

# Tumor Antigen by Immunoassay CA 19-9



CPT: 86301

## CMS National Coverage Policy

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

### 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.

Visit [MAKOMedical.com/coverageguidance](https://www.makomedical.com/coverageguidance) to view current limited coverage tests, reference guides, and policy information.

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

[www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf)

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

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*

Code	Description
<b>C22.1</b>	<b>Intrahepatic bile duct carcinoma</b>
C23	Malignant neoplasm of gallbladder
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
C78.89	Secondary malignant neoplasm of other digestive organs
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

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**Disclaimer:**  
This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient’s symptoms or conditions and must be consistent with documentation in the patient’s medical record. The Alliance does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.