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

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date April 15, 2024

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:

NOTE: Except for where otherwise specified in the table below, quarterly measurement of designated serum tumor markers is permitted for follow-up, monitoring, and/or surveillance.

1) Measurement of the following serum tumor markers **may be reimbursable** for the following indications:

Serum Tumor Marker	Indication
Alkaline phosphatase (ALP)	Bone neoplasms: • Workup; • During treatment; • Surveillance
	Systemic light chain amyloidosis: • Initial diagnostic workup
Alpha fetoprotein (AFP)	Hepatocellular carcinoma: • Screening; • Workup for confirmed HCC; • Surveillance (every 3-6 months for 2 years, then every 6 months)
	Intrahepatic cholangiocarcinoma: • Workup for isolated intrahepatic mass
	Occult primary: • Additional workup for localized adenocarcinoma or carcinoma not otherwise specified; liver, mediastinum, or retroperitoneal mass
	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy; • Monitoring/follow-up for complete response (as clinically indicated)
	Ovarian cancers (less common): • Borderline epithelial tumors: monitoring/follow-up (every visit if initially elevated) • 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) • Malignant sex cord stromal tumors: surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
	Testicular cancer – non-seminoma: • Post-diagnostic workup; • Risk classification; • Surveillance (no more than every 2 months)
	Testicular cancer - pure seminoma: • Initial diagnostic workup; • Post-diagnostic workup; • Risk classification; • Post-treatment surveillance (no more than every 2 months)
	Thymomas and thymic carcinomas: • Initial evaluation, if appropriate
Beta-2 microglobulin (B2M)	B-cell lymphomas (Castleman disease; diffuse large B-cell; follicular [grade 1-2]; HIV-related; lymphoblastic; mantle cell): • Workup
	Chronic lymphocytic leukemia/small lymphocytic lymphoma: • Workup
	Multiple myeloma: • Initial diagnostic workup;

Serum Tumor Marker	Indication
	• Follow-up/surveillance (as needed) for solitary plasmacytoma or solitary plasmacytoma with minimal marrow involvement
	Systemic light chain amyloidosis: • Initial diagnostic workup
	Waldenström macroglobulinemia / lymphoplasmacytic lymphoma: • Workup
Beta human chorionic gonadotropin (beta-HCG)	Gestational trophoblastic neoplasia: • Initial workup; • During and post treatment (no more than weekly); • Follow-up/surveillance (no more than monthly for 12 months)
	Occult primary: • Additional workup for localized adenocarcinoma or carcinoma not otherwise specified; • Individuals < 65 years of age with testes presenting with retroperitoneal mass
	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy; • Monitoring/follow-up for complete response (as clinically indicated)
	Ovarian cancers (less common): • Borderline epithelial tumors: o Monitoring/follow-up (every visit if initially elevated) • Malignant germ cell tumors: o 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) • Malignant sex cord stromal tumors: o Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
	Testicular cancer – non-seminoma: • Post-diagnostic workup; • Risk classification; • Surveillance (no more than every 2 months)
	Testicular cancer - pure seminoma: • Initial diagnostic workup; • Post-diagnostic workup; risk classification; • Post-treatment surveillance (no more than every 2 months)
	Thymomas and thymic carcinomas: • Initial evaluation, if appropriate
BNP or NT-proBNP	Multiple myeloma: • Initial diagnostic workup
	Systemic light chain amyloidosis: • Initial diagnostic workup
Calcitonin (CALCA)	Medullary carcinoma: • Additional workup; • Post-surgical evaluation;

Serum Tumor Marker	Indication
	• Monitoring; • Surveillance (2-3 months postoperative, then every 6-12 months)
	Multiple endocrine neoplasia, type 2: • At diagnosis (clinical evaluation) for medullary thyroid cancer
Cancer antigen 15-3 and 27.29 (CA 15-3 and 27.29)	Breast cancer (invasive): • Monitoring metastatic disease
Cancer antigen 19-9 (CA 19-9)	Ampullary adenocarcinoma: • Workup; • Surveillance (every 3-6 months for 2 years, then every 6-12 months for up to 5 years as clinically indicated) for resected ampullary cancer, stage I-III
	Appendiceal adenocarcinoma: • Workup to establish baseline. Abnormal measurements should be trended
	Extrahepatic cholangiocarcinoma: • Workup to establish baseline; • Monitoring
	Gallbladder cancer: • Workup to establish baseline; • Monitoring; • Surveillance (as clinically indicated), post-resection
	Intrahepatic cholangiocarcinoma: • Workup to establish baseline; • Monitoring
	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy; • Monitoring/follow-up for complete response (as clinically indicated)

	Ovarian cancers (less common):
	• Borderline epithelial tumors:
	  ○ Monitoring/follow-up (every visit if initially elevated)
	• 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)
	• Malignant sex cord stromal tumors:
	  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
	• Mucinous carcinoma of the ovary:
	  ○ Additional workup (if not previously done)

	Pancreatic adenocarcinoma: • Workup to establish baseline; • Monitoring;

Serum Tumor Marker	Indication
	• Post-operative, post-adjuvant treatment surveillance (every 3-6 months for 2 years, then every 6-12 months as clinically indicated)
	Small bowel adenocarcinoma: • Workup to establish baseline; • Post-treatment surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)
Cancer antigen 125 (CA-125)	Appendiceal adenocarcinoma: • Workup to establish baseline
	Endometrial carcinoma: • Additional workup; • Surveillance (if initially elevated)
	Lynch syndrome: • Surveillance
	Occult primary: • Additional workup for adenocarcinoma or carcinoma not otherwise specified, in those with a uterus and/or ovaries present
	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy; • Monitoring/follow-up for complete response (as clinically indicated)

	Ovarian cancers (less common):
	• Borderline epithelial tumors:
	  ○ monitoring/follow-up (every visit if initially elevated)
	• 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)
	Malignant sex cord stromal tumors:
	• Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)

	Peritoneal mesothelioma: • Initial evaluation
Carcinoembryonic antigen (CEA)	Appendiceal adenocarcinoma: • Workup to establish baseline; • Monitoring; • Post-treatment surveillance
	Breast cancer (invasive): • Monitoring metastatic disease
	Colon cancer: • Workup to establish baseline; • Monitoring; • Surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)
	Extrahepatic cholangiocarcinoma: • Workup to establish baseline; • Monitoring
	Gallbladder cancer:

Serum Tumor Marker	Indication
	• Workup to establish baseline; • Monitoring; • Surveillance (as clinically indicated), post-resection
	Intrahepatic cholangiocarcinoma: • Workup to establish baseline; • Monitoring
	Medullary carcinoma: • Diagnosis and additional workup; • Monitoring; • Post-surgical surveillance (2-3 months postoperative, then every 6-12 months)
	Multiple endocrine neoplasia, type 2: • At diagnosis (clinical evaluation) for medullary thyroid cancer
	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy; • Monitoring/follow-up for complete response (as clinically indicated)

	Ovarian cancers (less common):
	• Borderline epithelial tumors:
	  ○ Monitoring/follow-up (every visit if initially elevated)
	• 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)
	• Malignant sex cord stromal tumors:
	  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
	Mucinous carcinoma of the ovary:
	• Additional workup (if not previously done)

	Rectal cancer: • Workup to establish baseline; • Monitoring; surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)
	Small bowel adenocarcinoma: • Workup to establish baseline; • Post-treatment surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)
Inhibin (INHA)	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy; • Monitoring/follow-up for complete response (as clinically indicated)
	Ovarian cancers (less common): • Borderline epithelial tumors: ○ Monitoring/follow-up (every visit if initially elevated) • Malignant Germ cell tumors:

Serum Tumor Marker	Indication
	○ 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) Malignant sex cord stromal tumors: Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
Lactate dehydrogenase (LDH)	B-cell lymphomas (Burkitt; Castleman disease; diffuse large B-cell; extranodal marginal zone lymphoma of nongastric sites [noncutaneous] and of the stomach; follicular [grade 1-2]; HIV-related; lymphoblastic; mantle cell; nodal marginal zone; pediatric aggressive mature; post-transplant lymphoproliferative disorders; primary cutaneous; splenic marginal zone): • Workup
	Bone neoplasms: • Workup
	Chronic lymphocytic leukemia/small lymphocytic lymphoma: • Workup, and at transformation or histologic progression (if applicable)
	Hairy cell leukemia: • Workup
	Kidney cancer: • Initial workup
	Melanoma (cutaneous and uveal): • Workup for metastatic or recurrent disease
	Multiple myeloma: • Initial workup; • Surveillance (as needed) post primary treatment for solitary plasmacytoma or solitary plasmacytoma with minimal marrow involvement
	Ovarian cancer/fallopian tube cancer/primary peritoneal cancer: • Initial workup; • During primary chemotherapy, monitoring/follow-up for complete response (as clinically indicated)
	Ovarian cancers (less common): • Borderline epithelial tumors: ○ Monitoring/follow-up (every visit if initially elevated) • 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) Malignant sex cord stromal tumors: • Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)
	Primary cutaneous lymphomas (mycosis fungoides/Sezary syndrome; primary cutaneous CD30+ T-cell lymphoproliferative disorders): • Workup
	Systemic light chain amyloidosis:

Serum Tumor Marker	Indication
	• Initial diagnostic workup
	T-cell lymphomas (adult T-cell; breast implant-associated ALCL; extranodal NK/T-cell; hepatosplenic; peripheral; T-cell prolymphocytic leukemia): • Workup; • Staging (breast implant-associated ALCL only)
	Testicular cancer – non-seminoma: • Post-diagnostic workup; • Risk classification; • Surveillance (no more than every 2 months)
	Testicular cancer – pure seminoma: • Initial diagnostic workup; • Post-diagnostic workup; • Risk classification; • Post-treatment surveillance (no more than every 2 months)
	Waldenström macroglobulinemia / lymphoplasmacytic lymphoma: • Workup
Serum free light chain	Multiple myeloma: • Initial diagnostic workup; • Surveillance (up to once per month)
	Systemic light chain amyloidosis: • Initial diagnostic workup
Troponin T	Systemic light chain amyloidosis: • Initial diagnostic workup
Tryptase	Systemic mastocytosis: • Initial diagnosis

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, 83521, 83615, 83789, 83880, 83950, 83951, 84075, 84078, 84080, 84484, 84702, 84703, 84704, 84999, 86300, 86301, 86304, 86305, 86316, 86336, 0003U, 0092U, 0163U, 0404U, G0327

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Policy Update History:

Effective Date	Summary of Change
TBD	Document updated with literature review. Reimbursement Information

	revised to place serum tumor markers and appropriate indications into a table format by marker. The following additions and removals were made: Alkaline Phosphatase (ALP): for bone neoplasms, added indications for measurement during treatment and surveillance. For uveal melanoma, removed indication for initial diagnostic evaluation for metastatic or recurrent disease. Alpha fetoprotein (AFP): for borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. For occult primary cancers, updated specification from initial diagnostic evaluation to additional workup. For sacrococcygeal teratomas, removed indications for initial diagnostic evaluation and surveillance. For testicular cancer (nonseminoma), removed indication for initial diagnostic evaluation. Beta-2 microglobulin (B2M): for Waldenström macroglobulinemia/lymphoplasmacytic lymphoma, removed indication for prognostication at the time of first-line treatment initiation. Beta human chorionic gonadotropin (beta-HCG): for gestational trophoblastic neoplasia, added indications for initial workup; during and post treatment (no more than weekly); follow-up/surveillance (no more than monthly for 12 months). For occult primary cancers, updated specification from initial diagnostic evaluation to additional workup. For borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. For sacrococcygeal teratomas, removed indication for initial diagnostic evaluation. For testicular cancer (nonseminoma), removed indication for initial diagnostic evaluation. BNP or NT-proBNP: for multiple myeloma, added indication for initial diagnostic workup. Calcitonin (CALCA): for medullary carcinoma, replaced indication for initial diagnostic evaluation to additional workup and added indication for post-surgical evaluation. Cancer Antigen 19-9 (CA 19-9): Added ampullary adenocarcinoma and indications for its workup; surveillance (every 3-6 months for 2 years, then every 6-12 months for up to 5 years as clinically indicated) for resected ampullary cancer, stage I-III. Added appendiceal adenocarcinoma and indications for workup to establish baseline with note that “abnormal measurements should be trended.” For extrahepatic cholangiocarcinoma, added indication for monitoring. For gallbladder cancer, added indication for monitoring. For hepatocellular carcinoma, removed indication for initial diagnostic evaluation. For intrahepatic cholangiocarcinoma, added indication for monitoring. For borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. For mucinous carcinoma of the ovary, removed specification for initial diagnostic evaluation; indication for additional workup (if not previously done) remains. Cancer Antigen 125 (CA-125): for appendiceal adenocarcinoma, added indication for workup to establish baseline. Added Lynch syndrome and indications for surveillance/prevention strategies. For borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. Carcinoembryonic Antigen (CEA): for appendiceal adenocarcinoma,

	added indications for workup to establish baseline; monitoring; post-treatment surveillance. For colon cancer, extrahepatic cholangiocarcinoma, gallbladder cancer, intrahepatic cholangiocarcinoma, and medullary carcinoma, added indication for monitoring. For borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. For mucinous carcinoma of the ovary, removed specification for initial diagnostic evaluation; indication for additional workup (if not previously done) remains. Inhibin (INHA): for borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. For undiagnosed pelvic masses, removed indication for initial diagnostic evaluation. Lactate dehydrogenase (LDH): for acute lymphoblastic leukemia (ALL), pediatric acute lymphoblastic leukemia (PED-ALL), Hodgkin lymphoma, myelodysplastic syndrome, and acute myeloid leukemia (AML), removed indication for initial diagnostic evaluation. For chronic lymphocytic leukemia/small lymphocytic lymphoma, added indication for measurement at transformation or histologic progression (if applicable). For myeloproliferative neoplasms, removed indications for initial diagnostic evaluation and/or monitoring while on and after therapy. For borderline ovarian epithelial tumors, updated frequency for monitoring/follow-up from every 3–6 months to every visit if initially elevated. For small cell lung cancer, removed indication to measure for prognosis. For testicular cancer (nonseminoma), removed indication for initial diagnostic evaluation. Serum free light chain: for multiple myeloma, updated frequency of surveillance from as needed to once per month. For Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma, removed indication for initial diagnostic evaluation. Tryptase: for myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes, removed indication for initial diagnostic evaluation. For systemic mastocytosis, removed indications for monitoring response to therapy and/or risk classification. References revised; some added; others removed. Added code 83521.
03/01/2024	Added code 0404U. No other changes made.
11/01/2023	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