

# Human Chorionic Gonadotropin

MEDICAL POLICY NUMBER: 410

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**INSTRUCTIONS FOR USE:** Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

**SCOPE:** Providence Health Plan, Providence Health Assurance and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

## PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP\*

Medicare\*\*

### \*Medicaid/OHP Members

*Oregon*: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Human Chorionic Gonadotropin: Guideline Note D17, PHP members must also meet criteria governed by the Oregon Health Plan (OHP) Prioritized List of Health Services and the OHP Diagnostic Procedure Codes / Procedure Group 1119.

### \*\*Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

### COVERAGE CRITERIA

- I. Human Chorionic Gonadotropin (hCG) may be considered **medically necessary** for monitoring and diagnosis of germ cell neoplasms of the ovary, testis, mediastinum, retroperitoneum, and central nervous system.
- II. hCG may be considered **medically necessary** for monitoring pregnant members with vaginal bleeding, hypertension, and/or suspected fetal loss.
- III. hCG is considered **not medically necessary** when criterion I or II are not met.

Link to [Evidence Summary](#)

## POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance resources:

- National Coverage Determination (NCD): Human Chorionic Gonadotropin (190.27)<sup>1</sup>

## REGULATORY STATUS

### U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

## BILLING GUIDELINES AND CODING

The following CPT/HCPCS codes may be covered when billed with one of the ICD-10 codes that Medicare has included as medically necessary in the most recent *Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)*. Available for download at: [Lab NCDs – ICD-10](#).<sup>2</sup> Select the “Lab Code List ICD10 (ZIP)” file option that aligns with the date services were or will be rendered from the Downloads section. Open a spreadsheet and look for NCD 190.27 in column A. This resource can also be accessed directly from the NCD noted above, under “Revision History” and by selecting the applicable “Covered Code List” version. While these services do not require prior authorization, utilization may be subject to audit and all criteria from NCD 190.27 must be met. Thus, inclusion of a diagnosis (ICD-10) code on this list may not warrant automatic coverage.

This policy does not address *qualitative* hCG testing (CPT 84703).

CODES*		
CPT	84702	Gonadotropin, chorionic (hCG); quantitative
HCPCS	None	

#### \*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.

- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

1. Centers for Medicare and Medicaid Services. Human Chorionic Gonadotropin NCD 190.27. Effective 11/25/2002. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=125>. Accessed 4/23/2024.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. . <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Accessed 4/23/2024.

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
6/2024	New medical policy