INGHAM
REGIONAL MEDICAL CENTER
A McLAREN HEALTH SERVICE

October 6, 2006

Director, Coverage and Analysis Group
Centers for Medicare and Medicaid Services
C1-09-06
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Director of Coverage and Analysis Group:

This is a request for a change to the National Coverage Determination for the Human Chorionic Gonadotropin laboratory test. This request is for a code that flows from the existing covered indications narrative; therefore, no supporting documentation or gathering of scientific evidence is required, under the abbreviated process for handling requests for certain coding changes to NCDs.

NCD Name: Human Chorionic Gonadotropin
HCPCS code 84702

Requested ICD-9-CM diagnosis code addition to the list of covered indications:

158.9, malignant neoplasm of peritoneum, unspecified

Rationale for this addition: Code 158.8, malignant neoplasm of specified parts of the peritoneum, is a covered indication. Also, code 197.6, Secondary malignant neoplasm of retroperitoneum and peritoneum, is a covered indication. Therefore, if specified parts of a primary malignancy of the peritoneum and both specified and unspecified parts of a secondary malignancy of the peritoneum are covered indications for this test, then logically a primary malignant neoplasm of an unspecified part of the peritoneum should also be a covered indication.

Sincerely,

Sandra Oprsal

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