



190.29 - Tumor Antigen by Immunoassay CA 15-3/CA 27.29

Description

Immunoassay determinations of the serum levels of certain proteins or carbohydrates serve as tumor markers. When elevated, serum concentration of markers may reflect tumor size & grade. This policy specifically addresses the following tumor antigens: CA 15-3 and CA 27.29

HCPCS Codes (Alphanumeric, CPT[®] AMA)

Code	Description
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)

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
174.0-174.9	Breast, primary (female) - malignant neoplasm of female breast
175.0-175.9	Breast, primary (male) - malignant neoplasm of male breast
198.2	Secondary malignant neoplasm (skin of breast)
198.81	Secondary malignant neoplasm (breast)
338.3	Neoplasm related pain (acute) (chronic)
795.89	Other abnormal tumor markers
V10.3	Personal history of malignant neoplasm, breast

Indications

Multiple tumor markers are available for monitoring the response of certain malignancies to therapy and assessing whether a residual tumor exists post-surgical therapy. CA 15-3 is often medically necessary to aid in the management of patients with breast cancer. Serial testing must be used in conjunction with other clinical methods for monitoring breast cancer. For monitoring, if medically necessary, use consistently either CA 15-3 or CA 27.29, not both. CA 27.29 is equivalent to CA 15-3 in its usage in management of patients with breast cancer.

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.

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.

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.



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report**

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 & Stage III Disease. *J Clin Oncol* 1977, 15(6):2322-2328.

Bone GG, von Mensdorff-Pouilly S, Kenemans P, van Kamp GJ, et al. Clinical and Technical Evaluation of ACS BR Serum Assay of MUC-1 Gene Derived Glycoprotein in Breast Cancer, and Compared with CA15-3 Assays. *Clin Chem* 1997, 43(4):585-593.

NCD 190.29

***October 14 Changes – Red**