

NCD - Tumor Antigen by Immunoassay - CA 19-9 (190.30)

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Tracking Information

Publication Number

100-3

Manual Section Number

190.30

Manual Section Title

Tumor Antigen by Immunoassay - CA 19-9

Version Number

1

Effective Date of this Version

11/25/2002

Implementation Date

01/01/2003

Description Information

Benefit Category

Diagnostic Laboratory Tests

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service Description

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: CA 19-9.

Indications and Limitations of Coverage**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.

Note: Scroll down for links to the quarterly Covered Code Lists (including narrative).

Cross Reference

Also see the [Medicare Claims Processing Manual](#), Chapter 120, Clinical Laboratory Services Based on Negotiated Rulemaking.

Transmittal Information

Transmittal Number

17

Coverage Transmittal Link

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R17NCD.pdf>

Revision History

07/2002 - Implemented NCD. Effective date 11/25/02. Implementation date 1/01/03. ([TN AB-02-110](#)) (CR 2130)

07/2004 - Published NCD in the NCD Manual without change to narrative contained in PM AB-02-110. Coding guidance now published in Medicare Lab NCD Manual. Effective and Implementation dates NA. ([TN 17](#)) (CR 2130)

Other

Covered Code Lists (including narrative)

July 2022 (PDF) ([ICD-10](#))

April 2022 (PDF) ([ICD-10](#))

January 2022 (PDF) ([ICD-10](#))

October 2021 (PDF) ([ICD-10](#))

July 2021 (PDF) ([ICD-10](#))

April 2021 (PDF) ([ICD-10](#))

January 2021 (PDF) ([ICD-10](#))

October 2020 (PDF) ([ICD-10](#))

July 2020 (PDF) ([ICD-10](#))

April 2020 (PDF) ([ICD-10](#))

January 2020 (PDF) ([ICD-10](#))

October 2019 (PDF) ([ICD-10](#))

July 2019 (PDF) ([ICD-10](#))

April 2019 (PDF) ([ICD-10](#))

January 2019 (PDF) ([ICD-10](#))

October 2018 (PDF) ([ICD-10](#))

July 2018 (PDF) ([ICD-10](#))
April 2018 (PDF) ([ICD-10](#))
January 2018 ([ICD-10](#))
October 2017 ([ICD-10](#))
July 2017 ([ICD-10](#))
April 2017 ([ICD-10](#))
January 2017 ([ICD-10](#))
October 2016 ([ICD-10](#))
January 2016 ([ICD-10](#))
October 2015 ([ICD-10](#), [ICD-9](#))
October 2014 ([ICD-10](#), [ICD-9](#))

Changes to Lab NCD Edit Software

[April 2022](#)
[January 2022](#)
[October 2021](#)
[July 2021](#)
[October 2020](#)
[April 2020](#)
[January 2020](#)
[October 2019](#)
[July 2019](#)
[January 2019](#)
[October 2018](#)
[April 2018](#)
[January 2018](#)
[July 2017](#)
[April 2017](#)
[January 2017](#)
[January 2016](#)
[October 2014](#)

Coding Analyses for Labs (CALs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with CALs, from the Coding Analyses for Labs database.

- Original Consideration for Tumor Antigen by Immunoassay CA 19-9 (Modification of Code List to Include ICD-9-CM Code 156.2, Malignant neoplasm of Ampulla of Vater) (CAG-00275N)

Additional Information

Other Versions

Title	Version	Effective Between
Tumor Antigen by Immunoassay - CA 19-9	1	11/25/2002 - N/A