

Human Chorionic Gonadotropin

hCG

CPT: 84702

Medically Supportive ICD Codes are listed
on subsequent page(s) of this document

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity

Human Chorionic Gonadotropin (hCG) is useful for monitoring and diagnosis of germ cell neoplasms of the ovary, testis, mediastinum, retroperitoneum, and central nervous system. In addition, hCG is useful for monitoring pregnant patients with vaginal bleeding, hypertension and/or suspected fetal loss.

Limitations

It is not reasonable and necessary to perform hCG testing more than once per month for diagnostic purposes. It may be performed as needed for monitoring of patient progress and treatment. Qualitative hCG assays are not appropriate for medically managing patients with known or suspected germ cell neoplasms.

Visit [SonoraQuest.com/Medicare](https://www.sonorquest.com/Medicare) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ►

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
C56.9	Malignant neoplasm of unspecified ovary
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
G89.3	Neoplasm related pain (acute) (chronic)
J98.59	Other diseases of mediastinum, not elsewhere classified
N89.8	Other specified noninflammatory disorders of vagina
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
O00.80	Other ectopic pregnancy without intrauterine pregnancy
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O20.0	Threatened abortion
R10.2	Pelvic and perineal pain
R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs
R97.8	Other abnormal tumor markers
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z85.47	Personal history of malignant neoplasm of testis

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Sonora Quest Laboratories does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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