blue of california

Medical Policy

Urinary Tumor Markers	
Type: Investigational / Experimental	**Policy Specific Section:** Laboratory/Pathology
Original Policy Date: December 7, 2006	**Effective Date:** December 14, 2012

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

The diagnosis of bladder cancer is generally made by cystoscopy and biopsy. Additionally, bladder cancer has a very high frequency of recurrence and therefore requires follow up cystoscopies, along with urine cytology, as periodic surveillance to detect recurrence early.

Tumor markers are substances produced by cells in the body in response to cancer or certain benign conditions. The markers may be found in the blood, plasma other bodily fluids (e.g., urine, saliva, sputum, cerebrospinal fluid or effusions) and/or tissue. Although an abnormal marker level may suggest cancer, their presence does not confirm a diagnosis of cancer.

Policy

The use of urinary tumor markers is considered **investigational** in the diagnosis of, monitoring, and/or screening for bladder cancer.

Policy Guideline

The BTA (bladder tumor antigen) stat® (Immunoassay for tumor antigen, qualitative and semi-quantitative (e.g., bladder tumor antigen)) or BTA TRAK® test when used for screening, diagnosis, or monitoring of bladder cancer may be described as:

- CPT code: 86294
- For clinical laboratories performing a quantitative version of these tests, CPT code 86316 (Immunoassay for tumor antigen; other antigen, quantitative [e.g., CA50, 72 to 74, 549] each), may be used to describe the test

The NMP22 Bladder Chek® test (Immunoassay) when used for screening, diagnosis, or monitoring of bladder cancer may be described as:

- CPT code: 86386 - (when performed in the physician's office)
- CPT code: 86294 - (when performed in the clinical laboratory)
- For clinical laboratories performing a quantitative version of these tests, CPT code 86316 (Immunoassay for tumor antigen; other antigen, quantitative [e.g., CA50, 72 to 74, 549] each, may be used to describe the test)

The UroVysion® (also known as, FISH, Bladder Cancer Vysis) when used for screening, diagnosis, or monitoring of bladder cancer, may be described as:

- CPT code 88120 (manual)
- CPT code 88121 (computerized)

The ImmunoCyt® test (when used for bladder cancer diagnosis or surveillance) may be described as:

- CPT code: 88346 (Immunofluorescent study, each antibody; direct method)

Other stacking codes or unlisted codes may also be used to describe these tests depending on the clinical laboratory performing the test.

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Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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