190.28 - Tumor Antigen by Immunoassay CA 125

Description

Immunoassay 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. This policy specifically addresses tumor antigen CA 125.

HCPCS Codes (Alphanumeric, CPT© AMA)

Code	Description
86304	Immunoassay for tumor antigen, quantitative, CA 125

ICD-9-CM Codes Covered by Medicare Program

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD9.html

Code	Description
158.8	Malignant neoplasm, specified parts of peritoneum
158.9	Malignant neoplasm, peritoneum, unspecified
180.0	Malignant neoplasm, endocervix
182.0	Malignant neoplasm of corpus uteri, except isthmus
183.0	Malignant neoplasm,ovary
183.2	Malignant neoplasm, fallopian tube
183.8	Malignant neoplasm, other specified sites of uterine adnexa
184.8	Malignant neoplasm, other specified sites of female genital organs
198.6	Secondary malignant neoplasm, ovary
198.82	Secondary malignancy of genital organs
236.0-236.3	Neoplasm of uncertain behavior of female genital organs
338.3	Neoplasm related pain (acute) (chronic)
789.39	Abdominal or pelvic swelling, mass or lump of other specified site
795.82	Elevated cancer antigen 125 [CA 125]
795.89	Other abnormal tumor markers
V10.41	Personal history of malignant neoplasm, cervix uteri
V10.42	Personal history of malignant neoplasm, other parts of the uterus
V10.43-V10.44	Personal history of malignant neoplasm of female genital organs

Indications

CA 125 is a high molecular weight serum tumor marker elevated in 80% of patients who present with epithelial ovarian carcinoma. It is also elevated in carcinomas of the fallopian tube, endometrium, and endocervix. An elevated level may also be associated with the presence of a malignant mesothelioma or primary peritoneal carcinoma.

A CA 125 level may be obtained as part of the initial pre-operative work-up for women presenting with a suspicious pelvic mass to be used as a baseline for purposes of post-operative monitoring. Initial declines in CA 125 after initial surgery and/or chemotherapy for ovarian carcinoma are also measured by obtaining three serum levels during the first month post treatment to determine the patient's CA 125 half-life, which has significant prognostic implications.

The CA 125 levels are again obtained at the completion of chemotherapy as an index of residual disease. Surveillance CA 125 measurements are generally obtained every 3 months for 2 years, every 6 months for the next 3 years, and yearly thereafter. CA 125 levels are also an important indicator of a patient's response to therapy in the presence of advanced or recurrent disease. In this setting, CA 125 levels may be obtained prior to each treatment cycle.

Limitations

These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.

The CA 125 is specifically not covered for aiding in the differential diagnosis of patients with a pelvic mass as the sensitivity and specificity of the test is not sufficient. In general, a single "tumor marker" will suffice in following a patient with one of these malignancies.

ICD-9-CM Codes That Do Not Support Medical Necessity

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

Documentation Requirements

Indicated if service request for CA125 is requested more frequently than stipulated.

Sources of Information

Clinical Pancreatic Guideline for the Use of Tumor Markers in Breast and Colorectal Cancer, American Society of Clinical Oncology. J Clin Oncol 14:2843-2877, 1996.

Chan DW, Beveridge RA, Muss H, et al. Use of Triquant BR Radioimmunoassay for Early Detection of Breast Cancer Recurrence in Patients with Stage II and Stage III Disease. J Clin Oncol 1977, 15(6):2322-2328.