

# Human Chorionic Gonadotropin

*hCG*



CPT: 84702

## CMS National Coverage Policy

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

### 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 [MAKOMedical.com/coverageguidance](https://www.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](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf)

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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
C56.9	Malignant neoplasm of unspecified ovary
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
<b>C62.12</b>	<b>Malignant neoplasm of descended left testis</b>
<b>C62.90</b>	<b>Malignant neoplasm of unspecified testis, unspecified whether descended or undescended</b>
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
G89.3	Neoplasm related pain (acute) (chronic)
J98.59	Other diseases of mediastinum, not elsewhere classified
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
O02.1	Missed abortion
<b>O02.81</b>	<b>Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy</b>
O02.89	Other abnormal products of conception
<b>R10.2</b>	<b>Pelvic and perineal pain</b>
R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs
<b>R97.8</b>	<b>Other abnormal tumor markers</b>
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
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. The Alliance 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.