

Medi-Cal ICD-10 Coverage Policy

Gonadotropin: Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH)

According to the Pathology: Chemistry section of the Medi-Cal General Medicine provider manual, CPT-4 codes 83001 and 83002 are reimbursable only when appropriate diagnoses on the claim document the medical necessity of the tests. FSH (CPT 83001) and LH (CPT 83002) should only be ordered when medically indicated, based upon the patient evaluation. Gonadotropin level tests ordered for screening or non-indicated disease processes, such as infertility, are not reimbursable.

Code 83001 is reimbursable by Medi-Cal only when billed in conjunction with one of the following ICD-10-CM diagnosis codes documenting the medical necessity of the test.

Follicle Stimulating Hormone (FSH) approved ICD-10-CM codes

B26.0	C88.0	D39.0-D40.9	E83.110-E83.19	Q85.1-Q85.9
C11.0	C96.5	D82.0-D82.2	E89.0-E89.6	Q87.2-Q87.3
C41.0	C96.6	E00.0-E03.4	F50.00-F50.02	Q87.81
C50.011-C50.929	D16.4	E03.8-E07.1	N89.7	Q89.1-Q89.7
C56.1-C57.4	D21.0	E07.89	N91.0-N93.9	Q89.9-Q99.7
C61	D27.0-D27.9	E07.9	N95.0-N95.9	
C71.0	D29.20-D29.22	E20.0-E35	N98.1	
C72.9	D32.0-D33.9	E66.01-E66.2	Q50.01-Q56.4	
C74.00-C75.9	D35.00-D35.9	E80.21	Q64.0	

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Code 83002 is reimbursable by Medi-Cal only when billed in conjunction with one of the following ICD-10-CM diagnosis codes documenting the medical necessity of the test.

Luteinizing Hormone (LH) approved ICD-10-CM codes

B26.0	C88.0	D39.0-D40.9	M33.02	Q64.0
C11.0	C96.5	D82.0-D82.2	M33.12	Q85.1-Q85.9
C41.0	C96.6	E00.0-E07.9	M34.82	Q87.2-Q87.3
C50.011-C50.929	D16.4	E20.0-E35	M35.03	Q87.81
C56.1-C57.4	D21.0	E66.01-E66.2	N89.7	Q87.82
C61	D27.0-D27.9	E80.21	N91.0-N93.9	Q89.1-Q89.7
C71.0	D29.20-D29.22	E83.110-E83.19	N95.0-N95.9	Q89.9-Q99.7
C72.9	D32.0-D33.9	E89.0-E89.6	N98.1	
C74.00-C75.9	D35.00-D35.9	F50.00-F50.02	Q50.01-Q56.4	

Gender Restrictions

The diagnosis codes listed above, when billed in conjunction with CPT codes 83001 and 83002, have gender restrictions.

The following ICD-10-CM codes may be used for female recipients:

C50.011-C50.019	C50.411-C50.419	C50.911-C50.919	N92.4	Q50.01-Q52.9
C50.111-C50.119	C50.511-C50.519	D27.0-D27.9	N92.6	Q96.0-Q96.9
C50.211-C50.219	C50.611-C50.619	E28.0	N93.9	
C50.311-C50.319	C560.811-C50.819	N910-N91.2	N95.0-N95.9	

The following ICD-10-CM codes may be used for male recipients:

B26.0	C50.321-C50.329	C50.821-C50.829	E34.50	Q55.0-Q55.8
C50.021-C50.029	C50.421-C50.429	C50.921-C50.929	I86.1	Q64.0
C50.121-C50.129	C50.521-C50.529	C61	Q52.8	
C50.221-C50.229	C50.621-C50.629	E29.0	Q53.00-Q54.9	

For additional information on Medi-Cal’s coverage policies, please refer to the Medi-Cal Provider Manual available at medi-cal.ca.gov/publications.

If you have any questions, please contact your Quest Diagnostics sales representative.

The above information serves as a reference tool for laboratory services and is not comprehensive. The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. 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 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.