Cytogenetic Studies

CPT: 88230, 88235, 88237, 88249, 88262, 88263, 88264, 88269, 88271, 88273, 88274, 88275, 88280, 88289, 88291

CMS National Coverage Policy

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

Coverage Indications, Limitations, and/or Medical Necessity

The term cytogenetic studies is used to describe the microscopic examination of the physical appearance of human chromosomes.

Indications and Limitations of Coverage Medicare covers these tests when they are reasonable and necessary for the diagnosis or treatment of the following conditions:

- Genetic disorders (e.g., mongolism) in a fetus; (See the Medicare Benefit Policy Chapter 15, "Covered Medical and Other Health Services," §20.1)
- Failure of sexual development;
- Chronic myelogenous leukemia;
- Acute leukemias lymphoid (FAB L1-L3), myeloid (FAB M0-M7), and unclassified; or
- Mylodysplasia

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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

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

Code	Description
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C92.10	**Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission**
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.20	Refractory anemia with excess of blasts, unspecified
D46.4	Refractory anemia, unspecified
D46.9	**Myelodysplastic syndrome, unspecified**
D72.0	**Genetic anomalies of leukocytes**
E28.39	Other primary ovarian failure
E29.1	**Testicular hypofunction**
Q90.9	Down syndrome, unspecified
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.79	**Encounter for other screening for genetic and chromosomal anomalies**
Z31.448	Encounter for other genetic testing of male for procreative management

Visit MAKOMedical.com/coverageguidance 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/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf

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