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AMERICAN SOCIETY OF CLINICAL ONCOLOGY

KNOWLEDGE CONQUERS CANCER

2024 Coding Updates and Changes: CPT®, HCPCS, and ICD-10

Updated January 2025

Contents

2024 Current Procedural Terminology (CPT) Updates
New, Revised and Deleted CPT Codes for Oncology

This resource is a summary of the coding changes. For full details and guidelines, please refer to the 2024 American Medical Association CPT Professional Edition.

New CPT® Codes

Evaluation and Management Services

99459: Pelvic examination. Add-on code to be used with other primary E/M services.

Pathology and Laboratory Services

Genomic Sequencing Procedures

81457 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability

> 81458 DNA analysis, copy number variants and microsatellite instability
>
> 81459 DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements

81462 Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (e.g., plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements

> 81463 DNA analysis, copy number variants, and microsatellite instability
>
> 81464 DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements

Proprietary Laboratory Analysis (PLA) Codes – Appendix O

0356U Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using a droplet digital PCR (ddPCR), cell free DNA, algorithm reported as a prognostic risk score for cancer recurrence
NavDx, Naveris

0359U Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer

ISOPSA, Cleveland Diagnostics

0360U Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy
Nodify CDT, Biodesix

0362U Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping , fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes
Thyroid GuidePx, Protean BioDiagnostics, Qualisure Diagnostics

0363U Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma
CxBladder Triage, Pacific Edge Diagnostics

0364U Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (MCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantification of disease burden, when appropriate
clonoSEQ Assay, Adaptive Biotechnologies

0365U Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PA11, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a risk score for probability of bladder cancer
Oncuria Detect, DiaCarta Clinical Lab

0366U Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PA11, SDC1, and VEGFA) by immunoassays, urine, algorithm reported as a risk score for probability of recurrent bladder cancer
Oncuria Monitor, DiaCarta Clinical Lab

0367U Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PA11, SDC1, and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
Oncuria Predict, DiaCarta Clinical Lab

0368U Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, , FLI1, CLIP4, ZNF132, and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer
Coloscape Colorectal Cancer Detection, DiaCarta Clinical Lab

0375U Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score
OvaWatch, Aspira Women's Health

0376U Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical features, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes the predictive algorithm to androgen deprivation-therapy response, if appropriate;
ArteraAI Prostate, Artera Inc

0379U Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden
Solid Tumor Expanded Panel, Quest Diagnostics

0387U Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricin (AMLo) by immunohistochemistry, formalin-fixed paraffin embedded (FFPE) tissue, report for risk of progression
AMBLor melanoma prognostic test, Avero Diagnostics

0388U Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with alteration detection
InvisionFirst-Lung Liquid Biopsy, Inivata, Inc

0391U Oncology (solid tumor), DNA and RNA by next generation-sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number variations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score
Strata Select, Strata Oncology Inc

0395U Oncology (lung), multi-omics (microbial DNA by shotgun next generation-sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease
OncobiotaLUNG, Micronoma

0403U Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer
MyProstateScore 2.0, LynxDX

0404U Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression
DiviTum TKA, Biovica Inc, Biovica International AB

0405U Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected
BTG Early Detection of Pancreatic Cancer, Breakthrough Genomics

0406U Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as a likelihood of lung cancer
Cypath Lung, Precision Pathology Services, bioAffinity Technologies Inc

0409U Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next generation-sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability
LiquidHALLMARK, Lucence Health

0410U Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported a cancer detected or not detected
Avantect Pancreatic Cancer Test, ClearNote Health

0413U Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural arrangements, DNA from blood or bone marrow, report of clinically significant alterations
DH Optical Genome Mapping/Digital Karyotyping Assay, The Clinical Genomics and Advanced Technology (CGAT) Laboratory at Dartmouth Health, Bionano Genomics

0414U Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-

L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker
LungOI, Imagene

0418U Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score
PreciseDX Breast Biopsy Test, PreciseDX, PreciseDX NYC

Medicine

Introductory language added for hyperthermic intraperitoneal chemotherapy (HIPEC) procedures which are add-on codes created to be reported in conjunction with specified surgical procedures.

96547 Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed first 60 minutes

96548 each additional 30 minutes

Category II and III codes

Category II codes are used to record performance measurement. Category III codes are temporary codes assigned for emerging technology, services, procedures, and paradigms. Category II and III codes facilitate data collections and are not assigned relative value; therefore, these codes are not reimbursable.

0794T Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have previously been interpreted and reported separately

Revised CPT® Codes

Evaluation and Management Services

Clarification on the risk of parenteral controlled substances has been added to the "Risk of Complications and/or Morbidity or Mortality of Patient Management." The decision to use these substances appears under "high risk of morbidity from treatment" in the medical decision-making table.

Time for office and outpatient E/M codes is no longer described with a time range. Instead, the minimum time previously established must be met or exceeded.

Minimum Time for Office and Outpatient E/M services			
New Patient Code	**Minimum time**	**Established patient Code**	**Minimum Time**
		99211	Not based on time
99202	15 minutes	99212	10 minutes
99203	30 minutes	99213	20 minutes
99204	45 minutes	99214	30 minutes
99205	60 minutes	99215	40 minutes

New tables indicating the time to report initial and subsequent units of prolonged service CPT code 99417 (office and outpatient) have been added and reflect the change from time range to minimum time for office and outpatient service codes.

Pathology and Laboratory Services

Genomic Sequencing Procedures

Guidelines for genomic sequencing technology and analysis has been revised to include applications *other than* next generational sequencing; additionally, the guidelines now encompass definitions pertinent to this technology and a table indicating what must be included in the analysis for reporting.

The code structure for the genomic sequencing analysis codes have been revised for consistency with expansion of the code set.

81445 Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis

81449 RNA analysis

81450 Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis

81451 RNA analysis

81455 Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis

81456 RNA analysis

Proprietary Laboratory Analysis (PLA) Codes

0022U Cholangiocarcinoma has been removed from the descriptor.

0113U The proprietary name has changed from MiPS (Mi-Prostate Score, MLabs to MyProstateScore, Lynx DX.

Medicine

96446 Language revised from “indwelling” catheter to “implanted” catheter.

Deleted CPT® Codes

Propriety Laboratory Analysis (PLA) Codes

0053U Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
Prostate Cancer Risk Panel, Mayo Clinic, Laboratory Developed Test

0324U Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug
3D Predict™ Ovarian Doublet Panel, KIYATEC© Inc

0325U Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug
3D Predict™ Ovarian PARP Panel, KIYATEC© Inc

0357U Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents
Dawn IO Melanoma, InterVenn Biosciences

0397U Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select arrangements, and copy number variants
Agilent Resolution ctDX FIRST, Resolution Bioscience

Guideline Changes

Evaluation and Management Codes

Additional sections have been added for "Split or Shared Services" and "Multiple Evaluation and Management Services on the Same Date" to provide additional guidance, clarification, and definitions for these scenarios.

Guideline qualifications clarify that split or shared service visit code level selection can be based on time or medical decision-making with additional language to determine substantive portion via medical decision making. *Please see ASCO's Split/Shared E/M Services resource.*

Multiple E/M visits may be performed on the same date by the same physician/QHP or another physician/QHP in the same specialty and subspecialty in the same practice. In addition, new definitions pertaining to these visits have been added.

- Per Day: For hospital inpatient and observation and nursing facility services, a single service is to be reported for multiple visits that occur over the course of a single calendar date in the same setting using combined medical decision-making or time.
- Multiple encounters in different settings or facilities: When reporting more than one primary E/M service, time can only be allocated toward the code level selected for an individual service.
- Discharge services:
    - In the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. This constitutes a single stay for E/M purposes.
    - In a different facility: Discharge and initial services may be reported, but time spent on the discharge service cannot be counted towards time of the subsequent service. This constitutes a different stay for E/M purposes.
- Transitions between office/outpatient, home/residence, ED, and the hospital inpatient or observation or nursing facility: If only one service is reported for two settings, the total time on the date of the encounter or total MDM determines the level of service for the reported E/M. Prolonged services are reported as appropriate for the primary service reported, regardless of where the patient was located when

the prolonged services time threshold was met. The reporting physician or other QHP has discretion on choice of primary service.

Hospital Inpatient and Observation Codes

Additional language has been added to clarify admission and discharges service code reporting.

- Hospital/Observation services less than 8 hours: Report only from the initial hospital/observation codes 99221-99223.
- Hospital/Observation services greater than 8 hours and discharged on the same calendar date: Report from the admission/discharge codes 99234-99236. These codes are to only be used by the physician/QHP who performs both the initial and discharge services.
- Hospital/observation services greater than 8 hours and discharged on different calendar date: Report from the initial hospital/observation codes 99221-99223 and from the discharge management codes 99238-99239.

Unlisted Codes

Changes have been made to unlisted code reporting clarifying the use of unlisted codes including the number of times the codes may be used, reporting in addition to Category I and Category II codes when separate work is performed, reporting multiple unlisted codes together, and using modifiers with the unlisted codes. Some sections within the manual may have specific instructions on using the unlisted codes as well.

Healthcare Common Procedure Coding System Update

The Centers for Medicare and Medicaid Services (CMS) publishes updates to the Healthcare Procedure Coding System (HCPCS) on a quarterly basis. Public use files may be downloaded from the "HCPCS Quarterly Update" page. Be sure to update any systems accordingly.

Drugs

NEW Codes

C9145 Injection, aprepritant, (aponvie), 1 mg

C9156 Flotufolastat F 18, diagnostic, 1 millicurie

J0208 Injection, sodium thiosulfate, 100 mg

J1449 Injection, eflapegrastim-xnst, 0.1 mg

J9029 Injection, nadofaragene firadenovec-vncg, per therapeutic dose

J9051 Injection, bortezomib (maia) not therapeutically equivalent to J9041, 0.1 mg

J9056 Injection, bendamustine hydrochloride (vivimusta), 1 mg

J9058 Injection, bendamustine hydrochloride (apotex), 1 mg

J9059 Injection, bendamustine hydrochloride (baxter), 1 mg

J9063 Injection, mirvetuximab soravtansine-gynx, 1 mg

J9064 Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg

J9072 Injection, cyclophosphamide, (dr. reddy's), 5 mg

J9172 Injection, docetaxel (ingenus) not therapeutically equivalent to J9171, 1 mg

J9196 Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 10 mg

J9255 Injection, methotrexate (accord) not therapeutically equivalent to J9250 or J9260, 50 mg

J9258 Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to J9264, 1 mg

J9259 Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to j9264, 1 mg

J9286 Injection, glofitamab-gxbm, 2.5 mg

J9294 Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg

J9296 Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg

J9297 Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg

J9321 Injection, epcoritamab-bysp, 0.16mg

J9322 Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg

J9323 Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg

J9324 Injection, pemetrexed (pemrydi rtu), 10 mg

J9345 Injection, retifanlimab-dlwr, 1 mg

J9347 Injection, tremelimumab-actl, 1 mg

J9350 Injection, mosunetuzumab-axgb, 1 mg

J9380 Injection, teclistamab-cqyv, 0.5mg

J9381 Injection, teplizumab-mzwv, 5 mcg

Q5127 Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg

Q5129 Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg

Q5130 Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg

DISCONTINUED or REVISED Codes

C9146 Injection, mirvetuximab soravtansive-gynx, 1 mg

C9147 Injection, tremelimumab-actl, 1 mg

C9148 Injection, teclistamab-cqyv, 0.5 mg

C9149 Injection, teplizumab-mzwv, 5 mcg

C9155 Injection, epcoritamab-bysp, 0.16 mg

J9160 Injection, denileukim diftitox, 300 mcg

Procedures

New Procedures

G2211: Visit complexity add-on

This procedure is to describe visit complexity that is characteristic with continuative medical services acting as a central point for all needed healthcare and/or with ongoing care related to a patient's single, serious condition or complex condition.

- Reported with related office/outpatient evaluation and management service code (CPT 99202-99215).
- Cannot be reported when modifier 25 is attached to the E/M service.

Please see ASCO's Visit Add On Complexity Code resource.

Community Health Integration

G0019 Community health integration services performed by a certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit; 60 minutes per calendar month

G0022 Community health integration services, each additional 30 minutes per calendar month

Please see ASCO's Care Management and SDOH G Code Comparison resource.

Principal Illness Navigation

G0023 Principal Illness Navigation services by certified or trained auxiliary personnel, including a patient navigator or certified peer specialist, under the direction of a physician or other practitioner; 60 minutes per calendar month

G0024 Principal illness navigation services; each additional 30 minutes per calendar month

G0140 Principal illness navigation – Peer Support by certified or trained auxiliary personnel, including a certified peer specialist, under the direction of a physician or other practitioner; 60 minutes per calendar month

G0146 Principal illness navigation – Peer Support; each additional 30 minutes per calendar month

Please see ASCO's Care Management and SDOH G Code Comparison resource.

SDOH Risk Assessment

G0136 Administration of a standardized, evidence-based Social Determinants of Health risk assessment, 5-15 minutes, not more often than every 6 months

Please see ASCO's Care Management and SDOH G Code Comparison resource.

Modifiers

New Modifiers

CA – Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission

This modifier is for use on procedures on the OPPS inpatient-only list performed to resuscitate or stabilize a patient with an emergent, life-threatening condition, whose status is outpatient, and expires prior to admission to inpatient status.

LU: Fractionated pay of CAR-T (Chimeric Antigen Receptor T-cell) Therapy

Limitations on the number of digits can be transmitted on a claim can prevent proper submission for CAR-T services. Therefore, CMS instructs that the CPT codes be divided and billed into 0.1 fractions. The modifier LU would be appended to the CPT code to indicate that the item has been fractionalized.

JZ: Zero drug amount discarded/not administered to any patient

This modifier is used with single dose vials or containers that are separately billed to indicate that no amount of a drug is wasted. Claim edits for the drug modifiers, both JZ and JW, started on October 1st, 2023.

Revisions (CMS language only)

50 – Bilateral Procedures

Modifications to language have been made to the guidelines which clarify usage of modifier 50:

- Bilateral procedures performed on both sides of the body at the same session
- Do not use modifiers RT and LT when modifier 50 applies.
- Report one line with the modifier using one unit of service.

Modifiers 76 and 77 - Repeat procedures

- CMS added language to indicate the modifiers may be used for qualified healthcare professionals.
- CMS indicated these modifiers should be reported when procedures or services are performed in the same operative session on the same day or separate encounter on the same day.
- The procedure must be the same procedure. Code selection based on whether the physician/provider performing the procedure is the same.

PO/PN – Excepted and non-excepted services provided at an off-campus, outpatient, provider-based department of the hospital

- PO and PN should be reported by off-campus departments only.
- PO and PN modifiers should not be reported on the same line item of the claim. However, if there are multiples services appearing on a claim both modifiers can be used on the claim to report which line item is excepted and which is non-excepted.

2024 ICD-10 CM Updates

The Centers for Medicare and Medicaid Services published ICD-10 CM updates effective **October 1st, 2023** through **September 30th, 2024.** Several new codes and changes were made in Chapter 2 (Neoplasms), Chapter 3 (Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism), and Chapter 21 (Factors influencing health status and contact with health services).

A full list of changes can be found in the "Addendum" files on the ICD-10 CM updates page. Questions about ICD-10 CM codes may be sent to ASCO at practice@asco.org.

Guidelines

Z08 *Encounter for follow up examination after completed treatment for malignant neoplasm* and Z09 *Encounter for follow up examination after completed treatment for conditions other than malignant neoplasm* may be assigned following any type of treatment modality. This includes both medical and surgical treatments.

For the purposes of reporting other/additional diagnoses, the definition of "other diagnoses" is considered additional "**clinically significant**" conditions that affect patient care in terms of requiring clinical evaluation, therapeutic treatment, diagnostic procedures, extended length of hospital stay, or increased nursing care and/or monitoring.

ICD-10 CM Code Set

Additions

Reference Code Family	New/Added Codes
D13.9 Benign neoplasm of ill-defined sites within the digestive system	D13.91 Familial adenomatous polyposis Code also associated conditions, such as: Benign neoplasm of colon (D12.6) Malignant neoplasm of colon (C18.-) D13.99 Benign neoplasm of ill-defined sites within the digestive system Benign neoplasm of digestive system NOS Benign neoplasm of intestine NOS Benign neoplasm of spleen

D48.1 Neoplasm of uncertain behavior of connective and other soft tissue	D48.11 Desmoid tumor D48.110 Desmoid tumor of head and neck D48.112 Desmoid tumor of chest wall D48.113 Desmoid tumor of abdominal wall D48.114 Desmoid tumor, intraabdominal Desmoid tumor of pelvic cavity Desmoid tumor, peritoneal, retroperitoneal D48.115 Desmoid tumor of upper extremity and shoulder girdle D48.116 Desmoid tumor of lower extremity and pelvic girdle Desmoid tumor of buttock D48.118 Desmoid tumor of back D48.119 Desmoid tumor of unspecified site D48.19 Other specified neoplasm of uncertain behavior of connective and other soft tissue
D57 Sickle-cell disorders	D57.04 Hb-SS disease with dactylitis D57.214 Sickle-cell/Hb-C disease with dactylitis D57.414 Sickle-cell thalassemia, unspecified, with dactylitis D57.434 Sickle-cell thalassemia beta zero with dactylitis D57.454 Sickle-cell thalassemia beta plus with dactylitis D57.814 Other sickle-cell disorders with dactylitis
D61.0 Constitutional aplastic anemia	D61.02 Shwachman-Diamond syndrome Code also, if applicable, associated conditions such as: Acute myeloblastic leukemia (C92.0-) Exocrine pancreatic insufficiency (K86.81) Myelodysplastic syndrome (D46.-) Use additional code, if applicable, for genetic susceptibility to other malignant neoplasm (Z15.09)
D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified	D89.84 IgG4-related disease Immunoglobulin G4-related disease
E88 Other and unspecified metabolic disorders	E88.A Wasting disease (syndrome) due to underlying condition Cachexia due to underlying condition

	Code first underlying condition Excludes 1: cachexia NOS (R64) nutritional marasmus (E41) Excludes2: failure to thrive (R62.51, R62.7)
R64 Cachexia Wasting syndrome Code first underlying condition, if known	R64 Cachexia Excludes1: cachexia due to underlying condition (E88.A)
Z91 Personal risk factors, not elsewhere classified	Z91.A41 Caregiver's other noncompliance with patient's medication regimen due to financial hardship Z91.A48 Caregiver's other noncompliance with patient's medication regimen for other reason Z91.A51 Caregiver's noncompliance with patient's renal dialysis due to financial hardship Z91.A58 Caregiver's noncompliance with patient's renal dialysis for other reason Z91.A91 Caregiver's noncompliance with patient's other medical treatment and regimen due to financial hardship Z91.A98 Caregiver's noncompliance with patient's other medical treatment and regimen for other reason
Z91.8 Other specified personal risk factors, not elsewhere classified	Z91.85 Personal history of military service Excludes2: personal history of military deployment (Z91.82) Personal history of serving in the armed forces Personal history of veteran

Revisions and Updates

Current Language	Revised Language
C92 Myeloid Leukemia	*Added language* Code also, if applicable, pancytopenia (D61.818)
C94.8 Other specified leukemias	*Added language*

	Code also, if applicable, eosinophilia (D72.18)
D12 Benign neoplasm of colon, rectum, anus and anal canal Excludes1: benign carcinoid tumors of the large intestine, and rectum (D3A.02-) Polyp of colon NOS (K63.5)	D12 Benign neoplasm of colon, rectum, anus and anal canal **Excludes2**: benign carcinoid tumors of the large intestine, and rectum (D3A.02-) Polyp of colon NOS (K63.5)
D37 Neoplasm of uncertain behavior of oral cavity and digestive organs Excludes1: stromal tumors of uncertain behavior of digestive system (D48.1)	D37 Neoplasm of uncertain behavior of oral cavity and digestive organs Excludes1: stromal tumors of uncertain behavior of digestive system (D48.1-)
D48.0 Neoplasm of uncertain behavior of bone and articular cartilage Excludes1: neoplasm of uncertain behavior of cartilage of ear (D48.1) Neoplasm of uncertain behavior of connective tissue of eyelid (D48.1) Neoplasm of uncertain behavior of synovia (D48.1)	D48.0 Neoplasm of uncertain behavior of bone and articular cartilage Excludes1: neoplasm of uncertain behavior of cartilage of ear (D48.1-) Neoplasm of uncertain behavior of connective tissue of eyelid (D48.1-) Neoplasm of uncertain behavior of synovia (D48.1-)
D48.7 Neoplasm of uncertain behavior of other specified sites Excludes1: neoplasm of uncertain behavior of connective tissue (D48.1)	D48.7 Neoplasm of uncertain behavior of other specified sites Excludes1: neoplasm of uncertain behavior of connective tissue (D48.1-)
D56 Other thalassemias Excludes 1: sickle-cell thalassemia (D57.4)	D56 Other thalassemias Excludes 1: sickle-cell thalassemia (D57.4-)
D57.0 Hb-SS disease with crisis Hb-SS disease with vasoocclusive pain D57.00 Hb-SS disease with crisis, unspecified Hb-SS disease with vasoocclusive pain NOS	D57.0 Hb-SS disease with crisis Hb-SS disease with **(vaso-occlusive)** pain D57.00 Hb-SS disease with crisis, unspecified Hb-SS disease with **(vaso-occlusive)** pain NOS

D57.5219 Sickle-cell/Hb-C disease with crisis, unspecified Sickle-cell/Hb-C disease with vasoocclusive pain NOS	D57.5219 Sickle-cell/Hb-C disease with crisis, unspecified Sickle-cell/Hb-C disease with **(vaso-occlusive)** pain NOS
D57.4 Sickle-cell thalassemia, unspecified, with crisis Sickle-cell thalassemia with vasoocclusive pain NOS D57.419 Sickle-cell thalassemia, unspecified, with crisis Sickle-cell thalassemia with vasoocclusive pain NOS	D57.4 Sickle-cell thalassemia, unspecified, with crisis Sickle-cell thalassemia with **(vaso-occlusive)** pain NOS D57.419 Sickle-cell thalassemia, unspecified with crisis Sickle-cell thalassemia with **(vaso-occlusive)** pain NOS
D57.439 Sickle-cell thalassemia, beta zero with crisis, unspecified Sickle-cell thalassemia beta zero with vasoocclusive pain NOS	D57.439 Sickle-cell thalassemia, beta zero with crisis, unspecified Sickle-cell thalassemia beta zero with **(vaso-occlusive)** pain NOS
D57.459 Sickle-cell thalassemia, beta plus with crisis, unspecified Sickle-cell thalassemia beta plus with vasoocclusive pain NOS	D57.459 Sickle-cell thalassemia, beta plus with crisis, unspecified Sickle-cell thalassemia beta plus with **(vaso-occlusive)** pain NOS
D57.819 Other sickle-cell disorders with crisis, unspecified Other sickle-cell disorders with vasoocclusive pain NOS	D57.459 Other sickle-cell disorders with crisis, unspecified Other sickle-cell disorders with **(vaso-occlusive)** pain NOS
D65 Disseminated intravascular coagulation [defibrination syndrome]	*Added language* COVID-19 associated diffuse or disseminated intravascular coagulopathy Code also, if applicable, associated condition
D68.69 Other thrombophilia	*Added language* COVID-19 associated hypercoagulability Code also, if applicable, associated condition

D68.8 Other specified coagulation defects	*Added language* COVID-19 associated coagulopathy Code also, if applicable, associated condition
D70 Neutropenia Use additional mucositis (J34.81, K12.3-, K92.81, N76.81)	D70 Neutropenia **Code also, if applicable,** mucositis (J34.81, K12.3, K92.81, N76.81)
D77 Other disorders of blood and blood-forming organs in disease classified elsewhere Code first: Congenital early syphilis (A50.0)	D77 Other disorders of blood and blood-forming organs in disease classified elsewhere Code first: Congenital early syphilis (A50.0-)
Z60.8 Other problems related to social environment	*Added language* Inadequate social support Lack of emotional support
Z65.8 Other specified problems related to psychosocial circumstances	*Added language* At risk for feeling loneliness
Z91.82 Personal history of military deployment	*Added language* Excludes2: personal history of military service (Z91.85)
Z91.89 Other specified personal risk factors, not elsewhere classified	*Added language* Increased risk for social isolation

Appendix

ICD-10-CM Terms and Definitions

Excludes 1: Indicates conditions that may not be reported together. The "Excludes 1" code should not be used at the same time as the code above the note.

Excludes 2: Indicates that although the excluded condition is not part of the condition it is excluded from, the patient may have both conditions at the same time. The Excludes 2 code may be used at the same time as the code above it.

NOS: Not Otherwise Specified. This abbreviation is the equivalent of unspecified.

Use Additional Code: An additional code should be reported to provide a complete picture of the diagnosis.

Code also: More than one code may be required to fully describe the condition.