

**LOCAL MEDICAL POLICY  
MARYLAND MEDICARE PART A**

**IMMUNOASSAY FOR TUMOR ANTIGEN**

**Description:**

Radioimmunoassay and immunohistochemical determinations of the serum levels of certain proteins or carbohydrates serve as tumor markers. When elevated, serum concentration of these markers may reflect tumor size and grade.

**HCPCS Codes:**

|       |  |
|-------|--|
| 82105 | Alpha-fetoprotein; serum                                       |
| 82378 | Carcinoembryonic antigen (CEA)                                 |
| 84702 | Gonadotropin, chorionic (hCG); quantitative                    |
| 84703 | qualitative  |
| 86316 | Immunoassay for tumor antigen (e.g., cancer antigen 125), each |
| 86849 | Unlisted immunology procedure                                  |

**Indications and Limitations of Coverage and/or Medical Necessity:**

**The following tests are not covered.** They are not considered medically necessary for the **diagnosis** and treatment of diseases:

|         |  |
|---------|--|
| a2-PAG  | Pregnancy-Associated Alpha2 Glycoprotein |
| BCM     | Breast Cancer Mucin                      |
| CA 19-9 | Cancer Antigen 19-9                      |
| CA50    | Cancer Antigen 50                        |
| CA72-4  | Cancer Antigen 72-4                      |
| CA195   | Cancer Antigen 195                       |
| CA242   | Cancer Antigen 242                       |
| CA549   | Cancer Antigen 549                       |
| CA-SCC  | Squamous Cell Carcinoma                  |

|          |   |
|----------|---|
| CAM17-1  | Monoclonal Antomucin antibody 17-1                            |
| CAM26    | Monoclonal Antimucin Antibody 26                              |
| CAM29    | Monoclonal Antimucin Antibody 29                              |
| CAR3     | Antigenic determination recognized by monoclonal antibody AR3 |
| DU-PAN-2 | Sialylated Carbohydrated Antigen DU-PAN-2                     |
| MCA      | Mucin-like Carcinoma Associated Antigen                       |
| NSE      | Neuron-Specific Enolase                                       |
| P-LAP    | Placental Alkaline Phosphatase                                |
| PNA-ELLA | Peanut Lectin Bonding Assay                                   |
| SLEX     | Sialylated Lewis X-Antigen                                    |
| SLX      | Sialylated SSEA-1 Antigen                                     |
| SPAN-1   | Sialylated Carbonated Antigen SPAN-1                          |
| ST-439   | Sialylated Carbonated Antigen ST-439                          |
| TAG12    | Tumor-Associated Glycoprotein 12                              |
| TAG72    | Tumor-Associated Glycoprotein 72                              |
| TAG72.3  | Tumor-Associated Glycoprotein 72.3                            |
| TATI     | Tumor-Associated Trypsin Inhibitor                            |
| TNF-a    | Tumor Necrosis Factor Alpha                                   |
| TPA      | Tissue Polypeptide Antigen                                    |

## ICD-9-CM Code(s) that Support Medical Necessity

### Code 82105

#### Covered for:

|               |  |
|---------------|--|
| 070.22-070.23 | Viral hepatitis B with hepatic coma                              |
| 070.32-070.33 | Viral hepatitis B without mention of hepatic coma                |
| 070.44        | Chronic hepatitis C with hepatic coma                            |
| 070.54        | Chronic hepatitis C without mention of hepatic coma              |
| 155.0-155.2   | Malignant neoplasm of the liver and intrahepatic bile ducts      |
| 183.0         | Malignant neoplasm of the ovary                                  |
| 186.0         | Malignant neoplasm of undescended testis                         |
| 186.9         | Malignant neoplasm, other and unspecified testis                 |
| 197.7         | Secondary malignant neoplasm of liver, specified as secondary    |
| 198.6         | Secondary malignant neoplasm of ovary                            |
| 198.82        | Secondary malignant neoplasm, genital organs                     |
| 230.8         | Carcinoma in situ of liver and biliary system                    |
| 233.3         | Carcinoma in situ of other and unspecified female genital organs |

|        |  |
|--------|--|
| 233.6  | Carcinoma in situ of other and unspecified male genital organs |
| 571.40 | Chronic hepatitis, unspecified                                 |
| 571.41 | Chronic persistent hepatitis                                   |
| 571.49 | Other, chronic hepatitis                                       |
| 751.61 | Biliary atresia  |
| 774.4  | Perinatal jaundice due to hepatocellular damage                |
| 789.1  | Hepatomegaly   |
| V10.43 | Personal history of malignant neoplasm, ovary                  |
| V10.47 | Personal history of malignant neoplasm, testis                 |

**Code 82378****Covered for:**

|           |   |
|-----------|---|
| 15201523  | Malignant neoplasm of small intestine, including duodenum                 |
| 1528-1529 |   |
| 1530-1539 | Malignant neoplasm of the colon   |
| 1540-1543 | Malignant neoplasm of rectum, rectosigmoid junction, and anus             |
| 1548      |   |
| 1590      | Malignant neoplasm of other ill defined sites within the intestinal tract |
| 1740-1746 | Malignant neoplasm of female breast                                       |
| 1748-1749 |   |
| 1750      | Malignant neoplasm of male breast   |
| 1759      |   |
| 1974      | Secondary malignant neoplasm of small intestine                           |
| 1975      | Secondary malignant neoplasm of large intestine                           |
| 1977      | Secondary malignant neoplasm of liver, specified as secondary             |
| 2303      | Carcinoma in situ of colon  |
| 2304      | Carcinoma in situ of rectum   |
| 2307      | Carcinoma in situ of other and unspecified part of intestine              |
| 2352      | Neoplasm of uncertain behavior of stomach, intestines, and rectum         |
| V1003     | Personal history of malignant neoplasm, esophagus                         |

V1005 Personal history of malignant neoplasm, large intestine  
 V1006 Personal history of malignant neoplasm, rectum, rectosigmoid junction, and anus

**Codes 84702 and 84703**

**Covered for:**

181 Malignant neoplasm of placenta  
 1830 Malignant neoplasm of ovary  
 1860 Malignant neoplasm of undescended testis  
 1869 Malignant neoplasm, other and unspecified testis  
 2361 Neoplasm of uncertain behavior, placenta  
 630 Hydatidiform mole  
 V231 Pregnancy with history of trophoblastic disease  
 V711 Observation for suspected malignant neoplasm

**Code 86316 (CA125)**

**Covered for:**

183.0 Malignant neoplasm of the ovary  
 183.2-183.5  
 183.8-183.9 Malignant neoplasm of other uterine adnexa  
 188.0-188.9 Malignant neoplasm of bladder  
 198.6 Secondary malignant neoplasm of ovary  
 233.3 Carcinoma in situ of unspecified female genital organs  
 V10.43 History of condition, ovary

**Code 86849 (CA 15-3 or CA 27-29)**

**Covered for:**

1740-1746 Malignant neoplasm of female breast  
 1748-1749  
 1750 Malignant neoplasm of male breast  
 1759

**Reason for Denial:**

- All other indications not listed in the "Indications and Limitations of Coverage" section of this policy;

- The service is for screening purposes;
- The service is not medically necessary;
- The medical record does not verify that the service described by the HCPCS code was provided;
- The service does not follow the guidelines of this policy; and,
- (CA 125) for making differential diagnosis of pelvic masses. Note: The sensitivity and specificity of the cancer antigen 125 test is unreliable for making differential diagnoses of pelvic masses.

### **Non-covered ICD-9-CM Code(s)**

All diagnosis not listed in the “ICD-9-CM Codes that Support Medical Necessity” section of this policy.

### **Coding Guidelines**

- To report this service, use the appropriate HCPCS code
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity,
- The diagnosis code(s) must be representative of the patient’s condition.
- Claims submitted with code 86316 must contain the specific antigen for which test is being performed; and,
- V8.9 (special screening tests for other conditions, unspecified condition) should be used in the absence of any signs or symptoms, to indicate screening.

### **Documentation Requirements**

Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record, and must be made available to Medicare upon request.

### **Other Comments**

Medicare will monitor the utilization of these laboratory tests through the Focused Medical Review (FMR) process.

### **Dates for:**

Category:

Issued Date: March 28, 1997

Effective Date: April 28, 1997

Revision Date:

Policy Name and Category: