



Multiple Myeloma

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Multiple myeloma (MM) is a malignancy of clonal plasma cells in the bone marrow that secrete an abnormal monoclonal immunoglobulin (**M-protein**), crowd out normal hematopoiesis, and drive **end-organ damage**.¹ Virtually all MM is preceded by **monoclonal gammopathy of undetermined significance (MGUS)**; prevalence approximately **5% in adults >50** and **~9% in those >85**^{2,3} which transitions through **smoldering multiple myeloma (SMM)** to active disease at roughly **1% per year**.² Active disease is defined by the **IMWG SLiM-CRAB criteria**:^{4,5} **≥10% clonal bone marrow plasma cells** (or biopsy-proven plasmacytoma) **plus** at least one myeloma-defining event = hypercalcemia, renal insufficiency, anemia, bone lesions, **≥60% clonal plasma cells**, involved:uninvolved sFLC ratio **≥100**, or **>1 focal MRI lesion ≥5 mm**.

ICD-10 Codes:

Status must be re-evaluated and re-coded at every encounter. **C90.00** multiple myeloma, **not having achieved remission** (active, newly diagnosed, refractory). **C90.01** multiple myeloma, **in remission** (documented sCR/CR/VGPR/PR per IMWG response criteria; on maintenance still counts as active C90.01). **C90.02** multiple myeloma, **in relapse** (previously treated, documented biochemical or clinical progression). **D47.2** monoclonal gammopathy/MGUS (precursor; no HCC mapping). **Z85.79**, personal history of other malignant neoplasms of lymphoid/hematopoietic tissue, is **inappropriate while patient is on maintenance lenalidomide, under active surveillance, or has any documented residual disease**; MM is **largely incurable** and "history of" should be used **only** when the patient is truly off all therapy and oncology surveillance.¹ CRAB manifestations must be coded separately and linked to the myeloma: **D63.0** anemia in neoplastic disease, **N08** glomerular disorders in diseases classified elsewhere (myeloma cast nephropathy), **E83.52** hypercalcemia, **M84.5xx** pathological fracture in neoplastic disease.

Prevalence and Burden: Approximately **36,000 new MM cases** and **12,540 deaths** are estimated in the US annually;⁶ MM accounts for roughly **10% of hematologic malignancies** and **1.8% of all new cancer diagnoses**.⁷ Median age at diagnosis is **69 years**;¹ MM is fundamentally a **Medicare-population disease**.² Black adults are diagnosed at approximately **14 per 100,000 vs 6.1 per 100,000 in White adults**, with earlier onset and more severe presentation.¹ MM carries the **highest 6-month total cost of care of any cancer in the CMS Enhancing Oncology Model: \$94,518 per 6-month episode (60% above the all-cancer average of \$59,220)** and 85% of cost driven by systemic therapy (44% Part B injectable; 41% Part D oral) and only 5% from inpatient utilization.⁸ Median first-year out-of-pocket cost for lenalidomide maintenance reaches **\$5,623 without Low-Income Subsidy vs \$6 with LIS**, and LIS receipt is associated with **32% higher probability of receiving IMiDs** in adults aged 75–84.⁹

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