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# National Coverage Determination (NCD) for Cytogenetic Studies (190.3)

## - Tracking Information

<b>Publication Number</b> 100-3	<b>Manual Section Number</b> 190.3	<b>Manual Section Title</b> Cytogenetic Studies
<b>Version Number</b> 1	<b>Effective Date of this Version</b> 7/16/1998	

## - Description Information

**Benefit Category**  
Diagnostic Tests (other)

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

### Item/Service Description

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
- Myelodysplasia

## - Transmittal Information

**Transmittal Number**  
105

### Revision History

05/1998 - Added two new covered uses for these studies: acute leukemia (lymphoid, myeloid, and unclassified) and myelodysplasia. Effective date 07/16/1998. (TN 105)

03/2013 - CMS translated the information for this policy from ICD-9-CM/PCS to ICD-10-CM/PCS according to HIPAA standard medical data code set requirements and updated any necessary and related coding infrastructure. These updates do not expand, restrict, or alter existing coverage policy. Implementation date: 10/07/2013 Effective date: 10/1/2015. (TN 1199) (TN 1199) (CR 8197)