

2008

**LOCAL COVERAGE DETERMINATION (LCD)**

CPT CODES: 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299

**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
796.5	ABNORMAL FINDING ON ANTENATAL SCREENING
744.21	ABSENCE OF EAR LOBE CONGENITAL
756.13	ABSENCE OF VERTEBRA CONGENITAL
747.5	ABSENCE OR HYPOPLASIA OF UMBILICAL ARTERY
744.1	ACCESSORY AURICLE
755.56	ACCESSORY CARPAL BONES
756.82	ACCESSORY MUSCLE
750.22	ACCESSORY SALIVARY GLAND
755.55	ACROCEPHALOSYNDACTYLY
285.1	ACUTE POSTHEMORRHAGIC ANEMIA
750.11	AGLOSSIA
285.21	ANEMIA IN CHRONIC KIDNEY DISEASE
285.22	ANEMIA IN NEOPLASTIC DISEASE
285.29	ANEMIA OF OTHER CHRONIC ILLNESS
285.9	ANEMIA UNSPECIFIED
740.0	ANENCEPHALUS
743.45	ANIRIDIA
747.69	ANOMALIES OF OTHER SPECIFIED SITES OF PERIPHERAL VASCULAR SYSTEM
756.70	ANOMALY OF ABDOMINAL WALL UNSPECIFIED
747.60	ANOMALY OF THE PERIPHERAL VASCULAR SYSTEM UNSPECIFIED SITE
284.9	APLASTIC ANEMIA UNSPECIFIED
746.01	ATRESIA OF PULMONARY VALVE CONGENITAL
758.4	BALANCED AUTOSOMAL TRANSLOCATION IN NORMAL INDIVIDUAL
288.65	BASOPHILIA
225.2	BENIGN NEOPLASM OF CEREBRAL MENINGES
751.61	BILIARY ATRESIA CONGENITAL
744.42	BRANCHIAL CLEFT CYST
744.41	BRANCHIAL CLEFT SINUS OR FISTULA
743.22	BUPHTHALMOS ASSOCIATED WITH OTHER OCULAR ANOMALIES

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
743.20	BUPHTHALMOS UNSPECIFIED
200.23	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.26	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
200.22	BURKITT'S TUMOR OR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
200.24	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.21	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.25	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.28	BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.27	BURKITT'S TUMOR OR LYMPHOMA INVOLVING SPLEEN
200.20	BURKITT'S TUMOR OR LYMPHOMA UNSPECIFIED SITE
655.03	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS ANTEPARTUM
655.00	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
655.01	CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS WITH DELIVERY
744.43	CERVICAL AURICLE
756.2	CERVICAL RIB
748.0	CHOANAL ATRESIA
756.4	CHONDRODYSTROPHY
756.55	CHONDROECTODERMAL DYSPLASIA
743.53	CHORIORETINAL DEGENERATION CONGENITAL
655.13	CHROMOSOMAL ABNORMALITY IN FETUS AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM

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**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
655.10	CHROMOSOMAL ABNORMALITY IN FETUS AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
655.11	CHROMOSOMAL ABNORMALITY IN FETUS AFFECTING MANAGEMENT OF MOTHER WITH DELIVERY
755.58	CLEFT HAND CONGENITAL
749.13	CLEFT LIP BILATERAL COMPLETE
749.14	CLEFT LIP BILATERAL INCOMPLETE
749.11	CLEFT LIP UNILATERAL COMPLETE
749.12	CLEFT LIP UNILATERAL INCOMPLETE
749.10	CLEFT LIP UNSPECIFIED
749.03	CLEFT PALATE BILATERAL COMPLETE
749.04	CLEFT PALATE BILATERAL INCOMPLETE
749.01	CLEFT PALATE UNILATERAL COMPLETE
749.02	CLEFT PALATE UNILATERAL INCOMPLETE
749.00	CLEFT PALATE UNSPECIFIED
749.23	CLEFT PALATE WITH CLEFT LIP BILATERAL COMPLETE
749.24	CLEFT PALATE WITH CLEFT LIP BILATERAL INCOMPLETE
749.21	CLEFT PALATE WITH CLEFT LIP UNILATERAL COMPLETE
749.22	CLEFT PALATE WITH CLEFT LIP UNILATERAL INCOMPLETE
749.20	CLEFT PALATE WITH CLEFT LIP UNSPECIFIED
743.00	CLINICAL ANOPHTHALMOS UNSPECIFIED
747.10	COARCTATION OF AORTA (PREDUCTAL) (POSTDUCTAL)
745.0	COMMON TRUNCUS
745.3	COMMON VENTRICLE
745.10	COMPLETE TRANSPOSITION OF GREAT VESSELS
758.9	CONDITIONS DUE TO ANOMALY OF UNSPECIFIED CHROMOSOME
744.01	CONGENITAL ABSENCE OF EXTERNAL EAR
756.81	CONGENITAL ABSENCE OF MUSCLE AND TENDON
750.21	CONGENITAL ABSENCE OF SALIVARY GLAND
750.12	CONGENITAL ADHESIONS OF TONGUE
748.5	CONGENITAL AGENESIS HYPOPLASIA AND DYSPLASIA OF LUNG

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267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
287.33	CONGENITAL AND HEREDITARY THROMBOCYTOPENIC PURPURA
747.21	CONGENITAL ANOMALIES OF AORTIC ARCH
747.81	CONGENITAL ANOMALIES OF CEREBROVASCULAR SYSTEM
743.41	CONGENITAL ANOMALIES OF CORNEAL SIZE AND SHAPE
756.6	CONGENITAL ANOMALIES OF DIAPHRAGM
744.04	CONGENITAL ANOMALIES OF EAR OSSICLES
755.67	CONGENITAL ANOMALIES OF FOOT NOT ELSEWHERE CLASSIFIED
744.05	CONGENITAL ANOMALIES OF INNER EAR
751.4	CONGENITAL ANOMALIES OF INTESTINAL FIXATION
743.36	CONGENITAL ANOMALIES OF LENS SHAPE
752.0	CONGENITAL ANOMALIES OF OVARIES
751.7	CONGENITAL ANOMALIES OF PANCREAS
747.3	CONGENITAL ANOMALIES OF PULMONARY ARTERY
756.0	CONGENITAL ANOMALIES OF SKULL AND FACE BONES
753.7	CONGENITAL ANOMALIES OF URACHUS
747.20	CONGENITAL ANOMALY OF AORTA UNSPECIFIED
747.40	CONGENITAL ANOMALY OF GREAT VEINS UNSPECIFIED
748.60	CONGENITAL ANOMALY OF LUNG UNSPECIFIED
744.03	CONGENITAL ANOMALY OF MIDDLE EAR EXCEPT OSSICLES
756.10	CONGENITAL ANOMALY OF SPINE UNSPECIFIED
750.10	CONGENITAL ANOMALY OF TONGUE UNSPECIFIED
743.35	CONGENITAL APHAKIA
747.22	CONGENITAL ATRESIA AND STENOSIS OF AORTA
751.2	CONGENITAL ATRESIA AND STENOSIS OF LARGE INTESTINE RECTUM AND ANAL CANAL
751.1	CONGENITAL ATRESIA AND STENOSIS OF SMALL INTESTINE
753.6	CONGENITAL ATRESIA AND STENOSIS OF URETHRA AND BLADDER NECK
750.23	CONGENITAL ATRESIA SALIVARY DUCT
754.42	CONGENITAL BOWING OF FEMUR
754.43	CONGENITAL BOWING OF TIBIA AND FIBULA

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267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
754.44	CONGENITAL BOWING OF UNSPECIFIED LONG BONES OF LEG
748.61	CONGENITAL BRONCHIECTASIS
743.31	CONGENITAL CAPSULAR AND SUBCAPSULAR CATARACT
743.30	CONGENITAL CATARACT UNSPECIFIED
752.63	CONGENITAL CHORDEE
743.42	CONGENITAL CORNEAL OPACITIES INTERFERING WITH VISION
743.32	CONGENITAL CORTICAL AND ZONULAR CATARACT
751.62	CONGENITAL CYSTIC DISEASE OF LIVER
748.4	CONGENITAL CYSTIC LUNG
743.62	CONGENITAL DEFORMITIES OF EYELIDS
755.51	CONGENITAL DEFORMITY OF CLAVICLE
755.64	CONGENITAL DEFORMITY OF KNEE (JOINT)
754.31	CONGENITAL DISLOCATION OF HIP BILATERAL
754.30	CONGENITAL DISLOCATION OF HIP UNILATERAL
754.41	CONGENITAL DISLOCATION OF KNEE (WITH GENU RECURVATUM)
754.35	CONGENITAL DISLOCATION OF ONE HIP WITH SUBLUXATION OF OTHER HIP
750.27	CONGENITAL DIVERTICULUM OF PHARYNX
757.31	CONGENITAL ECTODERMAL DYSPLASIA
743.37	CONGENITAL ECTOPIC LENS
755.52	CONGENITAL ELEVATION OF SCAPULA
750.13	CONGENITAL FISSURE OF TONGUE
750.25	CONGENITAL FISTULA OF LIP
750.24	CONGENITAL FISTULA OF SALIVARY GLAND
743.54	CONGENITAL FOLDS AND CYSTS OF POSTERIOR SEGMENT
746.86	CONGENITAL HEART BLOCK
750.6	CONGENITAL HIATUS HERNIA
742.3	CONGENITAL HYDROCEPHALUS
750.5	CONGENITAL HYPERTROPHIC PYLORIC STENOSIS
746.4	CONGENITAL INSUFFICIENCY OF AORTIC VALVE
743.55	CONGENITAL MACULAR CHANGES

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4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
754.52	CONGENITAL METATARSUS PRIMUS VARUS
754.53	CONGENITAL METATARSUS VARUS
746.6	CONGENITAL MITRAL INSUFFICIENCY
746.5	CONGENITAL MITRAL STENOSIS
754.0	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF SKULL FACE AND JAW
754.2	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF SPINE
754.1	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF STERNOCLEIDOMASTOID MUSCLE
288.01	CONGENITAL NEUTROPENIA
743.33	CONGENITAL NUCLEAR CATARACT
753.21	CONGENITAL OBSTRUCTION OF URETEROPELVIC JUNCTION
753.22	CONGENITAL OBSTRUCTION OF URETEROVESICAL JUNCTION
746.84	CONGENITAL OBSTRUCTIVE ANOMALIES OF HEART NOT ELSEWHERE CLASSIFIED
756.50	CONGENITAL OSTEODYSTROPHY UNSPECIFIED
754.61	CONGENITAL PES PLANUS
757.33	CONGENITAL PIGMENTARY ANOMALIES OF SKIN
743.61	CONGENITAL PTOSIS OF EYELID
746.00	CONGENITAL PULMONARY VALVE ANOMALY UNSPECIFIED
742.2	CONGENITAL REDUCTION DEFORMITIES OF BRAIN
755.4	CONGENITAL REDUCTION DEFORMITIES UNSPECIFIED LIMB
753.11	CONGENITAL SINGLE RENAL CYST
756.11	CONGENITAL SPONDYLOLYSIS LUMBOSACRAL REGION
746.3	CONGENITAL STENOSIS OF AORTIC VALVE
754.33	CONGENITAL SUBLUXATION OF HIP BILATERAL
754.32	CONGENITAL SUBLUXATION OF HIP UNILATERAL
754.51	CONGENITAL TALIPES EQUINOVARUS
754.60	CONGENITAL TALIPES VALGUS
754.50	CONGENITAL TALIPES VARUS
743.34	CONGENITAL TOTAL AND SUBTOTAL CATARACT

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**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
750.3	CONGENITAL TRACHEOESOPHAGEAL FISTULA ESOPHAGEAL ATRESIA AND STENOSIS
753.23	CONGENITAL URETEROCELE
284.01	CONSTITUTIONAL RED BLOOD CELL APLASIA
745.7	COR BILOCULARE
746.82	COR TRIATRIATUM
746.85	CORONARY ARTERY ANOMALY CONGENITAL
745.12	CORRECTED TRANSPOSITION OF GREAT VESSELS
755.61	COXA VALGA CONGENITAL
755.62	COXA VARA CONGENITAL
740.1	CRANIORACHISCHISIS
758.31	CRI-DU-CHAT SYNDROME
743.06	CRYPTOPHTHALMOS
288.02	CYCLIC NEUTROPENIA
743.03	CYSTIC EYEBALL CONGENITAL
753.10	CYSTIC KIDNEY DISEASE UNSPECIFIED
259.0	DELAY IN SEXUAL DEVELOPMENT AND PUBERTY NOT ELSEWHERE CLASSIFIED
783.42	DELAYED MILESTONES
757.2	DERMATOGLYPHIC ANOMALIES
742.51	DIASTEMATOMYELIA
388.5	DISORDERS OF ACOUSTIC NERVE
745.11	DOUBLE OUTLET RIGHT VENTRICLE
752.2	DOUBLING OF UTERUS
758.0	DOWN'S SYNDROME
746.2	EBSTEIN'S ANOMALY
758.2	EDWARDS' SYNDROME
756.83	EHLERS-DANLOS SYNDROME
659.53	ELDERLY PRIMIGRAVIDA ANTEPARTUM
659.51	ELDERLY PRIMIGRAVIDA DELIVERED
659.50	ELDERLY PRIMIGRAVIDA UNSPECIFIED AS TO EPISODE OF CARE

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4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
752.41	EMBRYONIC CYST OF CERVIX VAGINA AND EXTERNAL FEMALE GENITALIA
752.11	EMBRYONIC CYST OF FALLOPIAN TUBES AND BROAD LIGAMENTS
742.0	ENCEPHALOCELE
745.60	ENDOCARDIAL CUSHION DEFECT UNSPECIFIED TYPE
288.3	EOSINOPHILIA
752.62	EPISPADIAS
287.32	EVANS' SYNDROME
656.63	EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM
656.61	EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER DELIVERED
656.60	EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE
753.5	EXSTROPHY OF URINARY BLADDER
783.41	FAILURE TO THRIVE
289.6	FAMILIAL POLYCYTHEMIA
V19.5	FAMILY HISTORY OF CONGENITAL ANOMALIES
V18.4	FAMILY HISTORY OF MENTAL RETARDATION
759.83	FRAGILE X SYNDROME
288.1	FUNCTIONAL DISORDERS OF POLYMORPHONUCLEAR NEUTROPHILS
743.52	FUNDUS COLOBOMA
756.15	FUSION OF SPINE (VERTEBRA) CONGENITAL
747.61	GASTROINTESTINAL VESSEL ANOMALY
288.2	GENETIC ANOMALIES OF LEUKOCYTES
754.40	GENU RECURVATUM
758.6	GONADAL DYSGENESIS
646.33	HABITUAL ABORTER ANTEPARTUM CONDITION OR COMPLICATION
756.14	HEMIVERTEBRA
288.4	HEMOPHAGOCYTIC SYNDROMES

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87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
655.23	HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM CONDITION OR COMPLICATION
655.20	HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
655.21	HEREDITARY DISEASE IN FAMILY POSSIBLY AFFECTING FETUS AFFECTING MANAGEMENT OF MOTHER WITH DELIVERY
757.0	HEREDITARY EDEMA OF LEGS
752.65	HIDDEN PENIS
751.3	HIRSCHSPRUNG'S DISEASE AND OTHER CONGENITAL FUNCTIONAL DISORDERS OF COLON
201.73	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.76	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRAPELVIC LYMPH NODES
201.72	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING INTRATHORACIC LYMPH NODES
201.74	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.71	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.75	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.78	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF MULTIPLE SITES
201.77	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING SPLEEN
201.70	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION UNSPECIFIED SITE
201.43	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRA-ABDOMINAL LYMPH NODES

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4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
201.46	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRAPELVIC LYMPH NODES
201.42	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING INTRATHORACIC LYMPH NODES
201.44	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.41	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.45	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.48	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF MULTIPLE SITES
201.47	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING SPLEEN
201.40	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE UNSPECIFIED SITE
201.63	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.66	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRAPELVIC LYMPH NODES
201.62	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING INTRATHORACIC LYMPH NODES
201.64	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.61	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.65	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.68	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF MULTIPLE SITES

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**LOCAL COVERAGE DETERMINATION (LCD)**

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
201.67	HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING SPLEEN
201.60	HODGKIN'S DISEASE MIXED CELLULARITY UNSPECIFIED SITE
201.53	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.56	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRAPELVIC LYMPH NODES
201.52	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING INTRATHORACIC LYMPH NODES
201.54	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.51	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.55	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.58	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF MULTIPLE SITES
201.57	HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING SPLEEN
201.50	HODGKIN'S DISEASE NODULAR SCLEROSIS UNSPECIFIED SITE
201.93	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.96	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRAPELVIC LYMPH NODES
201.92	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING INTRATHORACIC LYMPH NODES
201.94	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.91	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.95	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**LOCAL COVERAGE DETERMINATION (LCD)**

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
201.98	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING LYMPH NODES OF MULTIPLE SITES
201.97	HODGKIN'S DISEASE UNSPECIFIED TYPE INVOLVING SPLEEN
201.90	HODGKIN'S DISEASE UNSPECIFIED TYPE UNSPECIFIED SITE
201.13	HODGKIN'S GRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.16	HODGKIN'S GRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.12	HODGKIN'S GRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.14	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.11	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.15	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.18	HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.17	HODGKIN'S GRANULOMA INVOLVING SPLEEN
201.10	HODGKIN'S GRANULOMA UNSPECIFIED SITE
201.03	HODGKIN'S PARAGRANULOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.06	HODGKIN'S PARAGRANULOMA INVOLVING INTRAPELVIC LYMPH NODES
201.02	HODGKIN'S PARAGRANULOMA INVOLVING INTRATHORACIC LYMPH NODES
201.04	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.01	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.05	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
201.08	HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.07	HODGKIN'S PARAGRANULOMA INVOLVING SPLEEN
201.00	HODGKIN'S PARAGRANULOMA UNSPECIFIED SITE
201.23	HODGKIN'S SARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
201.26	HODGKIN'S SARCOMA INVOLVING INTRAPELVIC LYMPH NODES
201.22	HODGKIN'S SARCOMA INVOLVING INTRATHORACIC LYMPH NODES
201.24	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
201.21	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
201.25	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
201.28	HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
201.27	HODGKIN'S SARCOMA INVOLVING SPLEEN
201.20	HODGKIN'S SARCOMA UNSPECIFIED SITE
630	HYDATIDIFORM MOLE
742.53	HYDROMYELIA
746.7	HYPOPLASTIC LEFT HEART SYNDROME
752.61	HYPOSPADIAS
757.1	ICHTHYOSIS CONGENITA
287.31	IMMUNE THROMBOCYTOPENIC PURPURA
752.42	IMPERFORATE HYMEN
752.7	INDETERMINATE SEX AND PSEUDOHERMAPHRODITISM
746.83	INFUNDIBULAR PULMONIC STENOSIS CONGENITAL
740.2	INIENCEPHALY
747.11	INTERRUPTION OF AORTIC ARCH
656.43	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM
656.41	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER DELIVERED

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
656.40	INTRAUTERINE DEATH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE
758.7	KLINFELTER'S SYNDROME
756.16	KLIPPEL-FEIL SYNDROME
208.01	LEUKEMIA OF UNSPECIFIED CELL TYPE ACUTE IN REMISSION
208.00	LEUKEMIA OF UNSPECIFIED CELL TYPE ACUTE WITHOUT REMISSION
755.28	LONGITUDINAL DEFICIENCY CARPALS OR METACARPALS COMPLETE OR PARTIAL (WITH OR WITHOUT INCOMPLETE PHALANGEAL DEFICIENCY)
755.33	LONGITUDINAL DEFICIENCY COMBINED INVOLVING FEMUR TIBIA AND FIBULA (COMPLETE OR INCOMPLETE)
755.23	LONGITUDINAL DEFICIENCY COMBINED INVOLVING HUMERUS RADIUS AND ULNA (COMPLETE OR INCOMPLETE)
755.34	LONGITUDINAL DEFICIENCY FEMORAL COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.37	LONGITUDINAL DEFICIENCY FIBULAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.24	LONGITUDINAL DEFICIENCY HUMERAL COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.32	LONGITUDINAL DEFICIENCY OF LOWER LIMB NOT ELSEWHERE CLASSIFIED
755.22	LONGITUDINAL DEFICIENCY OF UPPER LIMB NOT ELSEWHERE CLASSIFIED
755.29	LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL
755.39	LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL
755.26	LONGITUDINAL DEFICIENCY RADIAL COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.25	LONGITUDINAL DEFICIENCY RADIOULNAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
755.38	LONGITUDINAL DEFICIENCY TARSALS OR METATARSALS COMPLETE OR PARTIAL (WITH OR WITHOUT INCOMPLETE PHALANGEAL DEFICIENCY)
755.36	LONGITUDINAL DEFICIENCY TIBIA COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.35	LONGITUDINAL DEFICIENCY TIBIOFIBULAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
755.27	LONGITUDINAL DEFICIENCY ULNAR COMPLETE OR PARTIAL (WITH OR WITHOUT DISTAL DEFICIENCIES INCOMPLETE)
747.64	LOWER LIMB VESSEL ANOMALY
204.01	LYMPHOID LEUKEMIA ACUTE IN REMISSION
204.00	LYMPHOID LEUKEMIA ACUTE WITHOUT REMISSION
200.13	LYMPHOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.16	LYMPHOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.12	LYMPHOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.14	LYMPHOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.11	LYMPHOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.15	LYMPHOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.18	LYMPHOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.17	LYMPHOSARCOMA INVOLVING SPLEEN
200.10	LYMPHOSARCOMA UNSPECIFIED SITE
744.81	MACROCHEILIA
755.57	MACRODACTYLIA (FINGERS)
755.65	MACRODACTYLIA OF TOES
273.3	MACROGLOBULINEMIA
750.15	MACROGLOSSIA
744.83	MACROSTOMIA
744.22	MACROTIA

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
755.54	MADELUNG'S DEFORMITY
171.9	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE SITE UNSPECIFIED <i>Note: Medical record must contain documentation of either: alveolar soft part sarcoma, alveolar rhabdomyosarcoma, clear cell sarcoma, desmoplastic small round cell tumor, Ewing sarcoma, myxoid liposarcoma, low grade fibromyxoid sarcoma, extra skeletal myxoid liposarcoma, low grade fibromyxoid sarcoma, extra skeletal myxoid chondrosarcoma, inflammatory myofibroblastic tumor or synovial sarcoma in order to use these diagnosis codes.</i>
189.0	MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
746.87	MALPOSITION OF HEART AND CARDIAC APEX
751.0	MECKEL'S DIVERTICULUM
753.16	MEDULLARY CYSTIC KIDNEY
753.17	MEDULLARY SPONGE KIDNEY
207.21	MEGAKARYOCYTIC LEUKEMIA IN REMISSION
207.20	MEGAKARYOCYTIC LEUKEMIA WITHOUT REMISSION
289.7	METHEMOGLOBINEMIA
742.1	MICROCEPHALUS
744.82	MICROCHEILIA
750.16	MICROGLOSSIA
752.64	MICROPENIS
743.12	MICROPHTHALMOS ASSOCIATED WITH OTHER ANOMALIES OF EYE AND ADNEXA
743.10	MICROPHTHALMOS UNSPECIFIED
744.84	MICROSTOMIA
744.23	MICROTIA
632	MISSED ABORTION
206.01	MONOCYTIC LEUKEMIA ACUTE IN REMISSION
206.00	MONOCYTIC LEUKEMIA ACUTE WITHOUT REMISSION
288.63	MONOCYTOSIS (SYMPTOMATIC)

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
743.48	MULTIPLE AND COMBINED CONGENITAL ANOMALIES OF ANTERIOR SEGMENT
756.56	MULTIPLE EPIPHYSEAL DYSPLASIA
203.01	MULTIPLE MYELOMA IN REMISSION
203.00	MULTIPLE MYELOMA WITHOUT REMISSION
238.74	MYELOYDYSPLASTIC SYNDROME WITH 5Q DELETION
289.83	MYELOFIBROSIS
205.01	MYELOID LEUKEMIA ACUTE IN REMISSION
205.00	MYELOID LEUKEMIA ACUTE WITHOUT REMISSION
205.11	MYELOID LEUKEMIA CHRONIC IN REMISSION
205.01	MYELOID LEUKEMIA CHRONIC WITHOUT REMISSION
205.21	MYELOID LEUKEMIA SUBACUTE IN REMISSION
205.20	MYELOID LEUKEMIA SUBACUTE WITHOUT REMISSION
205.31	MYELOID SARCOMA IN REMISSION
205.30	MYELOID SARCOMA WITHOUT REMISSION
284.2	MYELOPHTHISIS
202.03	NODULAR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.06	NODULAR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
202.02	NODULAR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
202.04	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.01	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.05	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.08	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
202.07	NODULAR LYMPHOMA INVOLVING SPLEEN
202.00	NODULAR LYMPHOMA UNSPECIFIED SITE
796.6	NONSPECIFIC ABNORMAL FINDINGS ON NEONATAL SCREENING
658.03	OLIGOHYDRAMNIOS ANTEPARTUM
658.01	OLIGOHYDRAMNIOS DELIVERED

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
658.00	OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE
756.51	OSTEOGENESIS IMPERFECTA
756.52	OSTEOPETROSIS
756.53	OSTEOPOIKILOSIS
745.61	OSTIUM PRIMUM DEFECT
745.5	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
631	OTHER ABNORMAL PRODUCT OF CONCEPTION
659.63	OTHER ADVANCED MATERNAL AGE ANTEPARTUM CONDITION OR COMPLICATION
659.61	OTHER ADVANCED MATERNAL AGE DELIVERED WITH OR WITHOUT ANTEPARTUM CONDITION
659.60	OTHER ADVANCED MATERNAL AGE UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
756.9	OTHER AND UNSPECIFIED CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM
202.93	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.96	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRAPELVIC LYMPH NODES
202.92	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING INTRATHORACIC LYMPH NODES
202.94	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.91	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.95	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
202.98	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES
202.97	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING SPLEEN
202.90	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE UNSPECIFIED SITE
747.49	OTHER ANOMALIES OF GREAT VEINS
758.39	OTHER AUTOSOMAL DELETIONS
744.49	OTHER BRANCHIAL CLEFT CYST OR FISTULA; PREAURICULAR SINUS
745.8	OTHER BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE
749.25	OTHER COMBINATIONS OF CLEFT PALATE WITH CLEFT LIP
758.5	OTHER CONDITIONS DUE TO AUTOSOMAL ANOMALIES
758.89	OTHER CONDITIONS DUE TO CHROMOSOME ANOMALIES
758.81	OTHER CONDITIONS DUE TO SEX CHROMOSOME ANOMALIES
756.79	OTHER CONGENITAL ANOMALIES OF ABDOMINAL WALL
743.49	OTHER CONGENITAL ANOMALIES OF ANTERIOR SEGMENT
747.29	OTHER CONGENITAL ANOMALIES OF AORTA
752.49	OTHER CONGENITAL ANOMALIES OF CERVIX VAGINA AND EXTERNAL FEMALE GENITALIA
744.29	OTHER CONGENITAL ANOMALIES OF EAR
744.09	OTHER CONGENITAL ANOMALIES OF EAR CAUSING IMPAIRMENT OF HEARING
744.02	OTHER CONGENITAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
743.69	OTHER CONGENITAL ANOMALIES OF EYELIDS LACRIMAL SYSTEM AND ORBIT
752.19	OTHER CONGENITAL ANOMALIES OF FALLOPIAN TUBES AND BROAD LIGAMENTS

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

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4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
751.69	OTHER CONGENITAL ANOMALIES OF GALLBLADDER BILE DUCTS AND LIVER
751.5	OTHER CONGENITAL ANOMALIES OF INTESTINE
748.3	OTHER CONGENITAL ANOMALIES OF LARYNX TRACHEA AND BRONCHUS
755.69	OTHER CONGENITAL ANOMALIES OF LOWER LIMB INCLUDING PELVIC GIRDLE
748.69	OTHER CONGENITAL ANOMALIES OF LUNG
748.1	OTHER CONGENITAL ANOMALIES OF NOSE
743.59	OTHER CONGENITAL ANOMALIES OF POSTERIOR SEGMENT
746.09	OTHER CONGENITAL ANOMALIES OF PULMONARY VALVE
756.3	OTHER CONGENITAL ANOMALIES OF RIBS AND STERNUM
756.19	OTHER CONGENITAL ANOMALIES OF SPINE
755.66	OTHER CONGENITAL ANOMALIES OF TOES
750.19	OTHER CONGENITAL ANOMALIES OF TONGUE
755.59	OTHER CONGENITAL ANOMALIES OF UPPER LIMB INCLUDING SHOULDER GIRDLE
752.3	OTHER CONGENITAL ANOMALIES OF UTERUS
743.39	OTHER CONGENITAL CATARACT AND LENS ANOMALIES
743.43	OTHER CONGENITAL CORNEAL OPACITIES
754.79	OTHER CONGENITAL DEFORMITIES OF FEET
755.63	OTHER CONGENITAL DEFORMITY OF HIP (JOINT)
756.59	OTHER CONGENITAL OSTEODYSTROPHIES
754.69	OTHER CONGENITAL VALGUS DEFORMITIES OF FEET
754.59	OTHER CONGENITAL VARUS DEFORMITIES OF FEET
284.09	OTHER CONSTITUTIONAL APLASTIC ANEMIA
745.69	OTHER ENDOCARDIAL CUSHION DEFECTS
204.81	OTHER LYMPHOID LEUKEMIA IN REMISSION
204.80	OTHER LYMPHOID LEUKEMIA WITHOUT REMISSION
202.83	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRA-ABDOMINAL LYMPH NODES

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**LOCAL COVERAGE DETERMINATION (LCD)**

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
202.86	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRAPELVIC LYMPH NODES
202.82	OTHER MALIGNANT LYMPHOMAS INVOLVING INTRATHORACIC LYMPH NODES
202.84	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.81	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.85	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.88	OTHER MALIGNANT LYMPHOMAS INVOLVING LYMPH NODES OF MULTIPLE SITES
202.87	OTHER MALIGNANT LYMPHOMAS INVOLVING SPLEEN
202.80	OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE
758.33	OTHER MICRODELETIONS
205.81	OTHER MYELOID LEUKEMIA IN REMISSION
205.80	OTHER MYELOID LEUKEMIA WITHOUT REMISSION
200.83	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
200.86	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.82	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.84	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.81	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
200.85	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.88	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.87	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING SPLEEN
200.80	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA UNSPECIFIED SITE
753.29	OTHER OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER
752.69	OTHER PENILE ANOMALIES
287.39	OTHER PRIMARY THROMBOCYTOPENIA
743.56	OTHER RETINAL CHANGES CONGENITAL
285.8	OTHER SPECIFIED ANEMIAS
743.8	OTHER SPECIFIED ANOMALIES OF EYE CONGENITAL
752.89	OTHER SPECIFIED ANOMALIES OF GENITAL ORGANS
753.3	OTHER SPECIFIED ANOMALIES OF KIDNEY
753.4	OTHER SPECIFIED ANOMALIES OF URETER
284.89	OTHER SPECIFIED APLASTIC ANEMIAS
V49.89	OTHER SPECIFIED CONDITIONS INFLUENCING HEALTH STATUS Note: <i>To be used <b>only</b> when repeat testing is believed to be medically reasonable and necessary</i>
753.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF BLADDER AND URETHRA
742.4	OTHER SPECIFIED CONGENITAL ANOMALIES OF BRAIN
747.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF CIRCULATORY SYSTEM
751.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM
750.4	OTHER SPECIFIED CONGENITAL ANOMALIES OF ESOPHAGUS
743.63	OTHER SPECIFIED CONGENITAL ANOMALIES OF EYELID
744.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF FACE AND NECK

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
746.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF HEART
743.46	OTHER SPECIFIED CONGENITAL ANOMALIES OF IRIS AND CILIARY BODY
750.26	OTHER SPECIFIED CONGENITAL ANOMALIES OF MOUTH
756.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF MUSCLE TENDON FASCIA AND CONNECTIVE TISSUE
742.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF NERVOUS SYSTEM
750.29	OTHER SPECIFIED CONGENITAL ANOMALIES OF PHARYNX
748.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF RESPIRATORY SYSTEM
757.39	OTHER SPECIFIED CONGENITAL ANOMALIES OF SKIN
742.59	OTHER SPECIFIED CONGENITAL ANOMALIES OF SPINAL CORD
750.7	OTHER SPECIFIED CONGENITAL ANOMALIES OF STOMACH
755.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF UNSPECIFIED LIMB
750.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT
753.19	OTHER SPECIFIED CYSTIC KIDNEY DISEASE
288.8	OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS
289.89	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD-FORMING ORGANS
754.89	OTHER SPECIFIED NONTERATOGENIC ANOMALIES
334.8	OTHER SPINOCEREBELLAR DISEASES
745.19	OTHER TRANSPOSITION OF GREAT VESSELS
284.1	PANCYTOPENIA
747.42	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
758.1	PATAU'S SYNDROME
747.0	PATENT DUCTUS ARTERIOSUS
754.82	PECTUS CARINATUM
754.81	PECTUS EXCAVATUM
747.83	PERSISTENT FETAL CIRCULATION
V13.61	PERSONAL HISTORY OF HYPOSPADIAS

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
V13.69	PERSONAL HISTORY OF OTHER CONGENITAL MALFORMATIONS
203.11	PLASMA CELL LEUKEMIA IN REMISSION
203.10	PLASMA CELL LEUKEMIA WITHOUT REMISSION
288.64	PLASMACYTOSIS
753.13	POLYCYSTIC KIDNEY AUTOSOMAL DOMINANT
753.14	POLYCYSTIC KIDNEY AUTOSOMAL RECESSIVE
753.12	POLYCYSTIC KIDNEY UNSPECIFIED TYPE
238.4	POLYCYTHEMIA VERA
755.01	POLYDACTYLY OF FINGERS
755.02	POLYDACTYLY OF TOES
755.00	POLYDACTYLY UNSPECIFIED DIGITS
657.03	POLYHYDRAMNIOS ANTEPARTUM COMPLICATION
657.00	POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE
657.01	POLYHYDRAMNIOS WITH DELIVERY
756.54	POLYOSTOTIC FIBROUS DYSPLASIA OF BONE
656.53	POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER ANTEPARTUM CONDITION OR COMPLICATION
656.51	POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER DELIVERED
656.50	POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER UNSPECIFIED AS TO EPISODE OF CARE
744.47	PREAURICULAR CYST
744.46	PREAURICULAR SINUS OR FISTULA
287.30	PRIMARY THROMBOCYTOPENIA, UNSPECIFIED
289.81	PRIMARY HYPERCOAGULABLE STATE
756.71	PRUNE BELLY SYNDROME
755.53	RADIOULNAR SYNOSTOSIS
753.0	RENAL AGENESIS AND DYSGENESIS
753.15	RENAL DYSPLASIA
747.62	RENAL VESSEL ANOMALY
200.03	RETICULOSARCOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
200.06	RETICULOSARCOMA INVOLVING INTRAPELVIC LYMPH NODES
200.02	RETICULOSARCOMA INVOLVING INTRATHORACIC LYMPH NODES
200.04	RETICULOSARCOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
200.01	RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.05	RETICULOSARCOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.08	RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.07	RETICULOSARCOMA INVOLVING SPLEEN
200.00	RETICULOSARCOMA UNSPECIFIED SITE
752.52	RETRACTILE TESTIS
752.81	SCROTAL TRANSPOSITION
287.4	SECONDARY THROMBOCYTOPENIA
289.82	SECONDARYHYPERCOAGULABLESTATE
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
783.43	SHORT STATURE
285.0	SIDEROBLASTIC ANEMIA
743.21	SIMPLE BUPHTHALMOS
743.11	SIMPLE MICROPHTHALMOS
743.44	SPECIFIED CONGENITAL ANOMALIES OF ANTERIOR CHAMBER CHAMBER ANGLE AND RELATED STRUCTURES
744.24	SPECIFIED CONGENITAL ANOMALIES OF EUSTACHIAN TUBE
743.64	SPECIFIED CONGENITAL ANOMALIES OF LACRIMAL GLAND
743.65	SPECIFIED CONGENITAL ANOMALIES OF LACRIMAL PASSAGES
743.57	SPECIFIED CONGENITAL ANOMALIES OF OPTIC DISC
743.66	SPECIFIED CONGENITAL ANOMALIES OF ORBIT
743.47	SPECIFIED CONGENITAL ANOMALIES OF SCLERA
756.17	SPINA BIFIDA OCCULTA
747.82	SPINAL VESSEL ANOLMALY
756.12	SPONDYLOLISTHESIS CONGENITAL

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
746.02	STENOSIS OF PULMONARY VALVE CONGENITAL
746.81	SUBAORTIC STENOSIS CONGENITAL
755.12	SYNDACTYLY OF FINGERS WITH FUSION OF BONE
755.11	SYNDACTYLY OF FINGERS WITHOUT FUSION OF BONE
755.10	SYNDACTYLY OF MULTIPLE AND UNSPECIFIED SITES
755.14	SYNDACTYLY OF TOES WITH FUSION OF BONE
755.13	SYNDACTYLY OF TOES WITHOUT FUSION OF BONE
754.62	TALIPES CALCANEOVALGUS
754.71	TALIPES CAVUS
754.70	TALIPES UNSPECIFIED
745.2	TETRALOGY OF FALLOT
750.0	TONGUE TIE
747.41	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
755.31	TRANSVERSE DEFICIENCY OF LOWER LIMB
755.21	TRANSVERSE DEFICIENCY OF UPPER LIMB
746.1	TRICUSPID ATRESIA AND STENOSIS CONGENITAL
783.22	UNDERWEIGHT
752.51	UNDESCENDED TESTIS
743.9	UNSPECIFIED ANOMALY OF EYE CONGENITAL
755.50	UNSPECIFIED ANOMALY OF UPPER LIMB CONGENITAL
744.9	UNSPECIFIED CONGENITAL ANOMALIES OF FACE AND NECK
752.40	UNSPECIFIED CONGENITAL ANOMALY OF CERVIX VAGINA AND EXTERNAL FEMALE GENITALIA
747.9	UNSPECIFIED CONGENITAL ANOMALY OF CIRCULATORY SYSTEM
751.9	UNSPECIFIED CONGENITAL ANOMALY OF DIGESTIVE SYSTEM
744.3	UNSPECIFIED CONGENITAL ANOMALY OF EAR
744.00	UNSPECIFIED CONGENITAL ANOMALY OF EAR WITH IMPAIRMENT OF HEARING
752.10	UNSPECIFIED CONGENITAL ANOMALY OF FALLOPIAN TUBES AND BROAD LIGAMENTS

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**CYTOGENETIC STUDIES POLICY**

**DLS TEST CODE AND NAME**

267	CHROMOSOME ANALYSIS
86	TISSUE CULTURE, AMNIOTIC FLD
4937	TISSUE CULTURE, MARROW
87	TISSUE CULTURE, TISSUE

ICD 9 CODE	DESCRIPTION
751.60	UNSPECIFIED CONGENITAL ANOMALY OF GALLBLADDER BILE DUCTS AND LIVER
752.9	UNSPECIFIED CONGENITAL ANOMALY OF GENITAL ORGANS
746.9	UNSPECIFIED CONGENITAL ANOMALY OF HEART
755.60	UNSPECIFIED CONGENITAL ANOMALY OF LOWER LIMB
748.9	UNSPECIFIED CONGENITAL ANOMALY OF RESPIRATORY SYSTEM
755.9	UNSPECIFIED CONGENITAL ANOMALY OF UNSPECIFIED LIMB
750.9	UNSPECIFIED CONGENITAL ANOMALY OF UPPER ALIMENTARY TRACT
753.9	UNSPECIFIED CONGENITAL ANOMALY OF URINARY SYSTEM
745.9	UNSPECIFIED DEFECT OF SEPTAL CLOSURE
629.9	UNSPECIFIED DISORDER OF FEMALE GENITAL ORGANS
783.40	UNSPECIFIED LACK OF NORMAL PHYSIOLOGICAL DEVELOPMENT
206.91	UNSPECIFIED MONOCYTIC LEUKEMIA IN REMISSION
206.90	UNSPECIFIED MONOCYTIC LEUKEMIA WITHOUT REMISSION
205.91	UNSPECIFIED MYELOID LEUKEMIA IN REMISSION
205.90	UNSPECIFIED MYELOID LEUKEMIA WITHOUT REMISSION
753.20	UNSPECIFIED OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER
755.30	UNSPECIFIED REDUCTION DEFORMITY OF LOWER LIMB CONGENITAL
755.20	UNSPECIFIED REDUCTION DEFORMITY OF UPPER LIMB CONGENITAL
747.63	UPPER LIMB VESSEL ANOMALY
743.58	VASCULAR ANOMALIES CONGENITAL
757.32	VASCULAR HAMARTOMAS
758.32	VELO-CARDIO-FACIAL SYNDROME
745.4	VENTRICULAR SEPTAL DEFECT
743.51	VITREOUS ANOMALIES CONGENITAL
748.2	WEB OF LARYNX
744.5	WEBBING OF NECK

Source: [www.cms.hhs.gov/mcd](http://www.cms.hhs.gov/mcd)

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