



American Society of Hematology

Helping hematologists conquer blood diseases worldwide

2026

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September 29, 2026

Dear State Medicaid Director,

On behalf of the American Society of Hematology (ASH), we write regarding your state's implementation of the community engagement requirements for certain Medicaid beneficiaries as required by Section 71119 of the One Big Beautiful Bill Act (OBBBA) (P.L. 119-21). ASH respectfully requests that you consider the needs of individuals living with complex hematologic conditions as these requirements are implemented.

ASH represents more than 18,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including malignant disorders such as leukemia, lymphoma, and myeloma, as well as classical (non-malignant) conditions such as sickle cell disease, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. For children and low-income adults with hematologic conditions, Medicaid provides coverage and access to highly specialized, ongoing care to manage their conditions, prevent complications, and maintain stability.

Determining Medical Frailty Exemptions

The Centers for Medicare & Medicaid Services (CMS) interim final rule (IFR), issued in June, requires states to determine medical frailty based on whether an individual has a serious or complex medical condition and that condition significantly impairs their ability to complete 80 hours per month of qualifying activities. However, the IFR does not establish uniform standards for states to evaluate whether individuals with serious or complex medical conditions can meet the community engagement requirement.

ASH urges states to adopt a streamlined, diagnosis-based process that uses ICD-10-CM codes to identify individuals with serious hematologic conditions who presumptively qualify for the medical frailty exclusion from Medicaid community engagement requirements.

ICD-10-CM codes will provide states with a practical and reliable tool for identifying individuals with serious hematologic conditions who may qualify for the medical frailty exclusion. Using established codes will reduce the need for burdensome case-by-case clinician documentation and help ensure that individuals with serious hematologic conditions are not improperly denied the exclusion.

ASH recommends that the conditions listed in Table 1, Complex Hematologic Conditions ICD-10-CM Range be considered as serious or complex for purposes of assessing whether a beneficiary is medically frail.

Table 1: Complex Hematologic Conditions ICD-10-CM Range

Disease	ICD-10-CM Range
Acute lymphoblastic leukemia	C91.0-
Acute myeloid leukemia	C92.0-
Hodgkin lymphoma	C81.0–C81.9
Non-Hodgkin lymphoma	C82–C86, C88, C96
Multiple myeloma	C90.0-
Sickle cell disease	D57.0–D57.8
Aplastic anemia	D61.0–D61.9
Severe hemophilia	D66–D67
Paroxysmal nocturnal hemoglobinuria	D59.5
Thalassemia major	D56.1 (within D56.0–D56.9)
Refractory ITP	D69.3
ITP	M31.1
Hemochromatosis	E83.11-
Amyloidosis	E85.0–E85.9

Under the [CMS Guidance](#) issued on September 7, 2026, which provides states with an optional three-tier framework for implementing the medical frailty exclusion, the conditions indicated by the codes listed above would be considered Tier 1 (diagnoses that may independently establish the presence of a condition and if the condition impairs an individual’s ability to work). Even if a state does not adopt CMS’s tiered framework, ICD-10-CM codes remain a valuable tool for identifying individuals with serious hematologic conditions who may qualify for the medical frailty exclusion.

A diagnosis code-based approach is especially appropriate for serious hematologic conditions because functional impairment is often episodic, unpredictable, and treatment-intensive. A patient with a hematologic condition or disease may appear stable at one point in time but still be unable to reliably meet monthly participation requirements because of pain crises, bleeding episodes, infections, severe fatigue, transfusion needs, chemotherapy, or treatment-related side effects. As a result, a point-in-time clinical assessment or repeated documentation of community engagement capacity may fail to capture the real-word impact of the condition.

Established ICD-10-CM codes, particularly when considered alongside relevant treatment and utilization data, can help identify individuals whose medical conditions warrant the exclusion without requiring patients to repeatedly demonstrate their impairment or requiring clinicians to provide duplicative attestations. This approach will reduce administrative burden for both beneficiaries and providers while supporting consistent and equitable implementation of the medical frailty exclusion for individuals living with serious hematologic conditions.

ASH appreciates the opportunity to provide input as the state implements these requirements and is ready to serve as a resource as the state develops policies and operational guidance to protect access to care for individuals living with blood and blood-related diseases. If you have any questions, please contact ASH Manager, Policy & Practice, Myra Masood, at mmasood@hematology.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Negrin', followed by a vertical line.

Robert Negrin, MD
ASH President