



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 |
| C56.3 | Malignant neoplasm of bilateral ovaries |
| 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 |

NCD 190.27

***January 2024 Changes**
ICD-10-CM Version – Red



**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 |
| C79.63 | Secondary malignant neoplasm of bilateral ovaries |
| 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 |

NCD 190.27

***January 2024 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2024



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

| Code | Description |
|---------|--|
| O00.219 | Unspecified ovarian pregnancy with intrauterine pregnancy |
| 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 |

NCD 190.27

***January 2024 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2024



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

| Code | Description |
|-------------|---|
| O13.1 | Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester |
| 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 |



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

| Code | Description |
|---------|--|
| O15.9 | Eclampsia, unspecified as to time period |
| 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 |

NCD 190.27

***January 2024 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2024



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

| Code | Description |
|---------|--|
| Z31.7 | Encounter for procreative management and counseling for gestational carrier |
| 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 |
| Z86.002 | Personal history of in-situ neoplasm of other and unspecified genital organs |

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.



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

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.