

LCD for Cytogenetic Studies (L30487)

Future

Please note: This is a Future LCD.

Contractor Information

Future

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Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier- MAC - FI

LCD Information

Future

Future

LCD ID Number

L30487

LCD Title

Cytogenetic Studies

Contractor's Determination Number

PATH-027

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CMS National Coverage Policy

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Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

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

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 03/18/2010

Original Determination Ending Date

Revision Effective Date

For services performed on or after 03/18/2010

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

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Discussion:

Cytogenetics is the study of chromosomes by light or fluorescent microscopy. Cytogenetic testing is used to study an individual's chromosome makeup. The term karyotyping refers to the arrangement of nuclear chromosomes in order from the largest to the smallest to analyze their number and structure. Variations in chromosome number or structure can produce a variety of clinical findings, including abnormalities of growth and intellect, congenital anomalies and, in the case of sex chromosome abnormalities ambiguous gender. Cytogenetic testing determines the number of chromosomes, defines the chromosome and examines the individual chromosomes for structural abnormalities such as deletions, duplications and translocations. Within the last 15 years cytogeneticists have incorporated molecular genetic techniques to identify structural chromosome abnormalities that are not visible using standard microscopy. These techniques include Fluorescence in situ hybridization (FISH), telomere-specific probes, spectral karyotyping, and comparative genomic hybridization. These techniques are used, when clinically indicated, to improve the accuracy and resolution of the standard karyotype. A normal karyotype consists of 22 pairs of autosomal chromosomes (numbered 1-22), and a pair of sex chromosomes: XY for the male and XX for the female. Karyotypes are reported using the International System for Cytogenetic Nomenclature which was last revised in 1995 (ICSN 1995).

Specimens for cytogenetic analysis can be obtained from a variety of tissues that yield cells that divide in culture including: peripheral blood, (lymphocytes; amniotic fluid (amniocytes); trophoblastic cells, chorionic villi; bone marrow; solid tumors, and cultured fibroblasts, usually obtained by skin biopsy. Also, fixed, paraffin embedded tissue and cytology specimens are used for FISH testing. The newer molecular cytogenetic techniques can be used even in non-dividing cells such as buccal cells obtained non-invasively from a cheek swab. Enough cells must be examined so that the chance of missing a cytogenetically distinct cell line (called mosaicism) is statistically low. For most clinical indications, 20 mitoses are examined and counted under direct microscopic visualization, and two are photographed or digitalized and karyotypes are prepared. Observation of aberrations usually prompts more extended scrutiny, and in many cases, further analysis of the original culture.

Indications

Cytogenetic studies may be undertaken to rule out a constitutional or acquired chromosomal abnormality. For most laboratories cytogenetic analyses now include standard G-banded chromosome analyses and/or molecular cytogenetic studies utilizing the method of fluorescence-in-situ-hybridization.

Constitutional chromosome abnormalities refer to those present at birth. Constitutional studies may be undertaken prenatally or postnatally:

Prenatal cytogenetic studies are indicated:

1. to rule out the presence of an abnormality in the fetus. Reasons for referral may include advanced maternal age (associated with an increased risk for trisomy), abnormalities observed on ultrasound, family history of a chromosome abnormality that increases risk for the current pregnancy). Cytogenetic studies are also performed on products of conception, to determine whether a chromosome abnormality was responsible for a fetal loss.

Postnatal cytogenetic studies are indicated:

1. to rule out a constitutional chromosome abnormality (present at birth) that may be associated with congenital anomalies, developmental delays, and/or mental retardation, and/or problems in sexual maturation or reproduction. The chromosome abnormalities involved in these disorders may be of number (gain or loss of a chromosome) or structure (e.g. deletions, duplications, derivative chromosomes resulting in both partial losses and gains of chromosomal material, inversions). Recently, with the advent of high resolution cytogenetics and supplemental studies by fluorescence-in-situ-hybridization (FISH) it has been possible to identify very subtle abnormalities that may be associated with neurologic and developmental issues (e.g. autism) rather than the multiple congenital anomalies. Many of these abnormalities represent so-called "microduplications or microdeletions". Specific FISH probes that can evaluate the presence or loss or duplication of specific gene regions involved in these duplications and deletions are now a part of routine cytogenetic practice (e.g. probes for Prader-Willi syndrome, DiGeorge syndrome, Williams's syndrome.)

2. to rule out the presence of a balanced chromosomal rearrangement (e.g. translocation) that puts the individual at risk for having a child with multiple congenital anomalies or for risk of recurrent miscarriage.

3. to rule out the presence of a chromosome instability syndrome that predisposes to development of malignancy (e.g. Fanconi anemia, Bloom syndrome, ataxia telangiectasia)

Acquired chromosome abnormalities refer to those that are typically acquired after birth, by a subpopulation of cells that is involved in a premalignant or malignant condition.

1. It is now recognized that the majority of hematologic malignancies are associated with clonal chromosomal abnormalities. Identifying the specific chromosome abnormality is now required for differential diagnosis of many of the lymphoid and myeloid leukemias and myelodysplastic syndromes. Additionally, as many of these chromosome abnormalities have been shown to have independent prognostic significance, identification of these abnormalities has become important for determining therapeutic regimens. For certain abnormalities (e.g. the Philadelphia chromosome and the 15;17 translocation) there are specific therapies targeted to the specific abnormalities.

2. Chromosome abnormalities for diagnosis and therapy decisions have also been identified in solid tumors including lymphomas, the small round blue cell tumors of childhood, and adult solid tumors such as breast and prostate, urinary bladder, lung and brain.

As with the constitutional studies, FISH studies targeted at identifying the specific gene rearrangement associated with the recurring chromosomal abnormality have become routine (e.g. the BCR/ABL fusion generated by the Philadelphia chromosome in CML and acute lymphoblastic leukemia, the PML/RARA fusion of the 15;17 translocation in APL)

Coverage Topic
Diagnostic Tests and X-Rays
Lab Services

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.

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
14x	Non-Patient Laboratory Specimens
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

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.

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Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

0300	Laboratory-general classification
0309	Laboratory-other laboratory
0310	Laboratory pathological-general classification
0311	Laboratory pathological-cytology
0319	Laboratory pathological-other
0971	Professional fees-laboratory

CPT/HCPCS Codes

88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS
88248	

CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES (EG, FOR ATAXIA TELANGIECTASIA, FANCONI ANEMIA, FRAGILE X)

- 88249 CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (EG, DIEPOXYBUTANE, MITOMYCIN C, IONIZING RADIATION, UV RADIATION)
- 88261 CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING
- 88262 CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING
- 88263 CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING
- 88264 CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS
- 88267 CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING
- 88269 CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDING
- 88271 MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)
- 88272 MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)
- 88273 MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR MICRODELETIONS)
- 88274 MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS
- 88275 MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS
- 88280 CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY
- 88283 CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)
- 88285 CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY
- 88289 CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY
- 88291 CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Constitutional Cytogenetic Studies

88235, 88262, 88267, 88269, 88283, 88289

228.1	LYMPHANGIOMA ANY SITE
256.39	OTHER OVARIAN FAILURE
257.8	OTHER TESTICULAR DYSFUNCTION
259.0	DELAY IN SEXUAL DEVELOPMENT AND PUBERTY NOT ELSEWHERE CLASSIFIED
289.81	PRIMARY HYPERCOAGULABLE STATE
289.83	MYELOFIBROSIS
299.00 - 299.11	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE - CHILDHOOD DISINTEGRATIVE DISORDER, RESIDUAL STATE
317 - 319	MILD MENTAL RETARDATION - UNSPECIFIED MENTAL RETARDATION
334.8	OTHER SPINOCEREBELLAR DISEASES
388.5	DISORDERS OF ACOUSTIC NERVE
606.0	AZOOSPERMIA
606.1	OLIGOSPERMIA
611.1	HYPERTROPHY OF BREAST
628.9	INFERTILITY FEMALE OF UNSPECIFIED ORIGIN
630 - 631	HYDATIDIFORM MOLE - OTHER ABNORMAL PRODUCT 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	HABITUAL ABORTER 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

655.10 - 655.13

CHROMOSOMAL ABNORMALITY IN FETUS
AFFECTING MANAGEMENT OF MOTHER
UNSPECIFIED AS TO EPISODE OF CARE IN
PREGNANCY - CHROMOSOMAL ABNORMALITY
IN FETUS AFFECTING MANAGEMENT OF
MOTHER ANTEPARTUM

655.20 - 655.23

HEREDITARY DISEASE IN FAMILY POSSIBLY
AFFECTING FETUS AFFECTING MANAGEMENT
OF MOTHER 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

INTRAUTERINE DEATH AFFECTING
MANAGEMENT OF MOTHER UNSPECIFIED AS
TO EPISODE OF CARE

656.41

INTRAUTERINE DEATH AFFECTING
MANAGEMENT OF MOTHER DELIVERED

656.43

INTRAUTERINE DEATH AFFECTING
MANAGEMENT OF MOTHER ANTEPARTUM

656.50

POOR FETAL GROWTH AFFECTING
MANAGEMENT OF MOTHER UNSPECIFIED AS
TO EPISODE OF CARE

656.51

POOR FETAL GROWTH AFFECTING
MANAGEMENT OF MOTHER DELIVERED

656.53

POOR FETAL GROWTH AFFECTING
MANAGEMENT OF MOTHER ANTEPARTUM
CONDITION OR COMPLICATION

656.60

EXCESSIVE FETAL GROWTH AFFECTING
MANAGEMENT OF MOTHER UNSPECIFIED AS
TO EPISODE OF CARE

656.61

EXCESSIVE FETAL GROWTH AFFECTING
MANAGEMENT OF MOTHER DELIVERED

656.63

EXCESSIVE FETAL GROWTH AFFECTING
MANAGEMENT OF MOTHER ANTEPARTUM

657.00 - 657.03

POLYHYDRAMNIOS UNSPECIFIED AS TO
EPISODE OF CARE - POLYHYDRAMNIOS
ANTEPARTUM COMPLICATION

658.00 - 658.03

OLIGOHYDRAMNIOS UNSPECIFIED AS TO
EPISODE OF CARE - OLIGOHYDRAMNIOS
ANTEPARTUM

659.50 - 659.63

ELDERLY PRIMIGRAVIDA UNSPECIFIED AS TO
EPISODE OF CARE - 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

783.40

UNSPECIFIED LACK OF NORMAL
PHYSIOLOGICAL DEVELOPMENT

783.41

FAILURE TO THRIVE

783.42

DELAYED MILESTONES

783.43

SHORT STATURE

792.3

NONSPECIFIC ABNORMAL FINDINGS IN
AMNIOTIC FLUID

796.5

ABNORMAL FINDING ON ANTENATAL
SCREENING

V13.61 - V13.69

PERSONAL HISTORY OF HYPOSPADIAS -
PERSONAL HISTORY OF OTHER CONGENITAL
MALFORMATIONS

V18.4

FAMILY HISTORY OF MENTAL RETARDATION

V18.51

FAMILY HISTORY, COLONIC POLYPS

V18.61

FAMILY HISTORY OF POLYCYSTIC KIDNEY

V18.9

FAMILY HISTORY, GENETIC DISEASE CARRIER

V19.5

FAMILY HISTORY OF CONGENITAL ANOMALIES

V23.2

SUPERVISION OF HIGH-RISK PREGNANCY WITH
HISTORY OF ABORTION

V23.81 - V23.82

SUPERVISION OF HIGH-RISK PREGNANCY WITH
ELDERLY 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

V83.01

ASYMPTOMATIC HEMOPHILIA A CARRIER

V83.02

SYMPTOMATIC HEMOPHILIA A CARRIER

V83.81

CYSTIC FIBROSIS GENE CARRIER

V83.89

OTHER GENETIC CARRIER STATUS

Syndromes that predispose to malignancy
88230, 88245, 88248, 88249, 88283

284.01

CONSTITUTIONAL RED BLOOD CELL APLASIA

284.09

OTHER CONSTITUTIONAL APLASTIC ANEMIA

334.8	OTHER SPINOCEREBELLAR DISEASES
757.39	OTHER SPECIFIED CONGENITAL ANOMALIES OF SKIN
759.89	OTHER SPECIFIED CONGENITAL ANOMALIES

Acquired (cancer) chromosome studies

88237, 88239, 88262, 88271, 88272, 88273, 88274, 88275, 88283

143.9	MALIGNANT NEOPLASM OF GUM UNSPECIFIED
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
173.9	OTHER 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
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
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 - 204.82 OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF 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
209.00 - 209.69	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION - BENIGN CARCINOID TUMOR OF OTHER SITES
223.3	BENIGN NEOPLASM OF BLADDER
225.2	BENIGN NEOPLASM OF CEREBRAL MENINGES
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
239.4	NEOPLASM OF UNSPECIFIED NATURE OF BLADDER
273.1	MONOCLONAL PARAPROTEINEMIA
273.3	MACROGLOBULINEMIA
281.0 - 281.9	PERNICIOUS ANEMIA - UNSPECIFIED DEFICIENCY ANEMIA
284.01 - 284.9	CONSTITUTIONAL RED BLOOD CELL APLASIA - APLASTIC ANEMIA UNSPECIFIED

285.0 - 285.9	SIDEROBLASTIC ANEMIA - ANEMIA UNSPECIFIED
287.30 - 287.39	PRIMARY THROMBOCYTOPENIA, UNSPECIFIED - OTHER PRIMARY THROMBOCYTOPENIA
287.5	THROMBOCYTOPENIA UNSPECIFIED
288.09	OTHER NEUTROPENIA
288.50 - 288.59	LEUKOCYTOPENIA, UNSPECIFIED - OTHER DECREASED WHITE BLOOD CELL COUNT
288.60 - 288.69	LEUKOCYTOSIS, UNSPECIFIED - OTHER ELEVATED WHITE BLOOD CELL COUNT
289.89	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD- FORMING ORGANS

Diagnoses that Support Medical Necessity

Diagnoses that Support Medical Necessity

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 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

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

Diagnoses that DO NOT Support Medical Necessity

General Information



Documentation Requirements

Documentation Requirements

- Documentation supporting the medical necessity of this item, such as ICD-9 codes, must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.
- Medical record documentation maintained by the ordering/referring physician must indicate the medical necessity for performing the test. Additionally, a copy of the test results should be maintained in the medical records. This information is usually found in the history and physical, office/progress notes, and/or laboratory results.
- If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of the test results and interpretation, along with copies of the ordering/referring physician's order for the studies.
- The physician must state the clinical indication/medical necessity for the study in his order for the test.

Appendices

Utilization Guidelines

Utilization Guidelines

Genetic disorders and failure of sexual development involve chromosomal abnormalities that are stable over time, and, accordingly, payment for cytogenetic studies for these abnormalities will be allowed once per lifetime.

This is in contrast to the malignancies, where repeat cytogenetic studies may be appropriate.

If a new technique (e.g., fluorescence in-situ hybridization) becomes available that was not available at the time of initial diagnosis, or if a supplemental study is able to be performed at a higher level of resolution and this increase the chances of detecting a chromosome abnormality, the follow-up study will be considered.

Sources of Information and Basis for Decision

Sources of Information and Basis for Decision

General reference for Cytogenetic Studies: 2004 Standards and Guidelines for Clinical Genetics Laboratories E: Clinical Cytogenetics, American College of Medical Genetics.

For the Acquired Chromosome Studies:

1. Heim S and Mitelman F, 1995, Cancer Cytogenetics, John Wiley and Sons, New York, NY.
2. Jaffe ES et al ,2001, World Health Organization Classification of Tumours: Tumours of Haematopoietic and Lymphoid Tissues. Oxford University Press
3. <http://www.infobiogen.fr/services/chromcancer/>

For the Constitutional Chromosome Studies:

1. Jorde LB, Carey JC, Bamshad MJ, White RL. 1999, Medical Genetics, NY.
2. McKinlay Gardner RJ and Sutherland GR, 2004, Chromosome Abnormalities and Genetic Counseling, Oxford, NY

Advisory Committee Meeting Notes

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 09/25/2009

Illinois: 09/16/2009

Michigan: 09/09/2009

Minnesota: 09/24/2009

Iowa, Kansas, Missouri, Nebraska 10/08/2009

Jurisdictional Open Meeting 08/19/2009

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

02/01/2010

Revision History Number

x

Revision History Explanation

x

Reason for Change

Last Reviewed On Date

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing \(PDF - 15,296 bytes\)](#)

All Versions



Updated on 01/13/2010 with effective dates 03/18/2010 - N/A

Updated on 01/13/2010 with effective dates 03/18/2010 - N/A