   |
| C83.79      | Burkitt lymphoma, extranodal and solid organ sites  |
| C83.80      | Other non-follicular lymphoma, unspecified site   |
| C83.81      | Other non-follicular lymphoma, lymph nodes of head, face, and neck                            |
| C83.82      | Other non-follicular lymphoma, intrathoracic lymph nodes                                      |
| C83.83      | Other non-follicular lymphoma, intra-abdominal lymph nodes                                    |
| C83.84      | Other non-follicular lymphoma, lymph nodes of axilla and upper limb                           |
| C83.85      | Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb                  |
| C83.86      | Other non-follicular lymphoma, intrapelvic lymph nodes  |
| C83.87      | Other non-follicular lymphoma, spleen   |
| C83.88      | Other non-follicular lymphoma, lymph nodes of multiple sites                                  |
| C83.89      | Other non-follicular lymphoma, extranodal and solid organ sites                               |
| C83.90      | Non-follicular (diffuse) lymphoma, unspecified, unspecified site                              |
| C83.91      | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck           |
| C83.92      | Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes                     |
| C83.93      | Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes                   |
| C83.94      | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb          |
| C83.95      | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| C83.96      | Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes                       |
| C83.97      | Non-follicular (diffuse) lymphoma, unspecified, spleen  |
| C83.98      | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites                 |
| C83.99      | Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites              |
| C84.01      | Mycosis fungoides, lymph nodes of head, face, and neck  |
| C84.02      | Mycosis fungoides, intrathoracic lymph nodes  |
| C84.03      | Mycosis fungoides, intra-abdominal lymph nodes  |
| C84.04      | Mycosis fungoides, lymph nodes of axilla and upper limb                                       |
| C84.05      | Mycosis fungoides, lymph nodes of inguinal region and lower limb                              |
| C84.06      | Mycosis fungoides, intrapelvic lymph nodes  |
| C84.07      | Mycosis fungoides, spleen   |
| C84.08      | Mycosis fungoides, lymph nodes of multiple sites  |
| C84.09      | Mycosis fungoides, extranodal and solid organ sites   |



| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C84.11      | Sezary disease, lymph nodes of head, face, and neck                                       |
| C84.12      | Sezary disease, intrathoracic lymph nodes   |
| C84.13      | Sezary disease, intra-abdominal lymph nodes   |
| C84.14      | Sezary disease, lymph nodes of axilla and upper limb                                      |
| C84.15      | Sezary disease, lymph nodes of inguinal region and lower limb                             |
| C84.16      | Sezary disease, intrapelvic lymph nodes   |
| C84.17      | Sezary disease, spleen  |
| C84.18      | Sezary disease, lymph nodes of multiple sites   |
| C84.19      | Sezary disease, extranodal and solid organ sites  |
| C84.40      | Peripheral T-cell lymphoma, not classified, unspecified site                              |
| C84.41      | Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck           |
| C84.42      | Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes                     |
| C84.43      | Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes                   |
| C84.44      | Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb          |
| C84.45      | Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb |
| C84.46      | Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes                       |
| C84.47      | Peripheral T-cell lymphoma, not classified, spleen  |
| C84.48      | Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites                 |
| C84.49      | Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites              |
| C84.A0      | Cutaneous T-cell lymphoma, unspecified, unspecified site                                  |
| C84.A1      | Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck                |
| C84.A2      | Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes                         |
| C84.A3      | Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes                       |
| C84.A4      | Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb              |
| C84.A5      | Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb     |
| C84.A6      | Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes                           |
| C84.A7      | Cutaneous T-cell lymphoma, unspecified, spleen  |
| C84.A8      | Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites                     |
| C84.A9      | Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites                  |
| C84.Z0      | Other mature T/NK-cell lymphomas, unspecified site  |

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| C84.Z1      | Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck                  |
| C84.Z2      | Other mature T/NK-cell lymphomas, intrathoracic lymph nodes                            |
| C84.Z3      | Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes                          |
| C84.Z4      | Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb                 |
| C84.Z5      | Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb        |
| C84.Z6      | Other mature T/NK-cell lymphomas, intrapelvic lymph nodes                              |
| C84.Z7      | Other mature T/NK-cell lymphomas, spleen   |
| C84.Z8      | Other mature T/NK-cell lymphomas, lymph nodes of multiple sites                        |
| C84.Z9      | Other mature T/NK-cell lymphomas, extranodal and solid organ sites                     |
| C84.90      | Mature T/NK-cell lymphomas, unspecified, unspecified site                              |
| C84.91      | Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck           |
| ICD-10 CODE | DESCRIPTION  |
| C84.92      | Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes                     |
| C84.93      | Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes                   |
| C84.94      | Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb          |
| C84.95      | Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb |
| C84.96      | Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes                       |
| C84.97      | Mature T/NK-cell lymphomas, unspecified, spleen  |
| C84.98      | Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites                 |
| C84.99      | Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites              |
| C85.10      | Unspecified B-cell lymphoma, unspecified site  |
| C85.11      | Unspecified B-cell lymphoma, lymph nodes of head, face, and neck                       |
| C85.12      | Unspecified B-cell lymphoma, intrathoracic lymph nodes                                 |
| C85.13      | Unspecified B-cell lymphoma, intra-abdominal lymph nodes                               |
| C85.14      | Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb                      |
| C85.15      | Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb             |
| C85.16      | Unspecified B-cell lymphoma, intrapelvic lymph nodes                                   |
| C85.17      | Unspecified B-cell lymphoma, spleen  |
| C85.18      | Unspecified B-cell lymphoma, lymph nodes of multiple sites                             |
| C85.19      | Unspecified B-cell lymphoma, extranodal and solid organ sites                          |
| C85.20      | Mediastinal (thymic) large B-cell lymphoma, unspecified site                           |

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| C85.21      | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck              |
| C85.22      | Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes                        |
| C85.23      | Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes                      |
| C85.24      | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb             |
| C85.25      | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb    |
| C85.26      | Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes                          |
| C85.27      | Mediastinal (thymic) large B-cell lymphoma, spleen   |
| C85.28      | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites                    |
| C85.29      | Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites                 |
| C85.80      | Other specified types of non-Hodgkin lymphoma, unspecified site                              |
| C85.81      | Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C85.82      | Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C85.83      | Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes                   |
| C85.84      | Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb          |
| C85.85      | Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C85.86      | Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes                       |
| C85.87      | Other specified types of non-Hodgkin lymphoma, spleen  |
| C85.88      | Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites                 |
| C85.89      | Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites              |
| C85.90      | Non-Hodgkin lymphoma, unspecified, unspecified site  |
| C85.91      | Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck                       |
| C85.92      | Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes                                 |
| C85.93      | Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes                               |
| C85.94      | Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb                      |
| C85.95      | Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb             |
| C85.96      | Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes                                   |
| C85.97      | Non-Hodgkin lymphoma, unspecified, spleen  |
| C85.98      | Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites                             |
| C85.99      | Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites                          |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| C86.0       | Extranodal NK/T-cell lymphoma, nasal type   |
| C86.1       | Hepatosplenic T-cell lymphoma   |
| C86.2       | Enteropathy-type (intestinal) T-cell lymphoma                                     |
| C86.3       | Subcutaneous panniculitis-like T-cell lymphoma                                    |
| C86.4       | Blastic NK-cell lymphoma  |
| C86.5       | Angioimmunoblastic T-cell lymphoma  |
| C86.6       | Primary cutaneous CD30-positive T-cell proliferations                             |
| C91.40      | Hairy cell leukemia not having achieved remission                                 |
| C91.41      | Hairy cell leukemia, in remission   |
| C91.42      | Hairy cell leukemia, in relapse   |
| C96.0       | Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis         |
| C96.20      | Malignant mast cell neoplasm, unspecified   |
| C96.21      | Aggressive systemic mastocytosis  |
| C96.22      | Mast cell sarcoma   |
| C96.29      | Other malignant mast cell neoplasm  |
| C96.4       | Sarcoma of dendritic cells (accessory cells)                                      |
| C96.A       | Histiocytic sarcoma   |
| C96.Z       | Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue |
| C96.9       | Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified     |
| Z74.09*     | Other reduced mobility  |
| Z78.9*      | Other specified health status   |

**Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:**

\*ICD-10-CM Z74.09 **OR** Z78.9 must be billed as a secondary diagnosis to the non-asterisked ICD-10-CM codes listed above as primary diagnoses. (Two diagnoses are required for payment) - A relatively small number of gynecologic tumors, some lymphomas, some malignant lymph nodes and some sarcomas may need the added precision of IMRT in order to avoid critical adjacent structures. For these indications to be accepted for IMRT, the separate ICD-10-CM code Z74.09 **OR** Z78.9 (Other specified conditions influencing health status) must also be on the claim to indicate the record has a specific entry clarifying why IMRT is necessary. Records must be submitted to Medicare on request.

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

**All** ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity above.

## **Additional ICD-10 Information**

All ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity above. However, as IMRT is an evolving technology, Noridian will accept recommendations from radiation oncologists for expanded coverage in this LCD. However, these requests for reconsideration must be submitted as a formal reconsideration (See [www.noridianmedicare.com](http://www.noridianmedicare.com) for the reconsideration process.) and must be accompanied by complete copies of relevant peer-reviewed literature that support the recommendation. Further, Noridian will give individual consideration to those claims that have been denied but might be justified by the peer-reviewed literature.

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# **General Information**

## **Associated Information**

Documentation in the patient's medical records **must** support:

1. The reasonable and necessary requirements as outlined under the Indications and Limitations of Coverage and/or Medical Necessity section of this policy and must be available to Medicare for review upon request.
2. The prescription must define the goals and requirements of the treatment plan, including the specific dose constraints for the target(s) and nearby critical structures.
3. A statement by the treating physician documenting the special need for performing IMRT on the patient in question, rather than performing conventional or 3-dimensional treatment planning and delivery.
4. Signed and dated IMRT inverse plan that meets prescribed dose constraints for the planning target volume (PTV) and surrounding normal tissue using either dynamic multi-leaf collimator (DMLC) or segmented multi-leaf collimator (SMLC) (average number of "steps" required to meet IMRT delivery is 5), or inverse planned IMRT solid compensators to achieve intensity modulation radiation delivery.
5. The target verification methodology that includes the following:
  - a. Documentation of the clinical treatment volume (CTV) and the planning target volume (PTV).
  - b. Documentation of immobilization and patient positioning.
  - c. Means of dose verification and secondary means of verification.
6. The monitor units (MUs) generated by the IMRT treatment plan must be independently checked before the patient's first treatment.
7. Documentation of fluence distributions re-computed in a phantom is required, or an equivalent methodology consistent with Patient Specific IMRT Treatment Verification described above.
8. Documentation that accounts for structures moving in and out of high and low dose regions created by respiration. Voluntary breath holding **is not** considered appropriate and the solution for movement can best be accomplished with gating technology.
9. Documentation for clinical treatment planning (77261-77263) should evidence the criteria are met which are outlined in [The ASTRO/ACR Guide to Radiation Oncology Coding 2005](#) (p.38).

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

The Section titled "Does the 'CPT 30% Rule' apply" needs clarification. This rule comes from the AMA (American Medical Association), the organization that holds the copyrights for all CPT codes. The rule states that if, in a given section (e.g., **surgery**) or subsection (e.g., surgery, **integumentary**) of the CPT Manual, more than 30% of the codes are listed in the LMRP, then the short descriptors must be used rather than the long descriptors found in the CPT Manual.

This policy is subject to the reasonable and necessary guidelines and the limitation of liability provision.

### Sources of Information

? American College of Radiology (ACR) Radiation Oncology Carrier Advisory Committee (CAC) Network Model Policy on Intensity Modulated Radiation Therapy (IMRT), which had also been reviewed and approved by The American Society for Therapeutic Radiation and Oncology (ASTRO) Regulatory Subcommittee and Health Policy and Economics Committee (HPE), received by Noridian May 17, 2005.

- The ACR/ASTRO Guide to Radiation Oncology Coding 2005.
- The ASTRO Position on Specifying Patient Specific Treatment Verification in IMRT, October 2004.
- Other contractors' LCDs
- Noridian Carrier Advisory Committee Members

### Bibliography

N/A

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## Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION  | REASON(S) FOR CHANGE   |
|-----------------------|-------------------------|---|--|
| 10/01/2018            | R9                      | 05/21/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.<br><br><b>Use of Simulation-Aided Field Setting in</b> | <ul style="list-style-type: none"> <li>• Other (Consistency with NCCI.)</li> </ul> |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION  | REASON(S) FOR CHANGE   |
|-----------------------|-------------------------|---|--|
|                       |                         | <p><b>IMRT (CPT 77280-77295)</b> is revised to delete the last sentence, "Also, a simple simulation (77280) may be appropriately provided and claimed once during a course of IMRT, either as a separate or at the time of the first fraction, where the record documents the simulation is for the purpose of field verification, and occurs on a separate day from and after 77290.", consistent with NCCI.</p>   |  |
| 10/01/2018            | R8                      | <p>09.06.18: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>The following ICD-10 Codes were added to the ICD-10 Codes that Support Medical Necessity field: C43.111; C43.112; C43.121; C43.122; C4A.111; C4A.112; C4A.121; C4A.122; C44.1121; C44.112; C44.1191; C44.1192; C44.1221; C44.1222; C44.1921; C44.1922; C44.1991; C44.1992; D03.111; D03.112; D03.121; D03.122.</p> <p>This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2018.</p> | <ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>                                    |
| 10/01/2017            | R7                      | <p>08/20/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD is revised to add the following diagnoses effective 10/01/2017:</p> <p>C78.01 and C78.02, per reconsideration request.</p>   | <ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> <li>• Reconsideration Request</li> </ul> |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION   | REASON(S) FOR CHANGE  |
|-----------------------|-------------------------|--|---|
|                       |                         | <p>C96.20, C96.21, C96.22 and C96.29 are added and C96.2 is deleted per the 2017 ICD-10 annual update.</p> <p>C77.0 was included in Group I and in Group II. ICD-10 code is removed from Group II and does not require a secondary diagnosis.</p>  |   |
| 10/01/2015            | R6                      | Group 2 diagnosis listing: LCD is revised to clarify that Z74.09 OR Z78.9 is required as a secondary diagnosis rather than both being required. The Part A LCD L34251 is retired effective 8/24/16 and combined into the existing Part B LCD so that both will have the same MCD LCD number.   | <ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>   |
| 10/01/2015            | R5                      | Group 1: Medical Necessity ICD-10 Codes Asterisk Explanation is revised to add "necessary for tumors of the right breast." to the end of the sentence.   | <ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>   |
| 10/01/2015            | R4                      | LCD is revised to add the following diagnoses effective 10/1/2015: C34.91 and C34.92.  | <ul style="list-style-type: none"> <li>• Reconsideration Request</li> </ul>   |
| 10/01/2015            | R3                      | LCD is revised to add ICD-10 diagnosis C09.9 effective 10/1/2015.  | <ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>   |
| 10/01/2015            | R2                      | This LCD is revised to remove the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review " from the Associated Information field. | <ul style="list-style-type: none"> <li>• Other (Removed the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.")</li> </ul> |
| 10/01/2015            | R1                      | The following HCPCS codes were replaced due to CPT 2015 updates: 77418 with  | <ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code</li> </ul>   |



| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION   | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|--|----------------------|
|                       |                         | G6015 and 0073T with G6016. Other coding deletions/additions were made in Indications and Limitations of Coverage. | Changes              |

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## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

N/A

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 05/22/2019 with effective dates 10/01/2018 - N/A

Updated on 09/06/2018 with effective dates 10/01/2018 - N/A

Updated on 08/21/2017 with effective dates 10/01/2017 - 09/30/2018

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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## Keywords

- Intensity
- Modulated
- Radiation
- Therapy
- IMRT
- 77301
- 77338
- G6015
- G6016
- Malignant
- neoplasm