



## 190.30 - Tumor Antigen by Immunoassay CA 19-9

### 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 the following tumor antigen: CA19-9.

### HCCPS Codes (Alphanumeric, CPT<sup>®</sup> AMA)

Code	Description
86301	Immunoassay for tumor antigen, quantitative; CA 19-9

### 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
155.1	Malignant neoplasm, intrahepatic bile ducts
156.0	Malignant neoplasm of the gallbladder
156.1	Malignant neoplasm, extrahepatic bile ducts
156.2	Malignant neoplasm of the Ampulla of Vater
156.8	Malignant neoplasm, other specified sites of gallbladder and extrahepatic bile ducts
156.9	Malignant neoplasm, unspecified part of biliary tract
157.0-157.9	Malignant neoplasm, pancreas
197.8	Secondary malignant neoplasm, other digestive organs and spleen
235.3	Neoplasm of uncertain behavior, liver and biliary passages
235.5	Neoplasm of uncertain behavior, other & unspecified digestive organs
338.3	Neoplasm related pain (acute) (chronic)
795.89	Other abnormal tumor markers
V10.09	Other personal history of cancer

### Indications

Multiple tumor markers are available for monitoring the response of certain malignancies to therapy and assessing whether residual tumor exists post-surgical therapy.

Levels are useful in following the course of patients with established diagnosis of pancreatic and biliary ductal carcinoma. The test is not indicated for diagnosing these two diseases.

### 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.

NCD 190.30

**\*October 14 Changes – Red**



***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.

Richter JM, Christensen MR, Rustgi AK, and Silverstein MD. The Clinical Utility of the CA19-9 Radioimmunoassay for the Diagnosis of Pancreatic Cancer Presenting as Pain or Weight Loss: A Cost Effective Analysis. Arch Intern Med 1989, 149:2292-2297.

Safi F, SchlosseW, Falkenreck S, et. al. Prognostic Value of CA 19-9 Serum Course in Pancreatic Cancer. Hepaetogastroenterology 1998 Jan-Feb; 45(19):253-9.