

Bendamustine: **Belrapzo®; Bendamustine; Bendeka®; Treanda®;** **Vivimusta®** **(Intravenous)**

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I. Length of Authorization ^{1-6,9,14,18,30}

- Initial: Prior authorization validity will be provided initially for 6 months (180 days), unless otherwise specified.
 - Multiple Myeloma: Prior authorization validity will be provided initially for a maximum of 8 months (240 days), 16 total doses.
- Renewal: Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

NHL:

- 600 billable units every 21 days

WM/LPL:

- 450 billable units every 28 days

Hodgkin Lymphoma:

- 600 billable units every 28 days

CLL/SLL, Systemic Light Chain Amyloidosis & Multiple Myeloma:

- 500 billable units every 28 days

HSCT Conditioning:

- 500 billable units for 2 doses

III. Initial Approval Criteria ^{1-4,30}

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age, unless otherwise specified; **AND**

- Member must not have received bendamustine in a previous line of therapy, unless otherwise specified; **AND**

Non-Hodgkin Lymphoma (NHL) † ‡ ◻ 1-5,16,27,30

- Prior authorization validity is provided for B-Cell Lymphomas when † ‡
 - Used as subsequent therapy; **AND**
 - Used as a single agent for indolent lymphoma †; **OR**
 - Used in combination with rituximab for:
 - Classic Follicular Lymphoma (cFL)
 - Extranodal Marginal Zone Lymphoma (EMZL) of the Stomach & Nongastric Sites (Noncutaneous)
 - Mantle Cell Lymphoma (*may also be used as a component of RBAC500 [rituximab, bendamustine, and cytarabine]*)
 - Nodal Marginal Zone Lymphoma
 - Splenic Marginal Zone Lymphoma; **OR**
 - Used in combination with obinutuzumab for:
 - Classic Follicular Lymphoma (cFL)
 - Extranodal Marginal Zone Lymphoma (EMZL) of the Stomach & Nongastric Sites (Noncutaneous)
 - Nodal Marginal Zone Lymphoma
 - Splenic Marginal Zone Lymphoma; **OR**
 - Used in combination with polatuzumab (with or without rituximab) for:
 - HIV-Related Diffuse Large B-Cell Lymphoma (DLBCL), Primary Effusion Lymphoma, or HHV8-positive DLBCL, not otherwise specified (NOS)
 - HIV-Related plasmablastic lymphoma (*excluding use with rituximab*)
 - DLBCL
 - Histologic Transformation of Indolent Lymphomas to DLBCL
 - High-Grade B-Cell Lymphomas
 - Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type); **OR**
 - Used as first-line therapy; **AND**
 - Used in combination with a rituximab-based regimen for:
 - Classic Follicular Lymphoma (cFL)
 - Extranodal Marginal Zone Lymphoma (EMZL) of the Stomach & Nongastric Sites (Noncutaneous)
 - Mantle Cell Lymphoma
 - Nodal Marginal Zone Lymphoma

- Splenic Marginal Zone Lymphoma; **OR**
 - Used in combination with obinutuzumab for:
 - Classic Follicular Lymphoma (cFL)
 - Nodal Marginal Zone Lymphoma; **OR**
- Used as CAR T-cell bridging therapy after leukapheresis; **AND**
 - Used in combination with polatuzumab (with or without rituximab) for:
 - HIV-Related DLBCL, primary effusion lymphoma, or HHV8-positive DLBCL, NOS
 - HIV-Related plasmablastic lymphoma (*excluding use with rituximab*)
 - High-Grade B-Cell Lymphomas
 - DLBCL
 - Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type)
- Prior authorization validity is provided for the following T-Cell Lymphomas †
 - Adult T-Cell Leukemia/Lymphoma
 - Used as a single agent; **AND**
 - Used as subsequent therapy for non-responders to first-line therapy for chronic high risk, acute, or lymphoma subtypes
 - Breast Implant-Associated Anaplastic Large Cell Lymphoma (ALCL)
 - Used as subsequent therapy as a single agent for relapsed or refractory disease
 - Hepatosplenic T-Cell Lymphoma
 - Used as subsequent therapy as a single agent for refractory disease after two (2) first-line therapy regimens
 - Peripheral T-Cell Lymphomas (*includes all of the following: anaplastic large cell lymphoma [ALCL], peripheral T-cell lymphoma not otherwise specified [PTCL-NOS], angioimmunoblastic T-cell lymphoma [AITL], enteropathy-associated T-cell lymphoma [EATL], monomorphic epitheliotropic intestinal T-cell lymphoma [MEITL], nodal peripheral T-cell lymphoma with TFH phenotype/nodal TFH cell lymphoma [Nodal PTCL, TFH], or follicular T-cell lymphoma [FTCL]*)
 - Used as a single agent; **AND**
 - Used as initial palliative intent therapy; **OR**
 - Used as subsequent therapy for relapsed/refractory or progressive disease
 - T-Cell Prolymphocytic Leukemia
 - Used as a single agent for symptomatic disease

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) † ‡ Φ 1-5,17,30

- Used as first-line therapy; **AND**
 - Used as a single agent †; **OR**

- Used in combination with rituximab or obinutuzumab for disease without del(17p)/TP53 mutations (*excluding use in frail members*); **AND**
 - Covalent Bruton Tyrosine Kinase (BTK) inhibitor (e.g., ibrutinib, acalabrutinib, zanubrutinib) and B-cell Lymphoma-2 inhibitor (BCL2i; e.g., venetoclax) are not available or not feasible; **OR**
- Used as subsequent therapy; **AND**
 - Member has relapsed or refractory disease after prior covalent BTK inhibitor- and venetoclax-based regimens; **AND**
 - Used in combination with rituximab for disease without del(17p)/TP53 mutations in members <65 years of age without significant comorbidities

Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL) ‡ ^{5,23,24,29}

- Used as a single agent or in combination with rituximab; **AND**
 - Used as primary therapy; **OR**
 - Used for relapse, if previously used as primary therapy that was well tolerated and elicited a prolonged response; **OR**
 - Used as alternative therapy if previously treated with a covalent BTK inhibitor or if contraindication to BTK inhibitor therapy; **AND**
 - Member has persistent symptoms following primary therapy OR has not responded to primary therapy; **OR**
 - Used for progressive or relapsed disease; **OR**
 - Used for the management of symptomatic Bing-Neel syndrome; **OR**
 - Used for WM-Related Systemic Light Chain Amyloidosis (*excluding use as single agent*)

Adult Hodgkin Lymphoma ‡ ^{5,6}

- Member has classic Hodgkin Lymphoma (cHL); **AND**
 - Used as second-line or subsequent therapy (if not used second-line) for relapsed or refractory disease; **AND**
 - Used in combination with gemcitabine and vinorelbine; **OR**
 - Used in combination with brentuximab vedotin; **OR**
 - Used as subsequent therapy for disease refractory to at least 3 prior lines of therapy; **AND**
 - Used as a single agent; **OR**
 - Used in combination with carboplatin and etoposide; **OR**
 - Used as palliative therapy for relapsed or refractory disease; **AND**
 - Used as a single agent; **OR**
- Member has Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL); **AND**
 - Used as subsequent therapy for lack of response, progressive, relapsed, or refractory disease; **AND**

- Used in combination with rituximab

Pediatric Hodgkin Lymphoma ‡^{5,6}

- Member is 18 years of age and under*; **AND**
- Used in combination with brentuximab vedotin for relapsed or refractory disease; **OR**
- Used in combination with nivolumab and brentuximab vedotin; **AND**
 - Member has relapsed or refractory disease; **AND**
 - Member is heavily pre-treated with platinum or anthracycline-based chemotherapy or a decrease in cardiac function is observed; **AND**
 - Used as re-induction therapy in combination with involved site radiation therapy (ISRT) in members with highly favorable disease[^]; **OR**
 - Used as re-induction or subsequent therapy

* Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) members up to the age of 39 years.

[^] Recommended for those who may avoid ASCR: initial stage other than IIIB or IVB, no prior exposure to RT, duration of first CR >1 year, absence of extranodal disease or B symptoms at relapse, and adequate response to less than 4 cycles of chemotherapy in those with relapse between 3 and 12 months.

Multiple Myeloma ‡^{5,14,22}

- Used for CNS disease as part of multimodality therapy; **OR**
- Used for relapsed or refractory disease after 3 prior therapies*; **AND**
 - Used as a single agent; **OR**
 - Used in combination with dexamethasone AND either bortezomib, carfilzomib, or lenalidomide

*Regimen may also be used for the treatment of Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein, Skin changes (POEMS), Monoclonal Immunoglobulin Deposition Disease (MIDD), and plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS)

Systemic Light Chain Amyloidosis ‡^{5,18}

- Member has relapsed or refractory disease; **AND**
- Used in combination with dexamethasone

Hematopoietic Cell Transplantation ‡^{5,19}

- Used as conditioning for autologous transplant; **AND**
- Used in combination with etoposide, cytarabine and melphalan; **AND**
- Member has Non-Hodgkin Lymphoma without CNS disease or Hodgkin Lymphoma

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); ☐ Orphan Drug

IV. Renewal Criteria ^{1-5,30}

- Duration of authorization has not been exceeded (*refer to Section I*)

V. Dosage/Administration ^{1-6,9,14,18,19,26,29,30}

Indication	Dose
Non-Hodgkin Lymphoma	Up to 120 mg/m ² intravenously on days 1 and 2 of a 21-day cycle, up to 8 cycles
CLL/SLL & Systemic Light Chain Amyloidosis	Up to 100 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
Waldenström Macroglobulinemia/ Lymphoplasmacytic Lymphoma	Up to 90 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
Hodgkin Lymphoma	Up to 120 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
Multiple Myeloma	Up to 100 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 8 cycles
HSCT Conditioning	Up to 200 mg/m ² intravenously on days –7 and –6 leading up to transplant.

VI. Billing Code/Availability Information

HCPCS Code(s):

- J9033 – Injection, bendamustine hydrochloride, not otherwise specified, 1 mg; 1 billable unit = 1 mg
- J9034 – Injection, bendamustine hcl (bendeka), 1 mg; 1 billable unit = 1 mg
- J9036 – Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg; 1 billable unit = 1 mg
- J9056 – Injection, bendamustine hydrochloride (vivimusta), 1 mg; 1 billable unit = 1 mg
- J9066 – Injection, bendamustine hydrochloride (avyxa), 1 mg; 1 billable unit = 1 mg (*Effective 10/01/2026*)

NDC(s):

- Treanda 100 mg lyophilized powder in a single-dose vial for reconstitution: 63459-0391-xx §
- Treanda 25 mg lyophilized powder in a single-dose vial for reconstitution: 63459-0390-xx §
- Treanda 45 mg/0.5 mL solution in a single-dose vial: 63459-0395-xx *
- Treanda 180 mg/2 mL solution in a single-dose vial: 63459-0396-xx *
- Bendeka 100 mg/4 mL ready-to-dilute solution in a multi-dose vial: 63459-0348-xx Ψ
- Belrapzo 100 mg/4 mL ready-to-dilute solution in a multi-dose vial: 42367-0521-xx Ψ

- Vivimusta 100 mg/4 mL solution in a multi-dose vial: 24338-0270-xx Ψ
- Vivimusta 100 mg/4 mL solution in a multi-dose vial: 71225-0120-xx Ψ
- Bendamustine hydrochloride (Avyxa) 100 mg/4 mL solution in a multi-dose vial: 83831-0183-xx Ψ

- * No longer commercially available
- § Available generically from various manufacturers
- Ψ Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products may be available from several different manufacturers. For a complete list of all available products and NDCs please reference the FDA website at [National Drug Code Directory](#) for Bendamustine. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: [Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA](#)

VII. References

1. Treanda [package insert]. Parsippany, NJ; Teva Pharmaceuticals; October 2022. Accessed August 2026.
2. Bendeka [package insert]. Parsippany, NJ; Teva Pharmaceuticals; January 2024. Accessed August 2026.
3. Belrapzo [package insert]. Woodcliff Lake, NJ; Eagle Pharmaceuticals, Inc.; January 2024. Accessed August 2026.
4. Vivimusta [package insert]. Woburn, MA; Azurity Pharmaceuticals, Inc.; March 2025. Accessed August 2026.
5. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for bendamustine hydrochloride. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2026.
6. Moskowitz AJ, Hamlin PA Jr, Perales MA, et al. Phase II study of bendamustine in relapsed and refractory Hodgkin lymphoma. *J Clin Oncol.* 2013;31(4):456-460.
7. Kahl BS, Bartlett NL, Leonard JP, et al. Bendamustine is effective therapy in patients with rituximab-refractory, indolent B-cell non-Hodgkin lymphoma: results from a Multicenter Study. *Cancer.* 2010;116(1):106-114. doi:10.1002/cncr.24714.
8. Knauf WU, Lissitchkov T, Aldaoud A, et al. Bendamustine compared with chlorambucil in previously untreated patients with chronic lymphocytic leukaemia: updated results of a randomized phase III trial. *Br J Haematol.* 2012;159(1):67-77. doi:10.1111/bjh.12000.
9. Rummel MJ, Niederle N, Maschmeyer G, et al. Bendamustine plus rituximab versus CHOP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: an open-label, multicentre, randomised, phase 3 non-inferiority trial [published correction appears in

- Lancet. 2013 Apr 6;381(9873):1184]. Lancet. 2013;381(9873):1203-1210. doi:10.1016/S0140-6736(12)61763-2.
10. O'Connor OA, Lue JK, Sawas A, et al. Brentuximab vedotin plus bendamustine in relapsed or refractory Hodgkin's lymphoma: an international, multicentre, single-arm, phase 1-2 trial. *Lancet Oncol* 2018; 19:257-266.
 11. Santoro A, Mazza R, Pulsoni A, et al. Bendamustine in Combination With Gemcitabine and Vinorelbine Is an Effective Regimen As Induction Chemotherapy Before Autologous Stem-Cell Transplantation for Relapsed or Refractory Hodgkin Lymphoma: Final Results of a Multicenter Phase II Study. *J Clin Oncol* 2016; 34:3293.
 12. Budde LE, Wu D, Martin DB, et al. Bendamustine with rituximab, etoposide and carboplatin (T(R)EC) in relapsed or refractory aggressive lymphoma: a prospective multicentre phase 1/2 clinical trial. *Br J Haematol*. 2018;183(4):601-607. doi:10.1111/bjh.15585.
 13. Ludwig H, Kasparu H, Leitgeb C, et al. Bendamustine-bortezomib-dexamethasone is an active and well-tolerated regimen in patients with relapsed or refractory multiple myeloma. *Blood*. 2014;123(7):985-991. doi:10.1182/blood-2013-08-521468.
 14. Lentzsch S, O'Sullivan A, Kennedy RC, et al. Combination of bendamustine, lenalidomide, and dexamethasone (BLD) in patients with relapsed or refractory multiple myeloma is feasible and highly effective: results of phase 1/2 open-label, dose escalation study. *Blood*. 2012;119(20):4608-4613. doi:10.1182/blood-2011-12-395715.
 15. Knop S, Straka C, Haen M, Schwedes R, Hebart H, Einsele H. The efficacy and toxicity of bendamustine in recurrent multiple myeloma after high-dose chemotherapy. *Haematologica*. 2005;90(9):1287-1288.
 16. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-Cell Lymphomas 4.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
 17. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
 18. Lentzsch S, Lagos G, Comenzo R, et.al. Bendamustine With Dexamethasone in Relapsed/Refractory Systemic Light-Chain Amyloidosis: Results of a Phase II Study. *J Clin Oncol*. 2020 May 1;38(13):1455-1462. doi: 10.1200/JCO.19.01721. Epub 2020 Feb 21.
 19. Frankiewicz A, Saduś-Wojciechowska M, Najda J, et al. Comparable safety profile of BeEAM (bendamustine, etoposide, cytarabine, melphalan) and BEAM (carmustine, etoposide, cytarabine, melphalan) as conditioning before autologous haematopoietic cell transplantation. *Contemp Oncol (Pozn)* 2018;22:113-117

20. Sehn LH, Chua N, Mayer J, et al. Obinutuzumab plus bendamustine versus bendamustine monotherapy in patients with rituximab-refractory indolent non-Hodgkin lymphoma (GADOLIN): a randomised, controlled, open-label, multicentre, phase 3 trial. *Lancet Oncol* 2016;17:1081-1093.
21. Rummel M, Kaiser U, Balser C, et al. Bendamustine plus rituximab versus fludarabine plus rituximab for patients with relapsed indolent and mantle-cell lymphomas: a multicentre, randomised, open-label, non-inferiority phase 3 trial. *Lancet Oncol*. 2016 Jan;17(1):57-66.
22. Gay F, Gunther A, Offidani M, et al. Carfilzomib, bendamustine, and dexamethasone in patients with advanced multiple myeloma: The EMN09 phase 1/2 study of the European Myeloma Network. *Cancer* 2021;127:3413-3421.
23. Minnema MC, Kimby E, D'Sa S, et al. Guideline for the diagnosis, treatment and response criteria for Bing-Neel syndrome. *Haematologica* 2017;102:43-51.
24. Varettoni M, Marchioni E, Bonfichi M, et al. Successful treatment with Rituximab and Bendamustine in a patient with newly diagnosed Waldenstrom's Macroglobulinemia complicated by Bing-Neel syndrome. *Am J Hematol*. 2015; 90(8):E152–E153.
25. Damaj G, Gressin R, Bouabdallah K, et al. Results from a prospective, open-label, phase II trial of bendamustine in refractory or relapsed T-cell lymphomas: the BENTLY trial. *J Clin Oncol* 2013;31:104- 110.
26. Aubrais R, Bouabdallah K, Chartier L, et al. Salvage therapy with brentuximab-vedotin and bendamustine for patients with R/R PTCL: a retrospective study from the LYSA group. *Blood Adv*. 2023 Oct 10; 7(19): 5733–5742. Published online 2022 Dec 10. doi: 10.1182/bloodadvances.2022008524.
27. ClinicalTrials.gov. NCT02972840. A study of BR alone versus in combination with acalabrutinib in subjects with previously untreated MCL. Updated November 29, 2024. Accessed January 21, 2025. <https://clinicaltrials.gov/study/NCT02972840>
28. Herbaux C, Genet P, Bouabdallah K, et al. Bendamustine is effective in T-cell prolymphocytic leukaemia. *Br J Haematol*. 2015 Mar;168(6):916-9. doi: 10.1111/bjh.13175. Epub 2014 Oct 15. PMID: 25316212.
29. Treon SP, Hanzis C, Tripsas C, et al. Bendamustine therapy in patients with relapsed or refractory Waldenström's macroglobulinemia. *Clin Lymphoma Myeloma Leuk*. 2011 Feb;11(1):133-5. doi: 10.3816/CLML.2011.n.030. PMID: 21454214.
30. Bendamustine [package insert]. New Jersey 07054, USA; Avyxa Pharma, LLC; April 2026. Accessed August 2026.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional 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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	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
C83.398	Diffuse large B-cell lymphoma of other 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

ICD-10	ICD-10 Description
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 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
C84.40	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
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb

ICD-10	ICD-10 Description
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face and neck
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
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes

ICD-10	ICD-10 Description
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	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
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 of 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

ICD-10	ICD-10 Description
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission
C88.00	Waldenström macroglobulinemia not having achieved remission
C88.40	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma) not having reached remission
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
Z85.71	Personal history of Hodgkin lymphoma
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z94.81	Bone marrow transplant status
Z94.84	Stem cells transplant status
Z94.9	Transplanted organ and tissue status, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	Wellpoint Federal
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	Wellpoint Federal
15	KY, OH	CGS Administrators, LLC