Medical Policy
Alpha-Fetoprotein-L3 for Detection of Hepatocellular (Liver) Cancer

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 504
BCBSA Reference Number: 2.04.46A
NCD/LCD: N/A

Related Policies
Tumor Markers for Diagnosis and Management of Cancer #167

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Evaluation of AFP-L3 biomarkers is considered INVESTIGATIONAL in the screening, diagnosis, or monitoring of patients with suspected or known hepatocellular cancer.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th></th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
</tbody>
</table>

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.

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

The following codes are included below for informational purposes only; this is not an all-inclusive list.
The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82107</td>
<td>Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)</td>
</tr>
</tbody>
</table>

**Description**

In improving outcomes of patients with cancer, early detection may result in discovery of cancer at an earlier and more curable stage. This approach has been successful in improving outcomes of patients with breast, cervical, and colorectal cancer.

In contrast to countries such as China and Japan, hepatocellular carcinoma (liver cancer) is not a common malignancy in the United States. However, it does occur at an increased rate in patients with chronic liver disease such as chronic hepatitis C. As with other cancers, research is being conducted on techniques that permit earlier diagnosis of this malignancy.

Alpha-fetoprotein (AFP) is one marker that has been used in following up patients with chronic liver disease. However, as noted in a recent study, the clinical usefulness of AFP in hepatocellular cancer (HCC) is debatable. (1) This study looked at serum AFP levels at diagnosis in 1,158 patients with HCC and found a sensitivity of 54%.

Researchers are studying AFP-L3 (lens culinaris agglutinin-reactive AFP) as an improved biomarker in patients with HCC. AFP-L3 is a glycoform of AFP. It is generally reported as a percent of the total AFP level. This policy deals only with use of this biomarker in patients with suspected or known HCC.

**Summary**

The role of AFP-L3% in improving health outcomes of patients with known or suspected HCC has yet to be determined, particularly in comparison or conjunction with DCP. Adding biomarker data may be helpful when staging HCC, as shown by Katai (10), although the contribution made by each biomarker was not demonstrated in this study. The policy statement remains unchanged.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2015</td>
<td>Ongoing investigational indications transferred from medical policy #167, Tumor Markers for Diagnosis and Management of Cancer.</td>
</tr>
</tbody>
</table>

**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

**References**