Human Chorionic Gonadotropin

*hCG*

CPT: 84702

**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.
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
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C62.00 | Malignant neoplasm of unspecified undescended testis
C62.10 | Malignant neoplasm of unspecified descended testis
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
D49.59 | Neoplasm of unspecified behavior of other genitourinary organ
G89.3 | Neoplasm related pain (acute) (chronic)
N89.8 | Other specified noninflammatory disorders of vagina
N94.89 | Other specified conditions associated with female genital organs and menstrual cycle
O00.90 | Unspecified ectopic pregnancy without intrauterine pregnancy
O00.91 | Unspecified ectopic pregnancy with intrauterine pregnancy
O02.81 | Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
R10.2 | Pelvic and perineal pain
R93.49 | Abnormal radiologic findings on diagnostic imaging of other urinary organs
R97.8 | Other abnormal tumor markers
Z34.80 | Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81 | Encounter for supervision of other normal pregnancy, first trimester
Z34.90 | Encounter for supervision of normal pregnancy, unspecified, unspecified trimester

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/mlcp) 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](http://www.cms.gov).