

EFFECTIVE DATE: 11/25/02. Prior dates of service, refer to previous LMRP.

National Coverage Determinations (NCDs)

Human Chorionic Gonadotropin

CPT/HCPCS Codes

84702 GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE

Publication Number

6

Effective Date of this Version

10-1-06

Implementation Date

10/1/2003

ICD-9 Codes Covered

158.0	MALIGNANT NEOPLASM OF RETROPERITONEUM
158.8	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
164.2	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM
164.3	MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM
164.8	MALIGNANT NEOPLASM OF OTHER PARTS OF MEDIASTINUM
164.9	MALIGNANT NEOPLASM OF MEDIASTINUM PART UNSPECIFIED
181	MALIGNANT NEOPLASM OF PLACENTA
183.0	MALIGNANT NEOPLASM OF OVARY
183.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF UTERINE ADNEXA
186.0	MALIGNANT NEOPLASM OF UNDESCENDED TESTIS
186.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED TESTIS
194.4	MALIGNANT NEOPLASM OF PINEAL GLAND
197.1	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
197.6	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
198.6	SECONDARY MALIGNANT NEOPLASM OF OVARY
198.82	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
236.1	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLACENTA

338.3	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)
623.8	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA
625.9	UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS
630	HYDATIDIFORM MOLE
631	OTHER ABNORMAL PRODUCT OF CONCEPTION
632	MISSED ABORTION
633.9	UNSPECIFIED ECTOPIC PREGNANCY
633.90	UNSPECIFIED ECTOPIC PREGNANCY WITHOUT INTRAUTERINE PREGNANCY
633.91	UNSPECIFIED ECTOPIC PREGNANCY WITH INTRAUTERINE PREGNANCY
634.00-634.02	SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
<u>640.00 - 640.03</u>	THREATENED ABORTION UNSPECIFIED AS TO EPISODE OF CARE
642.30-642.34	TRANSIENT HYPERTENSION OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
642.40-642.74	MILD OR UNPECIFIED PRE-ECLAMPSIA UNSPECIFIED AS TO EPISODE OF CARE
642.90-942.94	UNSPECIFIED HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
795.89	OTHER ABNORMAL TUMOR MARKERS
V10.09	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER SITES IN GASTROINTESTINAL TRACT
V10.29	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER RESPIRATORY AND INTRATHORACIC ORGANS
V10.43	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY
V10.47	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS
<u>V22.0 - V22.1</u>	SUPERVISION OF NORMAL FIRST PREGNANCY

Revised: 1/03, 5/03, 9/06

HNL Policy #39