

**Human Chorionic Gonadotropin**
**Date of origin: May 2026**
**Review dates: None yet recorded**
**DEFINITION**

This policy outlines billing and payment requirements associated with Human Chorionic Gonadotropin testing. Human Chorionic Gonadotropin (hCG) is a hormone produced by trophoblast tissue which originates in early embryonic tissue and eventually becomes a component of the placenta. hCG levels are used to monitor and diagnose germ cell neoplasms of the ovary, testis, mediastinum, retroperitoneum, and central nervous system. Additionally, hCG is also an important marker for monitoring pregnancies with vaginal bleeding, elevated blood pressure, or concerns for fetal demise.

**FOR MEDICARE**

For indications that don't meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Get more information on PSOD [in our Provider Manual](#).

**POLICY SPECIFIC INFORMATION**

Routine diagnostic use of hCG testing should not exceed one test per month, as it is not reasonable and necessary. However, repeat measurements may be obtained when clinically indicated for tracking patient progress or therapeutic effectiveness. Qualitative hCG assays are inappropriate for managing patients with known or suspected germ cell neoplasms.

**Coding specifics**
**HCPCS/CPT Codes**

Code	Description
84702	Gonadotropin, chorionic (hCG); quantitative

**ICD-10-CM Diagnosis codes covered**

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
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
N83.291	Other ovarian cyst, right side
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.4	Oligomenorrhea, unspecified
N91.5	Oligomenorrhea, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified

N97.0	Female infertility associated with anovulation
N97.9	Female infertility, unspecified
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
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
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
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
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

**Resources**

- [NCD 190.27 Human Chorionic Gonadotropin](#)
- [Human Chorionic Gonadotropin- National Library of Medicine](#)

**DISCLAIMER**

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health’s billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member’s benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member’s benefit plan or authorization isn’t being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn’t a guarantee of payment when proper billing and coding requirements or adherence to our policies aren’t followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren’t followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

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## CHANGE / REVIEW HISTORY

Date	Revisions made
May 2026	New Policy