

# Tumor Antigen by Immunoassay CA 19-9

CPT: 86301

---

## CMS National Coverage Policy

### **Coverage Indications, Limitations, and/or Medical Necessity**

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.

### **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.

# Tumor Antigen by Immunoassay CA 19-9

CPT: 86301

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

**\*Note—Bolded diagnoses below have the highest utilization**

Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

Code	Description
<b>C22.1</b>	<b>Intrahepatic bile duct carcinoma</b>
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.9	Malignant neoplasm of biliary tract, unspecified
<b>C25.0</b>	<b>Malignant neoplasm of head of pancreas</b>
<b>C25.1</b>	<b>Malignant neoplasm of body of pancreas</b>
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
<b>C25.9</b>	<b>Malignant neoplasm of pancreas, unspecified</b>
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
G89.3	Neoplasm related pain (acute) (chronic)
<b>R97.8</b>	<b>Other abnormal tumor markers</b>
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs

To view the complete policy and the full list of codes, please refer to the CMS website reference

[www.cms.gov](https://www.cms.gov) ►