

<b>BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN</b>	<b>MANUAL:</b> MEDICAL POLICY
	<b>REFERENCE NO.:</b> MPO-490-0144
<b>EFFECTIVE DATE</b> October 1, 2014	<b>SUBJECT:</b> Tumor Markers

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**Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy**

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

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**I. DESCRIPTION:**

Serum tumor markers are molecules that are shed by a tumor into the blood of a patient where they can be measured as a technique to diagnose, manage treatment, or monitor for recurrence of various malignancies.

Urinary tumor biomarkers are molecules that are shed by a tumor into the blood of a patient where they can be measured as a technique to diagnose and monitor bladder cancer.

**II. BENEFIT POLICY STATEMENT:**

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

### III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

#### CA-125

- A. BCNEPA will provide coverage for measurement of serum tumor marker CA-125 when medically necessary.
  - 1. Measurement of CA-125 may be considered medically necessary in patients with symptoms suggestive of ovarian cancer or in those with known ovarian cancer.
  - 2. Measurement of CA-125 may be considered medically necessary in individual patients with other gynecologic malignancies of the endometrium, fallopian tube, or endocervix, in whom baseline levels of CA-125 have been shown to be elevated.
  - 3. Measurement of CA-125 is considered investigational in asymptomatic patients as a screening technique for ovarian cancer.
  - 4. Measurement of serum tumor marker CA-125 is considered investigational for the diagnosis or management of any other malignancy other than those listed above.

#### CA 15-3 or CA 27-29

- B. BCNEPA will provide coverage for measurement of serum tumor markers CA 15-3 or CA 27.29 when medically necessary.
  - 1. Measurement of serum tumor markers CA 15-3 or CA 27.29 may be considered medically necessary for the management of patients with breast cancer.
  - 2. Measurement of serum tumor markers CA15-3 or CA 27.29 is considered not medically necessary when performed for patients with non-malignant diagnoses.
  - 3. Measurement of serum tumor marker CA 15-3 or CA 27.29 is considered investigational for the diagnosis or management of any other malignancy other than those listed above.

#### CA 19-9

- C. BCNEPA will provide coverage for measurement of serum tumor marker CA-19.9 when medically necessary.
  - 1. Measurement of CA 19.9 may be considered medically necessary for patients with an established diagnosis of pancreatic cancer.
  - 2. Measurement of CA 19.9 may be considered medically necessary for patients with an established diagnosis of cholangiocarcinoma.

3. Measurement of serum tumor marker CA 19-9 is considered investigational for the diagnosis or management of any other malignancy other than those listed above.

#### **CA 72-4**

- D. BCNEPA will not provide coverage for measurement of serum tumor marker CA 72-4 when performed for patients with cancer diagnoses as it is considered investigational.
- E. BCNEPA will not provide coverage for measurement of serum tumor marker CA 72-4 when performed for patients with non-malignant diagnoses as it is considered not medically necessary.

#### **Chromogranin A**

- F. BCNEPA will provide coverage for measurement of serum tumor marker Chromogranin A when medically necessary.
  1. Measurement of serum tumor marker Chromogranin A may be considered medically necessary in the evaluation of suspected or known neuroendocrine tumors, including carcinoid and neuroblastoma, or in the assessment of disease progression and treatment efficacy for these conditions.
  2. Measurement of serum tumor marker Chromogranin A is considered investigational for all other conditions.

#### **Circulating Tumor Cells**

- G. BCNEPA will not provide coverage for detection and quantification of circulating tumor cells (i.e., the CellSearch System) in the management of patients with cancer as this is considered investigational.

#### **Serum Biomarker Human Epididymis Protein 4 (HE4)**

- H. BCNEPA will not provide coverage for the measurement of HE4 as this is considered investigational for all indications.

#### **Miscellaneous Serum Tumor Markers**

- I. BCNEPA will not provide coverage for measurement of other tumor markers described by CPT code 86316 (Immunoassay for tumor antigen) when performed for patients with cancer diagnoses as these are considered investigational.
- J. BCNEPA will not provide coverage for measurement of other tumor markers described by CPT code 86316 (Immunoassay for tumor antigen) when performed for patients with non-malignant diagnoses as these are considered not medically necessary.

## Urinary Bladder Cancer Tumor Markers

BCNEPA will provide coverage for measurement of urinary bladder cancer tumor markers when medically necessary.

1. Measurement of the urinary bladder cancer tumor marker UroVysion® may be considered medically necessary as an adjunct in the diagnosis and management of bladder cancer in asymptomatic individuals with a negative cystoscopy and/or imaging study.
2. Measurement of all other urinary bladder cancer tumor markers is considered investigational as an adjunct in the diagnosis of, monitoring, and/or screening for bladder cancer.

### IV. DEFINITIONS:

The BTA *stat* test: is an in vitro immunoassay intended for the qualitative detection of bladder tumor associated antigen in urine of persons diagnosed with bladder cancer. This test is indicated for use as an aid in the diagnosis and monitoring of bladder cancer patients in conjunction with cystoscopy.

The BTA TRAK® test: provides a quantitative determination of the same protein. This test requires trained personnel and a reference laboratory. Both tests have sensitivities comparable to that of cytology for high-grade tumors and better than cytology for low-grade tumors.

Circulating tumor cells: have been documented in multiple epithelial tumor types such as breast, prostate, lung, and colorectal carcinomas, but the largest body of data comes from studies of women with breast cancer. The presence of circulating tumor cells in peripheral blood has been investigated as an additional prognostic factor in women with breast cancer without metastases, which could be used to determine the need for additional adjuvant chemotherapy.

Fluorescence In Situ Hybridization (FISH): is a molecular cytogenetic test used to investigate chromosomal abnormalities associated with cancer and genetic disorders. FISH DNA probe technology is a technique to visualize nucleic acid sequences within cells by creating short sequences of fluorescently labeled, single-stranded DNA, called probes, that match target sequences. The probes bind to complementary strands of DNA, allowing for identification of the locations of the chromosomes targeted. UroVysion Bladder Cancer Kit is a FISH test.

Human Epididymis Protein 4 (HE4): is a marker for ovarian cancers and is the product of the HE4 gene that is over expressed in patients with ovarian cancers. Most tests use an enzyme immunoassay method. This test is intended for use as an aid in monitoring recurrence or progressive disease in patients with epithelial ovarian cancer. Results of serial testing for patient HE4 assay values should be interpreted in conjunction with other clinical and laboratory findings for monitoring ovarian cancer. It is not intended to be used to screen for ovarian cancer nor should the test be used for monitoring patients with mucinous or germ cell ovarian cancer.

The ImmunoCyt test: uses fluorescence immunohistochemistry using antibodies to mucin glycoprotein and a carcinoembryonic antigen (CEA). These antigens are found on bladder tumor cells. This test is intended to augment the sensitivity of cytology for the detection of tumor cells in the urine of individuals previously diagnosed with bladder cancer. It is indicated for use

in conjunction with cystoscopy as an aid in the management of bladder cancer.

Nuclear matrix protein 22 (NMP-22): is a protein associated with the nuclear mitotic apparatus. Normally, only very low levels of NMP-22 can be detected in the urine, but elevated levels may be associated with bladder cancer. NMP-22 may be detected in the urine using an immunoassay. Both the qualitative, point-of-care test (NMP22<sup>®</sup> BladderChek<sup>®</sup>) and the quantitative immunoassay (NMP22<sup>®</sup> Test Kit) are approved by the U.S. Food and Drug Administration (FDA) for use in the initial diagnosis and surveillance of bladder cancer.

Tumor Marker Measurement: radioimmunoassay and immunohistochemical determination of the serum or urinary levels of certain proteins or carbohydrates have been developed as "markers" for various cancers. Normal cells emit these chemicals in low quantities. Elevations in concentration of these markers are believed to indicate tumor presence, size and grade. The uses of tumor marker testing include screening, diagnosis and monitoring response to treatment.

**CODING:**

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The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT\*), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
  - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
  - The following list of codes may not be all-inclusive, and are subject to change at any time.
  - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
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**PROCEDURE CODES**

86152	86294	86301	86305	86386	88121
86153	86300	86304	86316	88120	

**ICD-9 DIAGNOSIS CODES**

155.0	157.2	174.0	174.9	184.8
155.1	157.3	174.1	175.0	197.6
155.2	157.4	174.2	175.9	197.8
156.1	157.8	174.3	180.0	198.2
156.8	157.9	174.4	182.0	198.6
156.9	158.0	174.5	183.0	198.81
157.0	158.8	174.6	183.2	198.82
157.1	158.9	174.8	183.8	230.9

233.30	235.5	236.2	V10.3	V16.41
233.39	236.0	236.3	V10.42	
235.3	236.1	V10.09	V10.43	

**ICD-10 DIAGNOSIS CODES  
INFORMATIONAL ONLY**

C22.0	C50.012	C50.419	C50.921	C79.62
C22.1	C50.019	C50.421	C50.922	C79.81
C22.2	C50.021	C50.422	C50.929	D01.7
C22.3	C50.022	C50.429	C51.8	D01.9
C22.4	C50.029	C50.511	C53.0	D07.30
C22.7	C50.111	C50.512	C54.1	D07.39
C22.8	C50.112	C50.519	C54.2	D37.6
C22.9	C50.119	C50.521	C54.3	D37.8
C24.0	C50.121	C50.522	C54.9	D37.9
C24.8	C50.122	C50.529	C56.1	D39.0
C24.9	C50.129	C50.611	C56.2	D39.10
C25.0	C50.211	C50.612	C56.9	D39.11
C25.1	C50.212	C50.619	C57.00	D39.12
C25.2	C50.219	C50.621	C57.01	D39.2
C25.3	C50.221	C50.622	C57.02	D39.8
C25.4	C50.222	C50.629	C57.4	D39.9
C25.7	C50.229	C50.811	C57.7	Z80.41
C25.8	C50.311	C50.812	C57.8	Z85.068
C25.9	C50.312	C50.819	C78.6	Z85.07
C45.1	C50.319	C50.821	C78.7	Z85.09
C48.0	C50.321	C50.822	C78.80	Z85.3
C48.1	C50.322	C50.829	C78.89	Z85.42
C48.2	C50.329	C50.911	C79.2	Z85.43
C48.8	C50.411	C50.912	C79.60	
C50.011	C50.412	C50.919	C79.61	