

# Eloxatin® (Oxaliplatin)

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[Terms and Conditions](#)

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<p><b>Related Medicare Advantage Policy Guideline</b></p> <ul style="list-style-type: none"> <li><a href="#">Self-Administered Drug(s) (SAD)</a></li> </ul>
<p><b>Related Medicare Advantage Reimbursement Policy</b></p> <ul style="list-style-type: none"> <li><a href="#">Discarded Drugs and Biologicals Policy, Professional</a></li> </ul>
<p><b>Related Medicare Advantage Coverage Summary</b></p> <ul style="list-style-type: none"> <li><a href="#">Chemotherapy, and Associated Drugs and Treatments</a></li> </ul>

## Policy Summary

[See Purpose](#)

### Overview

Oxaliplatin is a chemical complex containing the metal platinum used as an antineoplastic drug. It binds to DNA disrupting synthesis and causing cell death. It is thought to have a greater cytotoxicity than cisplatin and carboplatin, which are other antineoplastic drugs containing platinum. The exact mechanism of action of oxaliplatin is not known. Oxaliplatin forms reactive platinum.

### Guidelines

As published in [CMS Program Integrity Manual, Section 13.5.1](#), in order to be covered under Medicare, a service shall be reasonable and necessary.

Drugs and biologicals must be determined to meet the statutory definition under the statute [§1861\(t\) \(1\)](#).

[Medicare Benefit Policy Manual - Pub. 100-02, Chapter 15, Section 50](#), describes national policy regarding Medicare guidelines for coverage of drugs and biologicals.

Generally, drugs and biologicals are covered only if all of the following requirements are met:

- They meet the definition of drugs or biologicals;
- They are of the type that are not usually self-administered by the patients who take them;
- They meet all the general requirements for coverage of items as incident to a physician's services;
- They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted standards of medical practice;
- They are not excluded as immunizations; and
- They have not been determined by the FDA to be less than effective.

Coverage for medication is based on the patient's condition, the appropriateness of the dose and route of administration, based on the clinical condition and the standard of medical practice regarding the effectiveness of the drug for the diagnosis and condition. The drug must be used according to the indication and protocol listed in the accepted compendia listed below.

- National Comprehensive Cancer Network (NCCN) Drugs and Biologies Compendium

- American Hospital Formulary Service-Drug Information (AHFS-DI)
- Thomson Micromedex DrugDex
- Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

The compendia employ various rating and recommendation systems that may not be readily cross-walked from compendium to compendium.

Note: It is not appropriate to bill for services that are not covered (as described by this entire policy guideline) as if they are covered. When billing for non-covered services, use the appropriate modifier.

If a medication is determined not to be reasonable and necessary for diagnosis or treatment of an illness or injury according to these guidelines, the entire charge will be excluded (i.e., for both the drug and its administration). Also excluded from payment is any charge for other services (such as office visits) which are primarily for the purpose of administering a non-covered injection (i.e., an injection that is not reasonable and necessary for the diagnosis or treatment of an illness or injury).

Use of the drug or biological must be safe and effective and otherwise reasonable and necessary. Drugs or biologicals and cancer chemotherapeutic agents approved for marketing by the Food and Drug Administration (FDA) are considered safe and effective for purposes of this requirement when used for indications specified on the labeling.

Therefore, payment may be made for an FDA-approved chemotherapeutic drug or biological, if:

- It was injected on or after the date of the FDA's approval;
- It is reasonable and necessary for the individual patient; and
- All other applicable coverage requirements are met.

An unlabeled use of a drug is a use that is not included as an indication on the drug's label as approved by the FDA. FDA approved drugs used for indications other than what is indicated on the official label may be covered under Medicare if the contractor determines the use to be medically accepted, taking into consideration the major drug compendia, authoritative medical literature and/or accepted standards of medical practice.

There are many reasons to consider an unlabeled use for a cancer chemotherapy agent. Some of these are:

- Drugs may be effective for many other cancers in addition to the ones that were considered in the primary drug labeling.
- Many chemotherapeutic agents are given in combinations. Any one of the drugs in the combination may not have been approved in the initial labeling of the products. In addition the combination of effective chemotherapeutic agents changes over time.
- Cancer chemotherapeutic agents are always changing and improving over time.
- Oncologists are often left with few approved treatment options if initial treatment regimens have failed.

## Coverage

Oxaliplatin (Eloxatin<sup>®</sup>) is FDA approved for injection in combination with infusional fluorouracil and leucovorin for the adjunctive treatment of stage III colon cancer in patients who have undergone complete resection of the primary tumor.

Oxaliplatin (Eloxatin<sup>®</sup>) is FDA approved for injection in combination with infusional fluorouracil and leucovorin for the treatment of advanced colorectal cancer.

Refer also to the NCCN Compendium<sup>®</sup> for additional off-label indications.

## Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this policy guideline. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The medical record must include the following information:

- The name of the drug or biological administered;

- The route of administration;
- The dosage (e.g., mgs, mcgs, cc's or IU's); and
- The duration of the administration (for CPT codes that are time based).

## Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
J9263	Injection, oxaliplatin, 0.5 mg

Modifier	Description
KX	Requirements specified in the medical policy have been met

Diagnosis Code	Description
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon

Diagnosis Code	Description
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater (Deleted 09/09/2020)
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C33	Malignant neoplasm of trachea (Deleted 09/09/2020)
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung (Deleted 09/09/2020)
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung (Deleted 09/09/2020)
C45.1	Mesothelioma of peritoneum (Deleted 09/09/2020)
C45.9	Mesothelioma, unspecified (Deleted 09/09/2020)
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C50.021	Malignant neoplasm of nipple and areola, right male breast (Deleted 09/09/2020)
C50.022	Malignant neoplasm of nipple and areola, left male breast (Deleted 09/09/2020)
C50.121	Malignant neoplasm of central portion of right male breast (Deleted 09/09/2020)
C50.122	Malignant neoplasm of central portion of left male breast (Deleted 09/09/2020)
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast (Deleted 09/09/2020)
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast (Deleted 09/09/2020)
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast (Deleted 09/09/2020)
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast (Deleted 09/09/2020)
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast (Deleted 09/09/2020)
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast (Deleted 09/09/2020)
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast (Deleted 09/09/2020)

Diagnosis Code	Description
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast (Deleted 09/09/2020)
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast (Deleted 09/09/2020)
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast (Deleted 09/09/2020)
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast (Deleted 09/09/2020)
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast (Deleted 09/09/2020)
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast (Deleted 09/09/2020)
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast (Deleted 09/09/2020)
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast (Deleted 09/09/2020)
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast (Deleted 09/09/2020)
C50.611	Malignant neoplasm of axillary tail of right female breast (Deleted 09/09/2020)
C50.612	Malignant neoplasm of axillary tail of left female breast (Deleted 09/09/2020)
C50.621	Malignant neoplasm of axillary tail of right male breast (Deleted 09/09/2020)
C50.622	Malignant neoplasm of axillary tail of left male breast (Deleted 09/09/2020)
C50.811	Malignant neoplasm of overlapping sites of right female breast (Deleted 09/09/2020)
C50.812	Malignant neoplasm of overlapping sites of left female breast (Deleted 09/09/2020)
C50.821	Malignant neoplasm of overlapping sites of right male breast (Deleted 09/09/2020)
C50.822	Malignant neoplasm of overlapping sites of left male breast (Deleted 09/09/2020)
C50.911	Malignant neoplasm of unspecified site of right female breast (Deleted 09/09/2020)
C50.912	Malignant neoplasm of unspecified site of left female breast (Deleted 09/09/2020)
C50.921	Malignant neoplasm of unspecified site of right male breast (Deleted 09/09/2020)
C50.922	Malignant neoplasm of unspecified site of left male breast (Deleted 09/09/2020)
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.10	Malignant neoplasm of unspecified descended testis

Diagnosis Code	Description
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C7A.00	Malignant carcinoid tumor of unspecified site (Effective 09/09/2020)
C7A.010	Malignant carcinoid tumor of the duodenum (Effective 09/09/2020)
C7A.011	Malignant carcinoid tumor of the jejunum (Effective 09/09/2020)
C7A.012	Malignant carcinoid tumor of the ileum (Effective 09/09/2020)
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion (Effective 09/09/2020)
C7A.020	Malignant carcinoid tumor of the appendix (Effective 09/09/2020)
C7A.021	Malignant carcinoid tumor of the cecum (Effective 09/09/2020)
C7A.022	Malignant carcinoid tumor of the ascending colon (Effective 09/09/2020)
C7A.023	Malignant carcinoid tumor of the transverse colon (Effective 09/09/2020)
C7A.024	Malignant carcinoid tumor of the descending colon (Effective 09/09/2020)
C7A.025	Malignant carcinoid tumor of the sigmoid colon (Effective 09/09/2020)
C7A.026	Malignant carcinoid tumor of the rectum (Effective 09/09/2020)
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion (Effective 09/09/2020)
C7A.092	Malignant carcinoid tumor of the stomach (Effective 09/09/2020)
C7A.093	Malignant carcinoid tumor of the kidney (Effective 09/09/2020)
C7A.094	Malignant carcinoid tumor of the foregut, unspecified (Effective 09/09/2020)
C7A.095	Malignant carcinoid tumor of the midgut, unspecified (Effective 09/09/2020)
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified (Effective 09/09/2020)
C7A.098	Malignant carcinoid tumors of other sites (Effective 09/09/2020)
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site

Diagnosis Code	Description
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma (Deleted 09/09/2020)
C7B.8	Other secondary neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
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 region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes

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



Diagnosis Code	Description
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
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

Diagnosis Code	Description
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site (Deleted 09/09/2020)
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck (Deleted 09/09/2020)
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes (Deleted 09/09/2020)
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes (Deleted 09/09/2020)
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb (Deleted 09/09/2020)
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb (Deleted 09/09/2020)
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes (Deleted 09/09/2020)
C83.57	Lymphoblastic (diffuse) lymphoma, spleen (Deleted 09/09/2020)
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites (Deleted 09/09/2020)
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites (Deleted 09/09/2020)
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites

Diagnosis Code	Description
C84.09	Mycosis fungoides, 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
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
C84.70	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.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck (Deleted 09/09/2020)

Diagnosis Code	Description
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes (Deleted 09/09/2020)
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes (Deleted 09/09/2020)
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb (Deleted 09/09/2020)
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes (Deleted 09/09/2020)
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen (Deleted 09/09/2020)
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites (Deleted 09/09/2020)
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites (Deleted 09/09/2020)
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
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

Diagnosis Code	Description
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck (Deleted 09/09/2020)
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes (Deleted 09/09/2020)
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes (Deleted 09/09/2020)
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb (Deleted 09/09/2020)
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb (Deleted 09/09/2020)
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes (Deleted 09/09/2020)
C85.97	Non-Hodgkin lymphoma, unspecified, spleen (Deleted 09/09/2020)
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites (Deleted 09/09/2020)
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites (Deleted 09/09/2020)
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma (Deleted 09/09/2020)
C86.4	Blastic NK-cell lymphoma (Deleted 09/09/2020)
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] (Deleted 09/09/2020)
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission (Deleted 09/09/2020)
C91.32	Prolymphocytic leukemia of B-cell type, in relapse (Deleted 09/09/2020)
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 (Deleted 09/09/2020)
C91.62	Prolymphocytic leukemia of T-cell type, in relapse (Deleted 09/09/2020)
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission (Deleted 09/09/2020)
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse (Deleted 09/09/2020)
C91.Z0	Other lymphoid leukemia not having achieved remission (Deleted 09/09/2020)
C91.Z2	Other lymphoid leukemia, in relapse (Deleted 09/09/2020)
C96.4	Sarcoma of dendritic cells (accessory cells) (Deleted 09/09/2020)
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified (Deleted 09/09/2020)
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue (Deleted 09/09/2020)
D09.0	Carcinoma in situ of bladder
D37.1	Neoplasm of uncertain behavior of stomach

Diagnosis Code	Description
D37.2	Neoplasm of uncertain behavior of small intestine (Deleted 09/09/2020)
D37.3	Neoplasm of uncertain behavior of appendix (Deleted 09/09/2020)
D37.4	Neoplasm of uncertain behavior of colon (Deleted 09/09/2020)
D37.5	Neoplasm of uncertain behavior of rectum (Deleted 09/09/2020)
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
E16.0	Drug-induced hypoglycemia without coma (Deleted 09/09/2020)
E16.1	Other hypoglycemia
E16.3	Increased secretion of glucagon
E16.8	Other specified disorders of pancreatic internal secretion
E34.0	Carcinoid syndrome (Effective 09/09/2020)
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs (Deleted 09/09/2020)
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung (Deleted 09/09/2020)
Z85.230	Personal history of malignant carcinoid tumor of thymus (Deleted 09/09/2020)
Z85.43	Personal history of malignant neoplasm of ovary
Z85.47	Personal history of malignant neoplasm of testis
Z85.51	Personal history of malignant neoplasm of bladder
Z85.520	Personal history of malignant carcinoid tumor of kidney (Deleted 09/09/2020)
Z85.72	Personal history of non-Hodgkin lymphomas (Deleted 09/09/2020)
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues (Deleted 09/09/2020)
Z85.821	Personal history of Merkel cell carcinoma (Deleted 09/09/2020)
Z85.858	Personal history of malignant neoplasm of other endocrine glands

## Definitions

**Off-Label Drug Use:** An off-label/unlabeled use of a drug is defined as a use for a non-FDA approved indication, that is, one that is not listed on the drug's official label/prescribing information. An indication is defined as a diagnosis, illness, injury, syndrome, condition, or other clinical parameter for which a drug may be given. Off-label use is further defined as giving the drug in a way that deviates significantly from the labeled prescribing information for a particular indication. This includes but is not necessarily limited to, dosage, route of administration, duration and frequency of administration, and population to whom the drug would be administered. Drugs used for indications other than those in the approved labeling may be covered under Medicare if it is determined that the use is medically accepted, taking into consideration the major drug compendia,

authoritative medical literatures and/or accepted standards of medical practice. Determinations as to whether medication is reasonable and necessary for an individual patient are made on appeal on the same basis as all other such determinations (i.e., with support from the peer-reviewed literature, with the advice of medical consultants, with reference to accepted standards of medical practice, and in consideration of the medical circumstance of the individual case).

## References

### CMS National Coverage Determination (NCD)

[NCD 110.17 Anti-Cancer Chemotherapy for Colorectal Cancer](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33394 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses</a>	<a href="#">A52855 Billing and Coding: Drugs and Biologicals</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L37205 Chemotherapy Drugs and their Adjuncts</a>	N/A	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
N/A	<a href="#">A53049 Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
N/A	<a href="#">A58113 Off-Label Use of Drugs and Biologicals for Anti-Cancer Chemotherapeutic Regimen</a>	CGS	KY, OH	KY, OH
N/A	<a href="#">A52953 Chemotherapy Administration</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	<a href="#">A52991 Billing and Coding: Chemotherapy Administration</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34093 Chemotherapy and Biologicals Retired 06/07/2020	A57318 Billing and Coding: Oxaliplatin; Eloxatin -J9263 Retired 06/07/2020	CGS	KY, OH	KY, OH
L33729 Oxaliplatin (Eloxatin®) Retired 11/15/2019	N/A	First Coast	FL, PR, VI	FL, PR, VI

### CMS Benefit Policy Manual

[Chapter 15; § 50 Drugs and Biologicals](#)

### Other(s)

[Eloxatin® Prescribing Information](#)

[CMS Program Integrity Manual, § 13.5.1 Reasonable and Necessary Provisions in LCDs, CMS Website](#)

[Correct Coding Initiative - Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 5, CMS Website](#)

Social Security Act (Title XVIII) Standard References, Sections:

- [1862\(a\)\(1\)\(A\) Medically Reasonable & Necessary](#)
- [1862\(a\)\(1\)\(D\) Investigational or Experimental](#)
- [1833\(e\) Incomplete Claim](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Reformatted policy; transferred content to new template</li> </ul>
09/09/2020	<p><b>Policy Summary</b></p> <p><i>Overview</i></p> <ul style="list-style-type: none"> <li>• Relocated language pertaining to FDA approved and off-label indications (see <i>Coverage</i> section)</li> </ul> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> <li>• Removed content addressed in the referenced <i>Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 50</i></li> </ul> <p><i>Chemotherapy Administration</i></p> <ul style="list-style-type: none"> <li>• Removed content addressed in the Local Coverage Article (LCA) titled <i>Chemotherapy Administration (A52953)</i>; refer to the <i>References</i> section of the policy]</li> </ul> <p><i>Coding Guidelines</i></p> <ul style="list-style-type: none"> <li>• Removed instruction on appropriate code reporting</li> </ul> <p><i>Coverage</i></p> <ul style="list-style-type: none"> <li>• Added language (relocated from the Overview section) to indicate: <ul style="list-style-type: none"> <li>○ Oxaliplatin (Eloxatin®) is FDA approved for injection in combination with infusional fluorouracil and leucovorin for: <ul style="list-style-type: none"> <li>▪ The adjunctive treatment of stage III colon cancer in patients who have undergone complete resection of the primary tumor</li> <li>▪ The treatment of advanced colorectal cancer</li> </ul> </li> <li>○ Refer also to the NCCN Compendium® for additional off-label indications</li> </ul> </li> </ul> <p><i>Documentation Requirements</i></p> <ul style="list-style-type: none"> <li>• Revised language to indicate: <ul style="list-style-type: none"> <li>○ The patient’s medical record must contain documentation that fully supports the medical necessity for services included within this policy guideline</li> <li>○ This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures</li> <li>○ The medical record must include the following information: <ul style="list-style-type: none"> <li>▪ The name of the drug or biological administered;</li> <li>▪ The route of administration;</li> <li>▪ The dosage (e.g., mgs, mcgs, cc's or IU's); and</li> <li>▪ The duration of the administration (for CPT codes that are time based)</li> </ul> </li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Removed Modifier GZ</li> <li>• Added notation to indicate ICD-10 diagnosis codes C24.1, C33, C34.91, C34.92, C45.1, C45.9, C50.021, C50.022, C50.121, C50.122, C50.211, C50.212, C50.221, C50.222, C50.311, C50.312, C50.321, C50.322, C50.411, C50.412, C50.421, C50.422, C50.511, C50.512, C50.521, C50.522, C50.611, C50.612, C50.621, C50.622, C50.811, C50.812, C50.821, C50.822, C50.911, C50.912, C50.921, C50.922, C7B.1, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57,</li> </ul>



Date	Summary of Changes
	<p>C83.58, C83.59, C84.A1, C84.A2, C84.A3, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.3, C86.4, C88.4, C91.30, C91.32, C91.60, C91.62, C91.A0, C91.A2, C91.Z0, C91.Z2, C96.4, C96.9, C96.Z, D37.2, D37.3, D37.4, D37.5, E16.0, Z85.09, Z85.110, Z85.230, Z85.520, Z85.72, Z85.79, and Z85.821 were “deleted Sep. 9, 2020”</p> <ul style="list-style-type: none"> <li>Added ICD-10 diagnosis codes C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, and E34.0</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version MPG094.05</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

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Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).