

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Serum Tumor Markers for Malignancies

Policy Number: CPCPLAB037

Version 1.0

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Description

BCBSNM has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

- 1) Measurement of the following serum tumor markers **may be reimbursable** for the following indications:
 - a) Acute lymphoblastic leukemia (ALL) and pediatric acute lymphoblastic leukemia (PED-ALL)
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation

- b) Acute myeloid leukemia (AML)
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- c) B-cell lymphoma
 - i) **Beta-2 microglobulin (B2M)**: initial diagnostic evaluation
 - ii) **Serum light chains** (Castleman disease only): initial diagnostic evaluation
 - iii) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- d) Bone neoplasms (metastatic and primary)
 - i) **Alkaline Phosphatase (ALP)**: initial diagnostic evaluation
 - ii) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- e) Breast cancer (metastatic)
 - i) **Cancer Antigen 15-3 and 27.29 (CA 15-3 and 27.29)**: monitoring
 - ii) **Carcinoembryonic Antigen (CEA)**: monitoring
- f) Breast implant-associated anaplastic large cell lymphoma (ALCL)
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation and staging
- g) Chronic lymphocytic leukemia/small lymphocytic lymphoma
 - i) **Beta-2 microglobulin (B2M)**: initial diagnostic evaluation
 - ii) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- h) Colon cancer
 - i) **Carcinoembryonic Antigen (CEA)**: initial diagnostic evaluation and post-treatment surveillance every 3-6 months for 2 years, then every 6 months for a total of 5 years
- i) Endometrial cancer
 - i) **Cancer Antigen 125 (CA-125)**: additional diagnostic evaluation and/or surveillance
- j) Epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer:
 - i) initial diagnostic evaluation, during primary chemotherapy, and/or monitoring for complete response:
 - (a) **Alpha fetoprotein (AFP)**
 - (b) **Beta human chorionic gonadotropin (beta-hCG)**
 - (c) **Cancer Antigen 19-9 (CA 19-9)**
 - (d) **Cancer Antigen 125 (CA-125)**
 - (e) **Carcinoembryonic Antigen (CEA)**
 - (f) **Inhibin (INHA) expression**
 - (g) **Lactate dehydrogenase (LDH)**
- k) Extrahepatic cholangiocarcinoma
 - i) **Cancer Antigen 19-9 (CA 19-9)**: initial diagnostic evaluation
 - ii) **Carcinoembryonic Antigen (CEA)**: initial diagnostic evaluation
- l) Gallbladder cancer
 - i) **Cancer Antigen 19-9 (CA 19-9)**: initial or postoperative diagnostic evaluation and/or surveillance
 - ii) **Carcinoembryonic Antigen (CEA)**: initial or postoperative diagnostic evaluation and/or surveillance
- m) Hairy cell leukemia
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation

- n) Hepatocellular carcinoma
 - i) **Alpha fetoprotein (AFP)**: initial diagnostic evaluation and screening and/or surveillance (every 3-6 months for 2 years, then every 6 months up to 5 years)
 - ii) **Cancer Antigen 19-9 (CA 19-9)**: initial diagnostic evaluation
- o) Hodgkin lymphoma
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- p) Intrahepatic cholangiocarcinoma
 - i) **Alpha fetoprotein (AFP)**: initial diagnostic evaluation
 - ii) **Cancer Antigen 19-9 (CA 19-9)**: initial diagnostic evaluation
 - iii) **Carcinoembryonic Antigen (CEA)**: initial diagnostic evaluation
- q) Kidney cancer
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- r) Less common ovarian cancers
 - i) Mucinous Carcinoma of the Ovary: initial diagnostic and (if necessary) additional evaluations
 - (a) **Cancer Antigen 19-9 (CA 19-9)**
 - (b) **Carcinoembryonic Antigen (CEA)**
 - ii) Ovarian low malignant potential tumors (borderline ovarian epithelial tumors): monitoring/follow-up every 3–6 months for up to 5 years, then annually
 - (a) **Alpha fetoprotein (AFP)**
 - (b) **Beta human chorionic gonadotropin (beta-hCG)**
 - (c) **Cancer Antigen 19-9 (CA 19-9)**
 - (d) **Cancer Antigen 125 (CA-125)**
 - (e) **Carcinoembryonic Antigen (CEA)**
 - (f) **Inhibin (INHA) expression**
 - (g) **Lactate dehydrogenase (LDH)**
 - iii) Malignant germ cell tumors: surveillance no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5
 - (a) **Alpha fetoprotein (AFP)**
 - (b) **Beta human chorionic gonadotropin (beta-hCG)**
 - (c) **Cancer Antigen 19-9 (CA 19-9)**
 - (d) **Cancer Antigen 125 (CA-125)**
 - (e) **Carcinoembryonic Antigen (CEA)**
 - (f) **Inhibin (INHA) expression**
 - (g) **Lactate dehydrogenase (LDH)**
 - iv) Malignant sex cord stromal tumors: surveillance based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
 - (a) **Alpha fetoprotein (AFP)**
 - (b) **Beta human chorionic gonadotropin (beta-hCG)**
 - (c) **Cancer Antigen 19-9 (CA 19-9)**
 - (d) **Cancer Antigen 125 (CA-125)**
 - (e) **Carcinoembryonic Antigen (CEA)**
 - (f) **Inhibin (INHA) expression**
 - (g) **Lactate dehydrogenase (LDH)**

- s) Medullary carcinoma
 - i) **Calcitonin (CALCA) expression:** initial diagnostic evaluation, monitoring, and/or surveillance 2-3 months postoperative, then every 6-12 months
 - ii) **Carcinoembryonic Antigen (CEA):** initial diagnostic evaluation and surveillance 2-3 months postoperative, then every 6-12 months
- t) Melanoma (cutaneous)
 - i) **Lactate dehydrogenase (LDH):** initial diagnostic evaluation for metastatic or recurrent disease
- u) Melanoma (uveal)
 - i) **Alkaline phosphatase (ALP):** initial diagnostic evaluation for metastatic or recurrent disease
 - ii) **Lactate dehydrogenase (LDH):** initial diagnostic evaluation for metastatic or recurrent disease
- v) Multiple myeloma
 - i) **Beta-2 microglobulin (B2M):** initial diagnostic evaluation, staging, and/or follow-up/surveillance as needed
 - ii) **Serum free light chain:** initial diagnostic evaluation and/or surveillance as needed
 - iii) **Lactate dehydrogenase (LDH):** initial diagnostic evaluation, staging, and/or follow-up/surveillance as needed
- w) Myelodysplastic syndromes
 - i) **Lactate dehydrogenase (LDH):** initial diagnostic evaluation
- x) Myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes
 - i) **Tryptase:** initial diagnostic evaluation
- y) Myeloproliferative neoplasms
 - i) **Lactate dehydrogenase (LDH):** initial diagnostic evaluation and/or monitoring while on and after therapy
- z) Neuroendocrine and adrenal tumors - multiple endocrine neoplasia, type 2
 - i) **Calcitonin (CALCA) expression:** initial diagnostic evaluation
 - ii) **Carcinoembryonic Antigen (CEA):** initial diagnostic evaluation
- aa) Occult primary mass of the liver, mediastinum, or retroperitoneum
 - i) **Alpha fetoprotein (AFP):** initial diagnostic evaluation
- bb) Occult primary mass of the mediastinum or retroperitoneum
 - i) **Alpha fetoprotein (AFP):** additional diagnostic evaluation
 - ii) **Beta human chorionic gonadotropin (beta-hCG):** initial diagnostic evaluation
- cc) Occult primary adenocarcinoma or carcinoma not otherwise specified
 - i) **Cancer Antigen 125 (CA-125):** additional diagnostic evaluation (in those with a uterus and/or ovaries present)
- dd) Pancreatic adenocarcinoma
 - i) **Cancer Antigen 19-9 (CA 19-9):** initial diagnostic evaluation, risk classification, monitoring, and/or surveillance (every 3-6 months for 2 years, then every 6-12 months as clinically indicated)
- ee) Pediatric aggressive mature B-cell lymphomas
 - i) **Lactate dehydrogenase (LDH):** initial diagnostic evaluation
- ff) Peritoneal mesothelioma (malignant)
 - i) **Cancer Antigen 125 (CA-125):** initial diagnostic evaluation

- gg) Primary cutaneous lymphomas
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- hh) Rectal cancer
 - i) **Carcinoembryonic Antigen (CEA)**: initial diagnostic evaluation, monitoring, and/or surveillance every 3-6 months for 2 years, then every 6 months for a total of 5 years
- ii) Richter's syndrome
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- jj) Sacrococcygeal teratoma
 - i) **Alpha fetoprotein (AFP)**: initial diagnostic evaluation and surveillance for up to 3 years
 - ii) **Beta human chorionic gonadotropin (beta-hCG)**: initial diagnostic evaluation
- kk) Small bowel adenocarcinoma
 - i) **Cancer Antigen 19-9 (CA 19-9)**: initial diagnostic evaluation and/or surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)
 - ii) **Carcinoembryonic Antigen (CEA)**: initial diagnostic evaluation and/or surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)
- ll) Small cell lung cancer
 - i) **Lactate dehydrogenase (LDH)**: prognosis
- mm) Systemic light chain amyloidosis
 - i) **Alkaline Phosphatase (ALP)**: initial diagnostic evaluation
 - ii) **B-type natriuretic peptide (BNP) or N-terminal fragment of B-type natriuretic peptide (NT-proBNP)**: initial diagnostic evaluation and staging
 - iii) **Beta-2 microglobulin (B2M)**: initial diagnostic evaluation
 - iv) **Serum free light chain**: initial diagnostic evaluation
 - v) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
 - vi) **Troponin T**: initial diagnostic evaluation and staging
- nn) Systemic mastocytosis
 - i) **Tryptase**: initial diagnostic evaluation, monitoring response to therapy, and/or risk classification
- oo) T-cell lymphomas
 - i) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- pp) Testicular cancer (nonseminoma and pure seminoma):
 - i) Initial and post diagnostic evaluation, staging, risk classification, post-treatment follow-up, and surveillance:
 - (a) **Alpha fetoprotein (AFP)**
 - (b) **Beta human chorionic gonadotropin (beta-hCG)**
 - (c) **Lactate dehydrogenase (LDH)**
- qq) Thymomas and thymic carcinomas
 - i) **Alpha fetoprotein (AFP)**: initial diagnostic evaluation
 - ii) **Beta human chorionic gonadotropin (beta-hCG)**: initial diagnostic evaluation
- rr) Undiagnosed pelvic mass
 - i) **Inhibin (INHA) expression**: initial diagnostic evaluation for clinical indication to assess for LCOC (Less Common Ovarian Cancers) and pregnancy
- ss) Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma

- i) **Beta-2 microglobulin (B2M)**: initial diagnostic evaluation and prognostication at the time of first-line treatment initiation
 - ii) **Serum free light chain**: initial diagnostic evaluation
 - iii) **Lactate dehydrogenase (LDH)**: initial diagnostic evaluation
- 2) For all other cancer indications not discussed above, use of the above biomarkers (alone or in a panel of serum tumor markers) **are not reimbursable**.
 - 3) All other serum tumor markers not addressed above (alone or in a panel of serum tumor markers) **are not reimbursable**.
 - 4) For the screening and detection of cancer, analysis of proteomic patterns in serum **are not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
81500, 81503, 81538, 81599, 82105, 82107, 82232, 82308, 82378, 83520, 83615, 83789, 83880, 83950, 83951, 84075, 84078, 84080, 84484, 84702, 84703, 84704, 84999, , 86300, 86301, 86304, 86305, 86316, 86336, 0003U, , 0092U, 0163U, G0327

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<https://acsearch.acr.org/docs/3098416/Narrative/>

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ACS. (2018b). *What Is Waldenstrom Macroglobulinemia?*
<https://www.cancer.org/cancer/waldenstrom-macroglobulinemia/about/what-is-wm.html>

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Policy Update History:

7/17/2023	Document updated with literature review. The following changes were made to Reimbursement Information: Reorganized #1 such that the focus is the cancer and then the appropriate biomarkers. In #1, removed CEA and inhibin for occult primary adenocarcinoma or carcinoma not otherwise specified; calcitonin expression testing for cervical cancer; CEA for NSCLC; calcitonin expression testing for occult primary adenocarcinoma or anaplastic/undifferentiated tumors of the head and neck, or otherwise unspecified; CEA for peritoneal mesothelioma; CEA for pleural mesothelioma; and inhibin expression testing for uterine sarcoma. Removed "The use of urokinase plasminogen activator (uPA) and plasminogen activator inhibitor type 1 (PAI 1) as serum tumor markers is not reimbursable. Remainder of reimbursement information revised for clarity. References revised.
11/1/2022	New policy