Medical Policy
Low-Level Laser Therapy

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Policy Number: 522
BCBSA Reference Number: 2.01.56
NCD/LCD: National Coverage Determination (NCD) for Laser Procedures (140.5)

Related Policies
- Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions, #507
- Temporomandibular Joint Dysfunction, #035
- Treatment of Tinnitus, #267

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Low-level laser therapy may be considered MEDICALLY NECESSARY for prevention of oral mucositis in patients undergoing cancer treatment associated with increased risk of oral mucositis, including chemotherapy and/or radiotherapy, and/or hematopoietic stem cell transplantation.

Low-level laser therapy is considered INVESTIGATIONAL for all other indications including but not limited to:
- Carpal tunnel syndrome
- Neck pain
- Subacromial impingement
- Adhesive capsulitis
- Temporomandibular joint pain
- Low back pain
- Osteoarthritis knee pain
- Heel pain (ie, Achilles tendinopathy, plantar fasciitis)
- Rheumatoid arthritis
- Bell palsy
- Fibromyalgia
- Wound healing
- Lymphedema.
**Medicare HMO Blue℠ and Medicare PPO Blue℠**

BCBSMA covers low-level laser therapy for the following situations for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- Where a laser has been approved for marketing by the Food and Drug Administration, AND
- Contractor discretion determines the procedure performed with a laser is reasonable and necessary.

**National Coverage Determination (NCD) for Laser Procedures (140.5)**

**Prior Authorization Information**

**Inpatient**
- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorization is <strong>not required</strong>.</td>
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</table>

<table>
<thead>
<tr>
<th>Commercial PPO and Indemnity</th>
<th>Prior authorization is <strong>not required</strong>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare HMO Blue℠</td>
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<tr>
<td>Medicare PPO Blue℠</td>
<td>Prior authorization is <strong>not required</strong>.</td>
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</tbody>
</table>

**Description**

**ORAL MUCOSITIS**

Oral mucositis describes inflammation of the oral mucosa and typically manifests as erythema or ulcerations that appear 7 to 10 days after initiation of high-dose cancer therapy. Oral mucositis can cause significant pain and increased risk of systemic infection, dependency on total parenteral nutrition, and use of narcotic analgesics.

**Treatment**

Treatment planning may also need to be modified due to dose-limiting toxicity. There are a number of interventions for oral mucositis that may partially control symptoms, but none is considered a criterion standard treatment. When uncomplicated by infection, oral mucositis is self-limited and usually heals within 2 to 4 weeks after cessation of cytotoxic chemotherapy. Low-level laser therapy (LLLT) has been used in cancer therapy—induced oral mucositis in patients treated with radiotherapy and/or chemotherapy and hematopoietic cell transplantation.

**MUSCULOSKELETAL AND NEUROLOGIC DISORDERS**

Carpal tunnel syndrome (CTS) is the most common entrapment neuropathy and the most commonly performed surgery of the hand. The syndrome is related to the bony anatomy of the wrist. The carpal tunnel is bound dorsally and laterally by the carpal bones and ventrally by the transverse carpal ligament. Through this contained space run the 9 flexor tendons and the median nerve. Therefore, any space-occupying lesion can compress the median nerve and produce the typical symptoms of CTS—pain, numbness, and tingling in the distribution of the median nerve. Symptoms of more severe cases include hypesthesia, clumsiness, loss of dexterity, and weakness of pinch. In the most severe cases, patients experience marked sensory loss and significant functional impairment with thenar atrophy.

**Treatment**

Mild-to-moderate cases of CTS are usually first treated conservatively with splinting and cessation of aggravating activities. Other conservative therapies include oral steroids, diuretics, nonsteroidal anti-inflammatory drugs, and steroid injections into the carpal tunnel itself. Patients who do not respond to conservative therapy or who present with severe CTS with thenar atrophy may be considered
candidates for surgical release of the carpal ligament, using either an open or endoscopic approach. LLLT is also used to treat CTS.

**LOW-LEVEL LASER THERAPY**

LLLT is the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and power between 5 and 500 MW. (By comparison, lasers used in surgery typically use 300 W.) When applied to the skin, LLLT produces no sensation and does not burn the skin. Because of the low absorption by human skin, it is hypothesized that the laser light can penetrate deeply into the tissues where it has a photobiostimulative effect. The exact mechanism of its effect on tissue healing is unknown; hypotheses have included improved cellular repair and stimulation of the immune, lymphatic, and vascular systems.

LLLT is being evaluated to treat a wide variety of conditions, including soft tissue injuries, myofascial pain, tendinopathies, nerve injuries, joint pain, and lymphedema.

**Summary**

**Oral Mucositis**
For individuals who have increased risk of oral mucositis due to some cancer treatments (eg, chemotherapy, radiotherapy) and/or HCT who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. A 2014 systematic review included 18 RCTs and found better outcomes with LLLT used to prevent oral mucositis than with control treatments. RCTs published after the systematic review had similar findings. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

**Musculoskeletal and Neurologic Disorders**
For individuals who have CTS who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Both a 2016 systematic review and a TEC Assessment (2010) did not find sufficient evidence from RCTs that LLLT improves outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have neck pain who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. A 2013 systematic review identified 17 trials, most of which were considered low quality. Only 2 trials were considered moderate quality, and they found that LLLT led to better outcomes than placebo for chronic neck pain. A TEC Assessment (2010) found conflicting evidence. Additionally, laser types, application dosages, and treatment schedules vary in the available evidence and require further study. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have subacromial impingement syndrome who receive LLLT, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Most trials did not show a significant benefit of LLLT compared with sham treatment or with an alternative intervention (eg, exercise). The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have adhesive capsulitis who receive LLLT, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. A Cochrane review evaluating treatments for adhesive capsulitis identified 2 RCTs assessing LLLT. Due to the small number of trials and study limitations, reviewers concluded that the evidence was insufficient to permit conclusions about the effectiveness of LLLT for adhesive capsulitis. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have TMJ who receive LLLT, the evidence includes RCTs and several systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Meta-analyses of RCTs had mixed findings. A 2015 meta-analysis, which included 14 placebo-controlled randomized trials, did not find a statistically significant impact of LLLT on pain, but
did find that LLLT significantly improved functional outcomes (eg, mouth opening). RCTs have not compared the impact of LLLT with physical therapy. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have low back pain who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Meta-analyses of RCTs found that LLLT resulted in a significantly greater reduction in pain scores and global assessment scores than a placebo control in the immediate posttreatment setting. Meta-analyses also found that other outcomes (eg, disability index, range of motion) were significantly better immediately after treatment with active rather than placebo LLLT, but not at longer term follow-up. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have osteoarthritic knee pain who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. A 2015 systematic review, which pooled study findings, did not find that LLLT significantly reduced pain or improved function outcomes compared with a sham intervention. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have heel pain (ie, Achilles tendinopathy, plantar fasciitis) who receive LLLT, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Findings of 2 sham-controlled randomized trials were inconsistent, and while an RCT compared LLLT with standard care lacked long-term follow-up. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have rheumatoid arthritis who receive LLLT, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. A systematic review of RCTs found inconsistent benefit of LLLT for a range of outcomes. A 2010 RCT, published after the systematic review, did not find that LLLT was significantly better than a placebo treatment on most outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have Bell palsy who receive LLLT, the evidence includes 2 RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The RCT found significant short-term benefit of LLLT over exercise. Longer term outcomes (>6 weeks) were not available. Because Bell palsy often improves within weeks and may completely resolve within months, it is difficult to isolate specific improvements from laser therapy over the natural resolution of the illness. Also, no sham-controlled trials are available. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have fibromyalgia who receive LLLT, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The RCTs evaluating LLLT for treatment of fibromyalgia are small (ie, <25 patients each). One RCT (N=20 patients) found significantly better outcomes with LLLT than with sham, while another (N=20 patients) did not find statistically significant between-group differences for similar outcomes. Additional RCTs with sufficient numbers of patients are needed to establish the efficacy of LLLT for fibromyalgia. The evidence is insufficient to determine the effects of the technology on health outcomes.

Wound Care and Lymphedema

For individuals who have chronic nonhealing wounds who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The few existing RCTs tend to have small sample sizes and potential risk of bias. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have lymphedema who receive LLLT, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Two systematic reviews detected methodologic flaws in the available studies and did not
consistently find better outcomes for patients receiving LLLT than those receiving a control condition for treatment of lymphedema. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Policy History**

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<tr>
<td>3/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>10/2016</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>7/2016</td>
<td>BCBSA national medical policy review. Statement added that low-level laser therapy may be considered medically necessary for prevention of oral mucositis in selected patients. Additional bullet points and added to investigational statement and statement changed to “all other indications”. Clarified coding information. Effective 7/1/2016.</td>
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<td>12/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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<td>2/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**


CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
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<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>S8948</td>
<td>Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes</td>
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</tbody>
</table>

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS code above if medical necessity criteria are met:

<table>
<thead>
<tr>
<th>ICD-10-CM-diagnosis</th>
<th>Code Description</th>
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<td>C00.0</td>
<td>Malignant neoplasm of external upper lip</td>
</tr>
<tr>
<td>C00.1</td>
<td>Malignant neoplasm of external lower lip</td>
</tr>
<tr>
<td>C00.2</td>
<td>Malignant neoplasm of external lip, unspecified</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>C00.3</td>
<td>Malignant neoplasm of upper lip, inner aspect</td>
</tr>
<tr>
<td>C00.4</td>
<td>Malignant neoplasm of lower lip, inner aspect</td>
</tr>
<tr>
<td>C00.5</td>
<td>Malignant neoplasm of lip, unspecified, inner aspect</td>
</tr>
<tr>
<td>C00.6</td>
<td>Malignant neoplasm of commissure of lip, unspecified</td>
</tr>
<tr>
<td>C00.8</td>
<td>Malignant neoplasm of overlapping sites of lip</td>
</tr>
<tr>
<td>C00.9</td>
<td>Malignant neoplasm of lip, unspecified</td>
</tr>
<tr>
<td>C01</td>
<td>Malignant neoplasm of base of tongue</td>
</tr>
<tr>
<td>C02.0</td>
<td>Malignant neoplasm of dorsal surface of tongue</td>
</tr>
<tr>
<td>C02.1</td>
<td>Malignant neoplasm of border of tongue</td>
</tr>
<tr>
<td>C02.2</td>
<td>Malignant neoplasm of ventral surface of tongue</td>
</tr>
<tr>
<td>C02.3</td>
<td>Malignant neoplasm of anterior two-thirds of tongue, part unspecified</td>
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<tr>
<td>C02.4</td>
<td>Malignant neoplasm of lingual tonsil</td>
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<tr>
<td>C02.8</td>
<td>Malignant neoplasm of overlapping sites of tongue</td>
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<tr>
<td>C02.9</td>
<td>Malignant neoplasm of tongue, unspecified</td>
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<tr>
<td>C03.0</td>
<td>Malignant neoplasm of upper gum</td>
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<td>C03.1</td>
<td>Malignant neoplasm of lower gum</td>
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<tr>
<td>C03.9</td>
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<tr>
<td>C04.0</td>
<td>Malignant neoplasm of anterior floor of mouth</td>
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<tr>
<td>C04.1</td>
<td>Malignant neoplasm of lateral floor of mouth</td>
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<td>C04.8</td>
<td>Malignant neoplasm of overlapping sites of floor of mouth</td>
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<td>C04.9</td>
<td>Malignant neoplasm of floor of mouth, unspecified</td>
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<td>C05.0</td>
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<td>C05.1</td>
<td>Malignant neoplasm of soft palate</td>
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<td>C06.89</td>
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<td>Small cell B-cell lymphoma, intra-abdominal lymph nodes</td>
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<td>Small cell B-cell lymphoma, lymph nodes of axilla and upper limb</td>
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<td>Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb</td>
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<td>C83.07</td>
<td>Small cell B-cell lymphoma, spleen</td>
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<td>C83.08</td>
<td>Small cell B-cell lymphoma, lymph nodes of multiple sites</td>
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<tr>
<td>C83.09</td>
<td>Small cell B-cell lymphoma, extranodal and solid organ sites</td>
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<td>Mantle cell lymphoma, intrathoracic lymph nodes</td>
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<td>Mantle cell lymphoma, intra-abdominal lymph nodes</td>
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<td>Mantle cell lymphoma, lymph nodes of axilla and upper limb</td>
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<td>Mantle cell lymphoma, lymph nodes of inguinal region and lower limb</td>
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<td>Mantle cell lymphoma, intrapelvic lymph nodes</td>
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<td>Diffuse large B-cell lymphoma, spleen</td>
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<td>Lymphoblastic (diffuse) lymphoma, spleen</td>
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<td>Mycosis fungoides, lymph nodes of inguinal region and lower limb</td>
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<td>Mycosis fungoides, extranodal and solid organ sites</td>
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<td>Sezary disease, intrathoracic lymph nodes</td>
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<td>Sezary disease, lymph nodes of inguinal region and lower limb</td>
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<td>Sezary disease, spleen</td>
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<td>Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes</td>
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<td>Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes</td>
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<td>C84.27</td>
<td>Peripheral T-cell lymphoma, not classified, spleen</td>
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<td>Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites</td>
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<td>C84.29</td>
<td>Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites</td>
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<tr>
<td>C84.30</td>
<td>Anaplastic large cell lymphoma, ALK-positive, unspecified site</td>
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<td>C84.31</td>
<td>Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck</td>
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<td>Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes</td>
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<td>Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb</td>
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<td>Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites</td>
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<td>Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck</td>
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<td>Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes</td>
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<td>Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites</td>
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<td>Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes</td>
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<td>C85.16</td>
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<td>C85.20</td>
<td>Mediastinal (thymic) large B-cell lymphoma, unspecified site</td>
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**Notes:**
- Codes C84.79 and C85.20 are identified as anaplastic large cell lymphoma.
- Codes C84.90 through C85.20 represent different variants of lymphomas based on cell type and location.
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<tr>
<th>Code</th>
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<tbody>
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<td>Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites</td>
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<td>Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites</td>
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<td>Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission</td>
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<td>Description</td>
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<tr>
<td>D04.122</td>
<td>Carcinoma in situ of skin of left lower eyelid, including canthus</td>
</tr>
<tr>
<td>D04.20</td>
<td>Carcinoma in situ of skin of unspecified ear and external auricular canal</td>
</tr>
<tr>
<td>D04.21</td>
<td>Carcinoma in situ of skin of right ear and external auricular canal</td>
</tr>
<tr>
<td>D04.22</td>
<td>Carcinoma in situ of skin of left ear and external auricular canal</td>
</tr>
<tr>
<td>D04.30</td>
<td>Carcinoma in situ of skin of unspecified part of face</td>
</tr>
<tr>
<td>D04.39</td>
<td>Carcinoma in situ of skin of other parts of face</td>
</tr>
<tr>
<td>D04.4</td>
<td>Carcinoma in situ of skin of scalp and neck</td>
</tr>
<tr>
<td>D04.5</td>
<td>Carcinoma in situ of skin of trunk</td>
</tr>
<tr>
<td>D04.60</td>
<td>Carcinoma in situ of skin of unspecified upper limb, including shoulder</td>
</tr>
<tr>
<td>D04.61</td>
<td>Carcinoma in situ of skin of right upper limb, including shoulder</td>
</tr>
<tr>
<td>D04.62</td>
<td>Carcinoma in situ of skin of left upper limb, including shoulder</td>
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<tr>
<td>D04.70</td>
<td>Carcinoma in situ of skin of unspecified lower limb, including hip</td>
</tr>
<tr>
<td>D04.71</td>
<td>Carcinoma in situ of skin of right lower limb, including hip</td>
</tr>
<tr>
<td>D04.72</td>
<td>Carcinoma in situ of skin of left lower limb, including hip</td>
</tr>
<tr>
<td>D04.8</td>
<td>Carcinoma in situ of skin of other sites</td>
</tr>
<tr>
<td>D04.9</td>
<td>Carcinoma in situ of skin, unspecified</td>
</tr>
<tr>
<td>D05.00</td>
<td>Lobular carcinoma in situ of unspecified breast</td>
</tr>
<tr>
<td>D05.01</td>
<td>Lobular carcinoma in situ of right breast</td>
</tr>
<tr>
<td>D05.02</td>
<td>Lobular carcinoma in situ of left breast</td>
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<tr>
<td>D05.10</td>
<td>Intraductal carcinoma in situ of unspecified breast</td>
</tr>
<tr>
<td>D05.11</td>
<td>Intraductal carcinoma in situ of right breast</td>
</tr>
<tr>
<td>D05.12</td>
<td>Intraductal carcinoma in situ of left breast</td>
</tr>
<tr>
<td>D05.80</td>
<td>Other specified type of carcinoma in situ of unspecified breast</td>
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<tr>
<td>D05.81</td>
<td>Other specified type of carcinoma in situ of right breast</td>
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<tr>
<td>D05.82</td>
<td>Other specified type of carcinoma in situ of left breast</td>
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<tr>
<td>D05.90</td>
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<td>D05.91</td>
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<td>D05.92</td>
<td>Unspecified type of carcinoma in situ of left breast</td>
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<td>Carcinoma in situ of endocervix</td>
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<td>D06.7</td>
<td>Carcinoma in situ of other parts of cervix</td>
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<td>Carcinoma in situ of cervix, unspecified</td>
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<td>Carcinoma in situ of endometrium</td>
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<td>Carcinoma in situ of vulva</td>
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<tr>
<td>D07.2</td>
<td>Carcinoma in situ of vagina</td>
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<tr>
<td>D07.30</td>
<td>Carcinoma in situ of unspecified female genital organs</td>
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<td>Carcinoma in situ of other female genital organs</td>
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<td>Carcinoma in situ of penis</td>
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<td>Carcinoma in situ of prostate</td>
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<td>D07.60</td>
<td>Carcinoma in situ of unspecified male genital organs</td>
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<td>Carcinoma in situ of scrotum</td>
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<tr>
<td>D07.69</td>
<td>Carcinoma in situ of other male genital organs</td>
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<td>Carcinoma in situ of bladder</td>
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<tr>
<td>D09.10</td>
<td>Carcinoma in situ of unspecified urinary organ</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>D09.19</td>
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<tr>
<td>D09.21</td>
<td>Carcinoma in situ of right eye</td>
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<td>D09.22</td>
<td>Carcinoma in situ of left eye</td>
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<tr>
<td>D09.3</td>
<td>Carcinoma in situ of thyroid and other endocrine glands</td>
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<tr>
<td>D09.8</td>
<td>Carcinoma in situ of other specified sites</td>
</tr>
<tr>
<td>D09.9</td>
<td>Carcinoma in situ, unspecified</td>
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