Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Cytogenetic Studies

CPT: 88230, 88235, 88237, 88249, 88262, 88263, 88264, 88269, 88271, 88273, 88274, 88275, 88280, 88289, 88291

Medically Supportive ICD Codes are listed
on subsequent page(s) of this document

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity
The term cytogenetic studies is 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
- Mylodysplasia

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

Code	Description
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C92.10	**Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission**
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.20	Refractory anemia with excess of blasts, unspecified
D46.4	Refractory anemia, unspecified
D46.9	**Myelodysplastic syndrome, unspecified**
D72.0	**Genetic anomalies of leukocytes**
E28.39	Other primary ovarian failure
E29.1	**Testicular hypofunction**
Q90.9	Down syndrome, unspecified
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.79	**Encounter for other screening for genetic and chromosomal anomalies**
Z31.448	Encounter for other genetic testing of male for procreative management

Visit **SonoraQuest.com/Medicare** to view current limited coverage tests, reference guides, and policy information.
To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ▶

Last updated: 05/01/23

Disclaimer:
This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Sonora Quest Laboratories does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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