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LCD L30538 - Cytogenetic Analysis [Print](#)

Contractor Information

Contractor Name: Highmark Medicare Services, Inc.	Contractor Number(s): 12102, 12202, 12302, 12501, 12301, 12201, 12401, 12402, 12101, 12502, 12901	Contractor Type: MAC Part A & B
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[Go to Top](#)

LCD Information

Document Information

LCD ID Number L30538	Primary Geographic Jurisdiction Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware
LCD Title Cytogenetic Analysis	Oversight Region Central Office
Contractor's Determination Number L30538	Original Determination Effective Date For services performed on or after 03/10/2010
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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare

payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

CMS Internet-Only Manual (IOM), Publication 100-03, Chapter 1, Section 190.3.

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Cytogenetics encompasses the study of cell structure with particular attention to chromosomal analysis. It includes cytogenetic banding techniques, and molecular cytogenetic studies such as fluorescent in-situ Hybridization and comparative genomic hybridization. Karyotyping arranges nuclear chromosomes to confirm number and structure. Further cytogenetic testing analyzes any abnormalities, particularly gain or loss of chromosomal material.

Specimens for cytogenetic analysis are usually obtained from peripheral blood, amniotic fluid, from bone marrow, cultured fibroblasts, from solid tumors, and from collected urine.

Genetic Disorders

Per the CMS IOM Publication 100-3 Chapter 1, Section 190.3, Medicare covers this testing when reasonable and necessary for the diagnosis and treatment of genetic disorders in a fetus (i.e. Down's syndrome), failure of sexual development, chronic myelogenous leukemia, acute leukemias (lymphoid, myeloid and unclassified), and myelodysplasia. As genetic disorders and failures of sexual development involve stable chromosomal abnormalities, Medicare expects that these studies will be performed once in the lifetime of the patient.

Cancer

In evolving neoplastic processes, it is expected that serial analysis may be necessary, but each individual analysis must be reasonable and necessary in the determination of appropriate treatment for the disease. Expression of the HER-2/neu protein by neoplastic breast tissue has specific clinical implications regarding the potential for monoclonal antibody treatment. Studies suggest that the FISH assay for transitional cell carcinoma of the bladder is superior to conventional urine cytology, particularly in the non-invasive and minimally invasive subgroups. Discussion of the appropriate clinical settings and frequency of use of these morphometric analyses is included in this policy.

Recent studies suggest that analysis of expression patterns of a specific set of genes may help predict sensitivity to a specific chemotherapeutic regimen. Gene expression profiling, which uses microarray methodology, may reveal subtle molecular differences among patients with the "same" disease, with potential prognostic and therapeutic implications. Medicare considers these technologies to be experimental at the present time, but will continue to review the evolving literature.

Bladder Cancer

Several diagnostic tests are available for the management of bladder cancer. Radioimmunoassay and immunohistochemical determinations of the serum levels of

certain proteins or carbohydrates serve as tumor markers. When elevated, serum concentration of these markers may reflect tumor size and grade. Medicare expects that two codes will be used to represent testing which may be performed in conjunction with standard diagnostic procedures:

88120- Cytp urne 3-5 probes ea spec

88121- Cytp urine 3-5 probes cmptr

After initial diagnosis and treatment, patients with urothelial carcinoma are frequently monitored every three months for the first two years then usually twice a year for three or more years. Up to 50% of patients have recurrence of bladder cancer within five years. The current monitoring is done by cystoscopy, an invasive procedure, and by urine cytology. Standard cytology has been regarded as an additional diagnostic tool to select patients for cystoscopic evaluation. However, studies show that the sensitivity of cytology in urinary specimens is limited, since most of the non-invasive cancers (stage pTa) are missed.

Therefore, Medicare will consider the Urinary FISH test medically reasonable and necessary in the following circumstances:

- In the initial diagnosis of persons with hematuria suspected of having bladder carcinoma, in conjunction with, and NOT IN LIEU of current standard diagnostic procedures. Therefore it is expected that Initial urinary FISH studies are performed in conjunction with cystoscopic evaluation.
- In the monitoring for tumor recurrence in conjunction with cystoscopy in patients with previously diagnosed bladder cancer.
- Monitoring for additional recurrence after one or more recurrences have been treated.

The urinary FISH test for recurrent bladder cancer is not considered medically reasonable or necessary under the following circumstance:

- When performed to provide additional confirmatory information after a diagnosis of bladder cancer recurrence has already been determined.

Medicare will consider Bladder Tumor Antigen Stat testing medically reasonable and necessary under the following circumstances:

- The patient must have a prior diagnosis of bladder cancer.
- The patient is being monitored for a status/recurrence/metastasis of bladder cancer in conjunction with cystoscopy.

Consistent with the above, Medicare expects that the urinary FISH study will be used no more frequently than cystoscopy, and may be used additively or substituted for conventional urine cytology depending on the grade of the tumor and potential diagnostic yield. The first FISH study as the diagnosis of urothelial cancer is being established will be coded with the appropriate morphometric analysis code 88120 or 88121, and with the appropriate neoplastic diagnosis required. Subsequent studies will be additionally coded with the V-code, V49.89 OTHER SPECIFIED CONDITIONS INFLUENCING HEALTH STATUS, to indicate that repeat testing is believed to be medically reasonable and necessary.

Urinary cytogenetic studies will not be covered if the patient has signs or symptoms of hematuria or an active infectious/inflammatory condition at the time of the testing (e.g.

cystitis, urethritis, or prostatitis).

Breast Cancer

Similarly, the HER2/neu study should be performed in the initial diagnosis of breast neoplasia. Overexpression of the HER2 receptor is associated with increased disease recurrence and worse prognosis, however, it is predictive of a positive response to trastuzumab. HER2 testing should be performed with the initial pathologic studies confirming the diagnosis of malignancy. If positive, it is likely that subsequent recurrence of the malignancy will be sensitive to trastuzumab therapy. If initially negative, repeat HER2 testing may be needed with a recurrence. To indicate the initial study for HER2 overexpression with Fluorescent In Situ Hybridization, use the appropriate morphometric code (see below). Any subsequent study for recurrence should be additionally coded with the V-code, V49.89 OTHER SPECIFIED CONDITIONS INFLUENCING HEALTH STATUS.

HER2/neu testing with in situ hybridization techniques should be reported with 88367 or 88368 as appropriate. Tests for HER2/neu overexpression performed with immunohistochemistry techniques are not addressed in this Local Coverage Determination. Please refer to the AMA CPT® for coding advice.

[Go to Top](#)

Coding Information

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
083x	Ambulatory Surgery Center
085x	Critical Access Hospital

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

031X	Laboratory Pathology - General Classification

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

NOTE: Do not report 88365 in conjunction with 88120 or 88121 for same probe.

88120	Cytp urne 3-5 probes ea spec
88121	Cytp urine 3-5 probes cmprtr
88230	Tissue culture lymphocyte
88233	Tissue culture skin/biopsy
88235	Tissue culture placenta
88237	Tissue culture bone marrow
88239	Tissue culture tumor
88240	Cell cryopreserve/storage
88241	Frozen cell preparation
88245	Chromosome analysis 20-25
88248	Chromosome analysis 50-100
88249	Chromosome analysis 100
88261	Chromosome analysis 5
88262	Chromosome analysis 15-20
88263	Chromosome analysis 45
88264	Chromosome analysis 20-25
88267	Chromosome analys placenta
88269	Chromosome analys amniotic
88271	Cytogenetics dna probe
88272	Cytogenetics 3-5
88273	Cytogenetics 10-30

88274	Cytogenetics 25-99
88275	Cytogenetics 100-300
88280	Chromosome karyotype study
88283	Chromosome banding study
88285	Chromosome count additional
88289	Chromosome study additional
88291	Cyto/molecular report
88299	Cytogenetic study
88365	Insitu hybridization (fish)
88367	Insitu hybridization auto
88368	Insitu hybridization manual

ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

140.0 - 140.9	MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - MALIGNANT NEOPLASM OF LIP UNSPECIFIED VERMILION BORDER
141.0 - 141.9	MALIGNANT NEOPLASM OF BASE OF TONGUE - MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED
142.0 - 142.9	MALIGNANT NEOPLASM OF PAROTID GLAND - MALIGNANT NEOPLASM OF SALIVARY GLAND UNSPECIFIED
143.0 - 143.9	MALIGNANT NEOPLASM OF UPPER GUM - MALIGNANT NEOPLASM OF GUM UNSPECIFIED
150.0 - 150.9	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS - MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE
151.0 - 151.9	MALIGNANT NEOPLASM OF CARDIA - MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.1 - 152.8	MALIGNANT NEOPLASM OF JEJUNUM - MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SMALL

	INTESTINE
158.0	MALIGNANT NEOPLASM OF RETROPERITONEUM
162.0 - 165.9	MALIGNANT NEOPLASM OF TRACHEA - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM
170.0 - 170.9	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE - MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE SITE UNSPECIFIED
171.0 - 171.9	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK - MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE SITE UNSPECIFIED
173.00 - 173.99	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP - OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN, SITE UNSPECIFIED
174.0 - 174.9	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST - MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0 - 175.9	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST - MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
183.0	MALIGNANT NEOPLASM OF OVARY
183.2	MALIGNANT NEOPLASM OF FALLOPIAN TUBE
183.3	MALIGNANT NEOPLASM OF BROAD LIGAMENT OF UTERUS
183.4	MALIGNANT NEOPLASM OF PARAMETRIUM
183.5	MALIGNANT NEOPLASM OF ROUND LIGAMENT OF UTERUS
183.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF UTERINE ADNEXA
183.9	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED SITE
188.0 - 188.9	MALIGNANT NEOPLASM OF TRIGONE OF URINARY BLADDER - MALIGNANT NEOPLASM OF BLADDER PART UNSPECIFIED
189.0 - 189.9	MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS - MALIGNANT NEOPLASM OF URINARY ORGAN SITE

	UNSPECIFIED
190.1	MALIGNANT NEOPLASM OF ORBIT
191.0 - 191.9	MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICLES - MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE
192.3	MALIGNANT NEOPLASM OF SPINAL MENINGES
194.0 - 194.9	MALIGNANT NEOPLASM OF ADRENAL GLAND - MALIGNANT NEOPLASM OF ENDOCRINE GLAND SITE UNSPECIFIED
197.0 - 197.8	SECONDARY MALIGNANT NEOPLASM OF LUNG - SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN
198.0 - 198.89	SECONDARY MALIGNANT NEOPLASM OF KIDNEY - SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
200.00 - 202.98	RETICULOSARCOMA UNSPECIFIED SITE - OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES
203.00 - 203.02	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - MULTIPLE MYELOMA, IN RELAPSE
203.10 - 203.12	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - PLASMA CELL LEUKEMIA, IN RELAPSE
203.80 - 203.82	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204.00 - 204.02	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10 - 204.12	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.20 - 204.22	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.80 -	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF

204.82	HAVING ACHIEVED REMISSION - OTHER LYMPHOID LEUKEMIA, IN RELAPSE
204.90 - 204.92	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
205.00 - 205.92	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
206.00 - 206.92	ACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE
207.00 - 207.82	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - OTHER SPECIFIED LEUKEMIA, IN RELAPSE
208.00 - 208.02	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.10 - 208.12	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.20 - 208.22	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.80 - 208.82	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.90 - 208.92	UNSPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION - UNSPECIFIED LEUKEMIA, IN RELAPSE
223.3	BENIGN NEOPLASM OF BLADDER
225.2	BENIGN NEOPLASM OF CEREBRAL MENINGES
228.1	LYMPHANGIOMA ANY SITE
230.0	CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX
231.0	CARCINOMA IN SITU OF LARYNX
232.9	CARCINOMA IN SITU OF SKIN SITE UNSPECIFIED

233.0	CARCINOMA IN SITU OF BREAST
233.30 - 233.39	CARCINOMA IN SITU, UNSPECIFIED FEMALE GENITAL ORGAN - CARCINOMA IN SITU, OTHER FEMALE GENITAL ORGAN
233.7	CARCINOMA IN SITU OF BLADDER
233.9	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED URINARY ORGANS
234.0	CARCINOMA IN SITU OF EYE
236.7	NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER
238.4	POLYCYTHEMIA VERA
238.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF HISTIOCYTIC AND MAST CELLS
238.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLASMA CELLS
238.71 - 238.79	ESSENTIAL THROMBOCYTHEMIA - OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES
239.2	NEOPLASM OF UNSPECIFIED NATURE OF BONE SOFT TISSUE AND SKIN
239.3	NEOPLASM OF UNSPECIFIED NATURE OF BREAST
256.39	OTHER OVARIAN FAILURE
257.8	OTHER TESTICULAR DYSFUNCTION
259.0	DELAY IN SEXUAL DEVELOPMENT AND PUBERTY NOT ELSEWHERE CLASSIFIED
273.1	MONOCLONAL PARAPROTEINEMIA
273.3	MACROGLOBULINEMIA
279.11	DIGEORGE'S SYNDROME
284.01 - 284.9	CONSTITUTIONAL RED BLOOD CELL APLASIA - APLASTIC ANEMIA UNSPECIFIED
285.0	SIDEROBLASTIC ANEMIA
285.1	ACUTE POSTHEMORRHAGIC ANEMIA
285.21 - 285.29	ANEMIA IN CHRONIC KIDNEY DISEASE - ANEMIA OF OTHER CHRONIC DISEASE

285.8	OTHER SPECIFIED ANEMIAS
285.9	ANEMIA UNSPECIFIED
287.30 - 287.39	PRIMARY THROMBOCYTOPENIA, UNSPECIFIED - OTHER PRIMARY THROMBOCYTOPENIA
287.49	OTHER SECONDARY THROMBOCYTOPENIA
288.01*	CONGENITAL NEUTROPENIA
288.02	CYCLIC NEUTROPENIA
288.09	OTHER NEUTROPENIA
288.1 - 288.4	FUNCTIONAL DISORDERS OF POLYMORPHONUCLEAR NEUTROPHILS - HEMOPHAGOCYTIC SYNDROMES
288.59	OTHER DECREASED WHITE BLOOD CELL COUNT
288.63	MONOCYTOSIS (SYMPTOMATIC)
288.64	PLASMACYTOSIS
288.65	BASOPHILIA
288.69	OTHER ELEVATED WHITE BLOOD CELL COUNT
288.8	OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS
289.6	FAMILIAL POLYCYTHEMIA
289.7	METHEMOGLOBINEMIA
289.81 - 289.83	PRIMARY HYPERCOAGULABLE STATE - MYELOFIBROSIS
289.89	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD- FORMING ORGANS
299.00 - 299.11	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE - CHILDHOOD DISINTEGRATIVE DISORDER, RESIDUAL STATE
317 - 319	MILD INTELLECTUAL DISABILITIES - UNSPECIFIED INTELLECTUAL DISABILITIES
334.8	OTHER SPINOCEREBELLAR DISEASES
388.5	DISORDERS OF ACOUSTIC NERVE
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED

599.70 - 599.72	HEMATURIA, UNSPECIFIED - MICROSCOPIC HEMATURIA
606.0	AZOOSPERMIA
606.1	OLIGOSPERMIA
611.1	HYPERTROPHY OF BREAST
628.9	INFERTILITY FEMALE OF UNSPECIFIED ORIGIN
629.9	UNSPECIFIED DISORDER OF FEMALE GENITAL ORGANS
630	HYDATIDIFORM MOLE
631.0	INAPPROPRIATE CHANGE IN QUANTITATIVE HUMAN CHORIONIC GONADOTROPIN (HCG) IN EARLY PREGNANCY
631.8	OTHER ABNORMAL PRODUCTS OF CONCEPTION
632	MISSED ABORTION
634.00 - 634.92	SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION - SPONTANEOUS ABORTION COMPLETE WITHOUT COMPLICATION
646.33	RECURRENT PREGNANCY LOSS, ANTEPARTUM CONDITION OR COMPLICATION
653.70	OTHER FETAL ABNORMALITY CAUSING DISPROPORTION UNSPECIFIED AS TO EPISODE OF CARE
653.71	OTHER FETAL ABNORMALITY CAUSING DISPROPORTION DELIVERED
653.73	OTHER FETAL ABNORMALITY CAUSING DISPROPORTION ANTEPARTUM
655.00 - 655.23	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY - HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM CONDITION OR COMPLICATION
656.40 - 656.63	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE - EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM
657.00 -	POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE -

657.03	POLYHYDRAMNIOS ANTEPARTUM COMPLICATION
658.00 - 658.03	OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE - OLIGOHYDRAMNIOS ANTEPARTUM
659.50 - 659.53	ELDERLY PRIMIGRAVIDA UNSPECIFIED AS TO EPISODE OF CARE - ELDERLY PRIMIGRAVIDA ANTEPARTUM
659.60 - 659.63	OTHER ADVANCED MATERNAL AGE UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE - OTHER ADVANCED MATERNAL AGE ANTEPARTUM CONDITION OR COMPLICATION
740.0 - 759.9	ANENCEPHALUS - CONGENITAL ANOMALY UNSPECIFIED
764.90 - 764.99	FETAL GROWTH RETARDATION UNSPECIFIED WEIGHT - FETAL GROWTH RETARDATION 2500 GRAMS AND OVER
779.9	UNSPECIFIED CONDITION ORIGINATING IN THE PERINATAL PERIOD
783.22	UNDERWEIGHT
783.40 - 783.43	UNSPECIFIED LACK OF NORMAL PHYSIOLOGICAL DEVELOPMENT - SHORT STATURE
792.3	NONSPECIFIC ABNORMAL FINDINGS IN AMNIOTIC FLUID
796.5	ABNORMAL FINDING ON ANTENATAL SCREENING
796.6	NONSPECIFIC ABNORMAL FINDINGS ON NEONATAL SCREENING
996.81 - 996.87	COMPLICATIONS OF TRANSPLANTED KIDNEY - COMPLICATIONS OF TRANSPLANTED ORGAN INTESTINE
996.89	COMPLICATIONS OF OTHER SPECIFIED TRANSPLANTED ORGAN
V13.61 - V13.69	PERSONAL HISTORY OF (CORRECTED) HYPOSPADIAS - PERSONAL HISTORY OF OTHER (CORRECTED) CONGENITAL MALFORMATIONS
V18.4	FAMILY HISTORY OF INTELLECTUAL DISABILITIES
V19.5	FAMILY HISTORY OF CONGENITAL ANOMALIES
V23.2	SUPERVISION OF HIGH-RISK PREGNANCY WITH HISTORY OF ABORTION
V23.81 -	SUPERVISION OF HIGH-RISK PREGNANCY WITH ELDERLY

V23.82	PRIMIGRAVIDA - SUPERVISION OF HIGH-RISK PREGNANCY WITH ELDERLY MULTIGRAVIDA
V28.0 - V28.4	ANTENATAL SCREENING FOR CHROMOSOMAL ANOMALIES BY AMNIOCENTESIS - ANTENATAL SCREENING FOR FETAL GROWTH RETARDATION USING ULTRASONICS
V49.89*	OTHER SPECIFIED CONDITIONS INFLUENCING HEALTH STATUS

*288.01 Limited to infantile genetic agranulocytosis only

*V49.89 To be used only when repeat testing is believed to be medically reasonable and necessary, and must be listed as secondary with the primary neoplastic diagnosis.

Diagnoses that Support Medical Necessity

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

There are no specific codes for the following syndromes. Use code 758.5, other conditions due to autosomal anomalies, to indicate these conditions.

Microdeletion and other chromosomal syndromes:

- Angelman syndrome (associated with deletion of 15q11.2).
- Williams syndrome (associated with deletion of 7q11.3).
- Smith Magenis Syndrome: (deletion of 17p11.2): Mental retardation, dysmorphism, severe
- Miller Dieker and isolated lissencephaly (deletion of 17p13)

For the microdeletion syndromes listed above, the clinical referral is typically to rule out Prader Willi or Angelmen, etc.

Solid tumors:

Cytogenetic studies may be useful in the following cancer types or to determine if a cancer fits into one of these types. (Medicare does not use the M codes for billing purposes). See the list of ICD-9-CM codes for solid tumors listed above to bill for these types of cancer.

M9260/3 Ewing sarcoma
M8910/3 Embryonal rhabdomyosarcoma
M8920/3 Alveolar rhabdomyosarcoma
M9040/3 Alveolar soft part sarcoma
M9500/3 Neuroblastoma
M9391/3 Ependymoma
M940/3 Glioblastoma
M9380/3 Glioma
M9380/3 Gliosarcoma
M9470/3 Medulloblastoma
M9040 Synovial sarcoma

The following are referred for Her2Neu:

M8500/3 Ductal carcinoma

M8541/3 Ductal carcinoma with Paget's Disease
M8489/3 Collid/Mucinous carcinoma
M8500/2 Intraductal carcinoma
M8510/3 Lobular carcinoma
M8510/3 Medullary carcinoma

The following are for prostate related FISH:

M8120/2-3 Urothelial carcinoma
M8130/3 Transitional carcinoma

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

[Go to Top](#)

Other Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.
3. The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Sources of Information and Basis for Decision

Highmark Medicare Services is not responsible for the continued viability of websites listed.

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Other Contractor(s)' Policies

Highmark Medicare Services Contractor Medical Directors

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Directors. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

CAC Distribution: 09/29/2009

Start Date of Comment Period

09/29/2009

End Date of Comment Period:

11/18/2009

Start Date of Notice Period

01/20/2010

[Go to Top](#)

Revision History

Revision History Number

L30538

Revision History Explanation

Date	Policy #	Description
03/14/2012	L30538	LCD revised to add the following diagnoses for coverage as part of a reconsideration request effective for dates of service on and after 03/09/2011: 140.0-140.9, 141.0-141.9, 142.0-142.9, 143.0-143.8, 150.0-150.9, 151.0-151.9, 183.0, 183.2-183.5, 183.8, 183.9, 194.0-194.9, 996.81-996.87, and 996.89.
10/01/2011	L30538	LCD revised effective for date of service on and after 03/10/2011 to add diagnosis code 273.1 for coverage. ICD-9-CM update applied effective for dates of service on and after 10/01/2011. The following code has been deleted: 173.9, 284.1, 631, 747.3. The following codes have been added: 173.00-173.99, 284.11, 284.12, 284.19, 631.0, 631.8, 747.31, 747.32, 747.39. The following code descriptors have been revised: 317, 318.0, 318.1, 318.2, 319, V18.4. Some of these changes may be within code ranges.
02/21/2011	L30538	Per Change Request 7135, this LCD is effective for dates of service on and after 02/21/2011 for those providers in the states of Delaware, Maryland, New Jersey, Pennsylvania and the District of Columbia serviced by Wisconsin Physicians Service (WPS), contractor number 52280, that are being transitioned to Highmark Medicare Services, contractor number 12901, effective 02/21/2011.
01/05/2011	L30538	LCD revised to reflect the annual CPT/HCPCS update. Procedure codes 88120 and 88121 added as new codes, and references regarding bladder cancer revised to reflect this change where applicable effective

		01/01/2011.
11/10/2010	L30538	LCD revised effective for dates of service on and after 03/10/2010 to remove 86294 as this procedure code should not be included under the restrictions of this LCD.
10/27/2010	L30538	LCD revised effective 10/27/2010. The following changes are per the annual ICD-9-CM code update: ICD-9-CM codes 287.4 and 752.3 removed for dates of service on and after 10/01/2010. ICD-9-CM codes 287.49, 752.31, 752.32, 752.33, 752.34, 752.35, 752.36, 752.39, 752.43, 752.44, 752.45, 752.46, 752.47, V13.62, V13.63, V13.64, V13.65, V13.66, V13.67 and V13.68 added for coverage effective for dates of service on and after 10/01/2010. The descriptors for ICD-9-CM codes 646.33, V13.61 and V13.69 were revised for dates of service on and after 10/01/2010. Some of these changes are in code ranges.
09/08/2010	L30538	LCD revised effective 09/09/2010. The descriptions have changed for the following bill type codes:11,12,13, 22, 23, 83, and 85 with an effective date of 07/01/2010. The descriptions have changed for the following revenue codes:0310, 0311, 0312, 0314, and 0319 with an effective date of 07/01/2010. Some or all of these changes may be in code ranges.
04/14/2010	L30538	LCD revised effective 04/15/2010. CPT code 88342 removed from LCD. Typographical error (CPT code 88369) corrected.
01/20/2010	L30538	LCD posted for notice. LCD to become effective 03/10/2010.
09/29/2009	DL30538	Draft LCD posted for comment.

Reason for Change

ICD9 Addition/Deletion

Related Documents

This LCD has no related documents.

LCD Attachments

There are no attachments for this LCD.

[Go to Top](#)

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