



190.27 - Human Chorionic Gonadotropin

Other Names/Abbreviations

hCG

Description

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.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
84702	Gonadotropin, chorionic (hCG); quantitative

ICD-10-CM Codes Covered by Medicare Program

The ICD-10-CM codes in the table below can be viewed on CMS' website as part of Downloads: Lab Code List, at
<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html>

Code	Description
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C45.1	Mesothelioma of peritoneum
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C58	Malignant neoplasm of placenta
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
C75.3	Malignant neoplasm of pineal gland
C78.1	Secondary malignant neoplasm of mediastinum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.82	Secondary malignant neoplasm of genital organs
D39.2	Neoplasm of uncertain behavior of placenta
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
N89.8	Other specified noninflammatory disorders of vagina
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N99.116	Postprocedural urethral stricture, male, overlapping sites
O00.00	Abdominal pregnancy without intrauterine pregnancy
O00.01	Abdominal pregnancy with intrauterine pregnancy
O00.101	Right tubal pregnancy without intrauterine pregnancy
O00.102	Left tubal pregnancy without intrauterine pregnancy
O00.109	Unspecified tubal pregnancy without intrauterine pregnancy
O00.111	Right tubal pregnancy with intrauterine pregnancy
O00.112	Left tubal pregnancy with intrauterine pregnancy
O00.119	Unspecified tubal pregnancy with intrauterine pregnancy
O00.201	Right ovarian pregnancy without intrauterine pregnancy
O00.202	Left ovarian pregnancy without intrauterine pregnancy
O00.209	Unspecified ovarian pregnancy without intrauterine pregnancy
O00.211	Right ovarian pregnancy with intrauterine pregnancy
O00.212	Left ovarian pregnancy with intrauterine pregnancy
O00.219	Unspecified ovarian pregnancy with intrauterine pregnancy

NCD 190.27

***October 2019 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
O00.80	Other ectopic pregnancy without intrauterine pregnancy
O00.81	Other ectopic pregnancy with intrauterine pregnancy
O00.90	Unspecified ectopic pregnancy without intrauterine pregnancy
O00.91	Unspecified ectopic pregnancy with intrauterine pregnancy
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O02.89	Other abnormal products of conception
O02.9	Abnormal product of conception, unspecified
O03.0	Genital tract and pelvic infection following incomplete spontaneous abortion
O03.37	Sepsis following incomplete spontaneous abortion
O03.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O03.87	Sepsis following complete or unspecified spontaneous abortion
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O14.00	Mild to moderate pre-eclampsia, unspecified trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.90	Unspecified pre-eclampsia, unspecified trimester
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O15.00	Eclampsia complicating pregnancy, unspecified trimester
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester
O15.1	Eclampsia complicating labor
O15.2	Eclampsia complicating the puerperium
O15.9	Eclampsia, unspecified as to time period

NCD 190.27

***October 2019 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O16.9	Unspecified maternal hypertension, unspecified trimester
O20.0	Threatened abortion
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
Q53.13	Unilateral high scrotal testis
Q53.23	Bilateral high scrotal testes
R10.2	Pelvic and perineal pain
R39.83	Unilateral non-palpable testicle
R39.84	Bilateral non-palpable testicles
R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs
R97.8	Other abnormal tumor markers
Z31.7	Encounter for procreative management and counseling for gestational carrier

NCD 190.27

***October 2019 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemia
Z84.82	Family history of sudden infant death syndrome
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.29	Personal history of malignant neoplasm of other respiratory and intrathoracic organs
Z85.43	Personal history of malignant neoplasm of ovary
Z85.47	Personal history of malignant neoplasm of testis

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.

ICD-10-CM Codes That Do Not Support Medical Necessity

Any ICD-10-CM code not listed in either of the ICD-10-CM covered or non-covered sections.

Sources of Information

O'Callaghan A. Mead GM. Testicular carcinoma. [Review] [23 Refs] Postgraduate Medical Journal. 73(862):4816, 1997 Aug.

Sawamura Y. Current diagnosis and treatment of central nervous system germ cell tumors. [Review] [47 Refs] Current Opinion in Neurology. 9(6):41923, 1996 Dec.

Wilkins M. Horwich A. Diagnosis and treatment of urological malignancy: The testes. [Review] [23 Refs] British Journal of Hospital Medicine. 55(4): 199203, 1996. Feb 21, Mar 5.

NCD 190.27

***October 2019 Changes
ICD-10-CM Version – Red**