

Local Coverage Determination Coding Guidelines

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05392, 05302, 05402

LCD Title

Cytogenetic Studies

LCD Database ID Number

Contractor's Determination Number

PATH 027

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Medicare Regulations

CMS National Coverage Policy

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.

Medicare National Coverage Determination Manual 190.3

(Formerly CIM 50-29)

Publication Number : 100-3; **Manual Section Number:** 190.3; **Version Number :** 1

Effective Date of this Version: 7/16/1998

Benefit Category: Diagnostic Tests (other)

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Coverage Topic

Diagnostic Tests, X-rays, and Lab Services

Item/Service Description

The term cytogenetic studies are used to describe the microscopic examination of the physical appearance of human chromosomes.

Indications and Limitations of Coverage

Medicare covers these tests when they are reasonable and necessary for the diagnosis or treatment of the following conditions:

Genetic disorders (e.g., mongolism) in a fetus; (See the Medicare Benefit Policy Chapter 15, "Covered Medical and Other Health Services," §20.1)

Failure of sexual development;

Chronic myelogenous leukemia;

Acute leukemias lymphoid (FAB L1-L3), myeloid (FAB M0-M7), and unclassified; or myelodysplasia

Transmittal Number: 105

Coding Guidelines:

A. Screening is not a covered benefit by Medicare. If the test being done is for screening purposes, use code V72.6. (This should only be used when a denial is needed for secondary insurance.) Patients should be notified that screening is a non-covered service.

B. CPT codes: Vary according to specific purpose.

Examples of codes that would be billed to together with the FISH procedure

FISH 3-5 metaphase cells = 88272, 88271

FISH 10-30 metaphase cells = 88273, 88271

FISH 25-99 interphase cells = 88274, 88271

FISH 100-300 interphase cells = 88275, 88271

* for each probe - so, a dual-probe assay would be 88271 X 2

C. Claims Submission:

1. List the appropriate CPT code.

2. List the most specific ICD-9 code to indicate the reason for testing.

Revision Effective Date

07/16/2012

Revision History

06/01/2012 -This guideline is effective for J-8 providers in Michigan MAC B 07/16/12, Michigan MAC A 07/23/12, Indiana MAC A 07/23/12 and Indiana MAC B 08/20/12.