

# 2025 Hodgkin Lymphoma

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## *Medical Oncology*

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## Hodgkin Lymphoma

### Hodgkin Lymphoma Guideline

Hodgkin lymphoma treatment is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Hodgkin lymphoma, classic, second-line therapy with gemcitabine + carboplatin + dexamethasone (GCD) [6] [1] [2] [3] [5]
2. **ALL** of the following:
  - a. Associated-cancer chemotherapy medication regimens per the *National Comprehensive Cancer Network (NCCN) Guidelines*, approved by the United States (US) Food and Drug Administration (FDA), clinically prescribed and as authorized by the payor.
  - b. Physical ability and clinical status of **ANY** of the following:
    - A. Eastern Cooperative Oncology Group (ECOG) Performance Status grade of 2 or less
    - B. Karnofsky Performance Status (KPS) grade of 70 or more
  - c. Treatment is for **ANY** of the following:
    - i. Hodgkin lymphoma, classic (eg, lymphocyte depleted (LDHL), lymphocyte rich (LRHL), mixed cellularity (MCHL) and nodular sclerosis (NSHL) for **ANY** of the following: [8] [6]
      - A. First-line therapy for classic hodgkin lymphoma and **ANY** of the following:
        - I. Stage IA or IIA
        - II. Stage I or II, unfavorable and non-bulky
        - III. Stage III or IV
      - B. Second-line therapy for classic hodgkin lymphoma and **ANY** of the following:
        - I. Local/regional recurrence
        - II. Stage IA or IIA with unfavorable risk factors<sup>1</sup>

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<sup>1</sup>Unfavorable risk factors include bulky mediastinal disease (greater than 10 cm), B symptoms, erythrocyte sedimentation rate (ESR) greater than 50 and more than 3 sites of disease.

- III. Stage III or IV
- C. Third-line therapy with **ANY** of the following:
  - I. Brentuximab vedotin therapy treatment failure
  - II. Chemotherapy attempted with 2 or more treatment failures and **NOT** a candidate for high-dose therapy with autologous stem cell rescue (HDT/ASCR)
  - III. HDT/ASCR treatment failure and **ANY** of the following:
    - 1. Local/regional recurrence
    - 2. Stage IA or IIA with unfavorable risk factors
    - 3. Stage III or IV
- ii. Nodular lymphocyte-predominant hodgkin lymphoma (NLPHL) for **ANY** of the following: [8] [6]
  - A. First-line therapy for **ANY** of the following:
    - I. Maintenance therapy
    - II. Stage I or II, non-bulky with unfavorable risk factors
    - III. Stage IA or IIA, with or without unfavorable risk factors
    - IV. Stage III or IV with unfavorable risk factors
  - B. Second-line therapy for **ANY** of the following:
    - I. Local/regional recurrence
    - II. Maintenance therapy
    - III. Stage I or II, non-bulky with unfavorable risk factors
    - IV. Stage IA or IIA
    - V. Stage III or IV
    - VI. Unfavorable risk factors
- 3. NLPHL second-line therapy with gemcitabine + carboplatin + dexamethasone (GCD) + rituximab [6] [1] [2] [3] [4] [5]



**LCD 33394**

See also, **LCD 33394**: Drugs and Biologicals, Coverage of, for Label and Off-Label Uses at <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to individual's healthplan membership.



**LCD 34648**

See also, **LCD 34648**: Bisphosphonate Drug Therapy at <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to individual's healthplan membership.

## Blood/Lymphatic Cancer Procedure Codes

**Table 1. Blood/Lymphatic Associated Procedure Codes**

CODE	DESCRIPTION
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG
J9130	DACARBAZINE, 100 MG
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG
J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg
J9072	Injection, cyclophosphamide, (Dr. Reddy's), 5 mg
J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG
J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5 MG
J8560	ETOPOSIDE; ORAL, 50 MG
J9181	INJECTION, ETOPOSIDE, 10 MG
S0182	PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG
J9025	INJECTION, AZACITIDINE, 1 MG
J9027	INJECTION, CLOFARABINE, 1 MG
J9065	INJECTION, CLADRIBINE, PER 1 MG
J0894	INJECTION, DECITABINE, 1 MG
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
S0176	HYDROXYUREA, ORAL, 500MG
J9351	INJECTION, TOPOTECAN, 0.1 MG
J9050	INJECTION, CARMUSTINE, 100 MG
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG
J9370	VINCRIStINE SULFATE, 1 MG



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CODE	DESCRIPTION
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
J9100	INJECTION, CYTARABINE, 100 MG
J7527	EVEROLIMUS, ORAL, 0.25 MG
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG
J9045	INJECTION, CARBOPLATIN, 50 MG
J9390	INJECTION, VINORELBINE TARTRATE, 10 MG
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG
J9208	INJECTION, IFOSFAMIDE, 1 GRAM
J9209	INJECTION, MESNA, 200 MG
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES
S0172	CHLORAMBUCIL, ORAL, 2MG
J9301	INJECTION, OBINUTUZUMAB, 10 MG
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG
J9263	INJECTION, OXALIPLATIN, 0.5 MG
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG
J9299	INJECTION, NIVOLUMAB, 1 MG
J9271	INJECTION, PEMBROLIZUMAB, 1 MG
J9150	INJECTION, DAUNORUBICIN, 10 MG
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG
J8610	METHOTREXATE; ORAL, 2.5 MG
J9250	METHOTREXATE SODIUM, 5 MG
J9260	METHOTREXATE SODIUM, 50 MG
J9176	INJECTION, ELOTUZUMAB, 1 MG
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG
J9057	INJECTION, COPANLISIB, 1 MG
J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE
J9312	INJECTION, RITUXIMAB, 10 MG
S0088	IMATINIB, 100 MG

CODE	DESCRIPTION
J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG
J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG
J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG
J9047	INJECTION, CARFILZOMIB, 1 MG
J8540	DEXAMETHASONE, ORAL, 0.25 MG
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG
J9145	INJECTION, DARATUMUMAB, 10 MG
J8600	MELPHALAN; ORAL, 2 MG
S0104	ZIDOVUDINE, ORAL, 100 MG
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
J3485	INJECTION, ZIDOVUDINE, 10 MG
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
J2860	Injection, siltuximab, 10 mg
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
J9350	Injection, mosunetuzumab-axgb, 1 mg

## Blood/Lymphatic Cancer Summary of Changes

Blood/Lymphatic cancer clinical guidelines, from 2024 to 2025, had the following version changes:

- Citations updated per the evidence.
- Evidence reviewed and indications remained the same.

## Hodgkin Lymphoma Definitions

**Autologous stem cell transplant** is a procedure in which a person's healthy stem cells (blood-forming cells) are collected from the blood or bone marrow before treatment, stored, and then given back to the person after treatment.

**B symptoms** are signs that include a fever, drenching night sweats and loss of more than 10 percent of body weight over 6 months. B symptoms are significant to the prognosis and staging of the disease (cancer).

**Bulky mediastinal disease** is more than one-third of the mediastinal mass ratio (MMR) (a ratio of the maximum transverse mass diameter to the internal thoracic diameter at T5/6 level more

than or equal to 0.33), more than one-third of the mediastinal thoracic ratio (MTR), or any mass over 10 cm.

**Chemotherapy** is a treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Chemotherapy may be given by mouth, injection, infusion or on the skin depending on the type and stage of the cancer being treated. It may be given alone or with other treatments, such as surgery, radiation therapy or biologic therapy.

**Classic hodgkin lymphoma** is a particular type that contains abnormal cells called Reed–Sternberg cells.

**Deauville score** is an internationally-recommended scale for routine clinical reporting and clinical trials using FDG PET-CT in the initial staging and assessment of treatment response in Hodgkin lymphoma (HL) and certain types of non-Hodgkin lymphomas (NHL).

**Eastern Cooperative Oncology Group (ECOG) scale** describes an individual's level of functioning in terms of the ability to care for one's self, daily activity and physical ability (eg, walking, working).

**Table 1. ECOG Performance Status Scale**

Grade	ECOG PERFORMANCE STATUS
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair
5	Dead

Source: <https://ecog-acrin.org/resources/ecog-performance-status/>

**Erythrocyte sedimentation rate (ESR)** is a commonly performed hematology test that may indicate and monitor an increase in inflammatory activity within the body caused by one or more conditions such as autoimmune disease, infections or tumors.

**First-line (primary) treatment** is the first treatment given for a disease, and is often part of a standard set of treatments, such as surgery followed by chemotherapy and radiation. When used by itself, first-line therapy is the one accepted as the best treatment.

**High-dose therapy with autologous stem cell rescue (HDT/ASCR)** is the standard treatment for patients with chemosensitive relapsed/refractory Hodgkin lymphoma (HL), but this therapy is commonly denied to patients with resistant disease.

**Hodgkin lymphoma** is a malignant lymphoma marked by the presence of Reed-Sternberg cells and characterized by progressive enlargement of lymph nodes, spleen and liver and progressive anemia.

**Karnofsky performance status (KPS)** is an assessment tool for functional impairment. It can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. In most serious illnesses, the lower the Karnofsky score, the worse the likelihood of survival.

**Table 2. KARNOFSKY PERFORMANCE STATUS SCALE**

Score	Status
100	Normal, no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms of disease
80	Normal activity with effort, some signs or symptoms of disease
70	Cares for self but unable to carry on normal activity or to do active work
60	Requires occasional assistance but is able to care for most of personal needs
50	Requires considerable assistance and frequent medical care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalization is indicated although death not imminent
20	Very ill; hospitalization and active supportive care necessary
10	Moribund
0	Dead

Source: <https://ecog-acrin.org/resources/ecog-performance-status/>

**Lymphocyte depleted Hodgkin lymphoma (LDHL)** is a type of classical Hodgkin lymphoma where both cancerous lymphocytes and low levels of normal lymphocytes are present. Symptoms like night sweats, fever and weight loss (called B symptoms) may occur in someone with LDHL. Typically LDHL can be more difficult to diagnose and treat compared to other types of classical Hodgkin lymphoma.

**Lymphocyte rich Hodgkin lymphoma (LRHL)** is a rare histologic subtype of classical Hodgkin lymphoma (CHL) comprising about 5% of all CHL cases. Patients with LRCHL usually present with limited stage (Ann Arbor Stage I or II) peripheral lymphadenopathy.

**Maintenance therapy** is treatment that is given to help keep cancer from coming back after it has disappeared following the initial therapy. It may include treatment with drugs, vaccines, or antibodies that kill cancer cells, and it may be given for a long time.

**Mixed cellularity Hodgkin lymphoma (MCHL)** is a histologic subtype of classical Hodgkin lymphoma (CHL), comprising about 20-25% of all CHL cases. It is seen more often in older adults (older than 55 years of age), in males and in immunosuppressed patients, as compared with the nodular sclerosis subtype of CHL. It is also seen more frequently in children (younger than 14 years of age) but is less frequent in adolescents and young adults.

**Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL)** is a rare type of Hodgkin lymphoma (HL) that tends to grow more slowly than classic HL (CHL).

**Nodular sclerosis Hodgkin lymphoma (NSHL)** is the most common type (and most curable type) of Hodgkin lymphoma in developed countries and accounts for 60% to 80 % of these

cancers. The first symptom is usually enlarged lymph nodes, and the diagnosis is made by a lymph node biopsy.

**Recurrence** is a new occurrence of something that happened or appeared before.

**Refractory** is defined as resistance to multiple drugs with different mechanisms of action by persistence of physical symptoms and high disease activity, including contributing factors.

**Second-line treatment** is treatment for a disease or condition after the initial treatment (first-line treatment) has failed, stopped working or has side effects that are not tolerated.

**Staging** in cancer is the process of determining how much cancer is within the body (tumor size) and if it has metastasized (spread).

**Third-line treatment** is treatment that is given when both initial treatment (first-line therapy) and subsequent treatment (second-line therapy) don't work, or stop working.

## Hodgkin Lymphoma References

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## National and Local Coverage Determination (NCD and LCD)



### NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.

## Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

## Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

## For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356  
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394  
11395 11396 11565