



MASSACHUSETTS

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# Medical Policy Tumor Markers for Diagnosis and Management of Cancer

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## Policy Number: 167

BCBSA Reference Number: N/A

NCD/LCD: N/A

## Related Policies

- Alpha-Fetoprotein-L3 for Detection of Hepatocellular (Liver) Cancer #[504](#)
- Analysis of Proteomic Patterns for Early Detection of Cancer #[536](#)
- CA-125 #[503](#)
- Non-BRCA Breast Cancer Risk Assessment (eg, OncoVue) #[188](#)
- Serum Biomarker Human Epididymis Protein 4 (HE4) #[290](#)
- Serum Tumor Markers for Breast and Gastrointestinal Malignancies #[538](#)
- Urinary Tumor Markers for Bladder Cancer #[502](#)

## Policy<sup>1</sup>

### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Chromogranin A (CgA) may be considered **MEDICALLY NECESSARY** when used to assist in the diagnosis and management of the following specific carcinoid tumors:

- Malignant carcinoid tumors of the small intestine
- Malignant carcinoid tumors of the appendix, large intestine, and rectum
- Malignant carcinoid tumors of other and unspecified sites
- Benign carcinoid tumors of the small intestine.

The use of CgA is considered **INVESTIGATIONAL** when used in the diagnosing and management of tumors other than specific carcinoid tumors identified in the policy.

The following tumor markers for the diagnosis, prognosis, or monitoring of treatment of patients with breast cancer are considered **INVESTIGATIONAL**:

CA 195	CAM26	CA-SCC	DMSA	MSA	TAG 72.3	TPA
CA 50	CAM29	CA-SCC	Du-PAN-2	NSE	TNF-alpha	TPS
CA 549	CAR-3	CAM17-1	MCA	TAG 12		

The following tumor markers for the diagnosis, prognosis, or monitoring of treatment of patients with colorectal, gastric or pancreatic cancer are considered **INVESTIGATIONAL**:

CA 195 CA 242 CA 50	CA 549 CA 72-4 CAM17-1	CAM-26 CAM29 CAR-3	CA-SCC DMSA Du-PAN-2	MCA MCA MSA	NSE TAG 12 TAG 72.3	TNF-alpha TPA TPS
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The following tumor markers for the diagnosis, prognosis, or monitoring of treatment of patients with liver cancer are considered **INVESTIGATIONAL**:

CA 242	CA 50	CA 72-4	TPA
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The following tumor markers for the diagnosis, prognosis, or monitoring of treatment of patients with lung cancer are considered **INVESTIGATIONAL**:

CA-SCC	CYFRA 21-1	NSE	TPA
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The following tumor markers described by CPT procedure code 86316 (immunoassay for tumor antigen) are considered **INVESTIGATIONAL**. **Exception:** when used to bill for Chromogranin A (CgA) when used to assist in the diagnosis and management of specific carcinoid tumors.

CA195 CAM17-1	CAR-3 DU-PAN-2	TAG12 TAG72.3	TNF-alpha TPS
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The following tumor markers for the diagnosis, prognosis, or monitoring of treatment of patients with ovarian cancer are considered **INVESTIGATIONAL**:

- LPA
- Multiplex assay that measures the concentration of six serum proteins (including but limited to tests such as OvaSure™).

### Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS)</b>	No
<b>Commercial PPO and Indemnity</b>	No
<b>Medicare HMO Blue<sup>SM</sup></b>	No
<b>Medicare PPO Blue<sup>SM</sup></b>	No

### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. The following codes are included below for informational purposes only; this is not an all-inclusive list.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

CPT codes:	Code Description
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if **medical necessity criteria** are met:

### ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.092	Benign carcinoid tumor of the stomach
D3A.094	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
E34.0	Carcinoid syndrome

## Summary

Tumor markers that are described in this policy for the diagnosis, prognosis, or monitoring of treatment of patients with cancer are considered investigational because they do not meet the [medical technology assessment guidelines #350](#).

## Policy History

Date	Action
2/2018	Clarified coding information.
10/2016	Clarified coding information.
11/2015	Medical policy ICD-10 remediation: Formatting, editing and coding updates. <ul style="list-style-type: none"><li>○ <u>Prostate Specific Antigen (PSA)</u>: Policy statements describing medically necessary indications retired. PSA is a covered test. 11/1/2015</li><li>○ <u>Prostatic Acid Phosphatase (PAP)</u>: Policy statements describing medically necessary indications retired. PAP is a covered test. 11/1/2015</li><li>○ <u>Tumor Markers for Bladder Cancer</u>: Policy statements describing ongoing medically necessary and investigational indications transferred to medical policy #502, Urinary Tumor Markers for Bladder Cancer. 11/2015</li><li>○ <u>CA 125</u>: Policy statements describing ongoing medically necessary and investigational indications transferred to medical policy #503, CA 125. 11/1/2015</li><li>○ <u>CA 15-3; CA 19-9; CEA</u>: Policy statements describing ongoing medically necessary and investigational indications transferred to medical policy #538, Serum Tumor Markers for Breast and Gastrointestinal Malignancies. 11/1/2015</li><li>○ <u>Analysis of Proteomic Patterns for Early Detection of Cancer</u>: Policy statements describing ongoing investigational indications transferred to policy #536, Analysis of Proteomic Patterns for Early Detection of Cancer. 11/1/2015</li><li>○ <u>Alpha-Fetoprotein-L3 for Detection of Hepatocellular (Liver) Cancer</u>: Policy statements describing ongoing investigational indications transferred to medical policy #504, Alpha-Fetoprotein-L3 for Detection of Hepatocellular (Liver) Cancer. 11/1/2015</li></ul>

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## Endnotes

<sup>1</sup> Based on expert opinion - Chromogranin A (CgA) for carcinoid tumors

○ <http://www.emedicine.com/med/TOPICT2649.HTM>

○ J Clin Lab Anal. 1999; 13(6):312-9 (ISSN: 0887-8013)

○ Schweiz Rundsch Med Prax. 2007; 96(1-2):19-28 (ISSN: 1013-2058)