

Human Chorionic Gonadotropin

hCG

CPT: 84702

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.

Human Chorionic Gonadotropin

CPT: 84702

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.**

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
C62.02	Malignant neoplasm of undescended left testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malign neoplasm of unsp testis, unsp descended or undescended
C62.91	Malign neoplasm of right testis, unsp descended or undescended
C62.92	Malign neoplasm of left testis, unsp descended or undescended
G89.3	Neoplasm related pain (acute) (chronic)
J98.59	Other diseases of mediastinum, not elsewhere classified
N94.89	Other conditions associated with female genital organs and menstrual cycle
O00.201	Right ovarian pregnancy without intrauterine pregnancy
O02.1	Missed abortion
O02.81	Inappropriate quantitative 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
Z31.7	Encounter for premanagement and counseling for gestational carrier
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z85.47	Personal history of malignant neoplasm of testis

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 codes, please refer to the CMS website reference

www.cms.gov

Last updated: 10/01/23

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. Quest Diagnostics 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.

QuestDiagnostics.com

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2016 Quest Diagnostics Incorporated. All rights reserved.