Local Coverage Determination (LCD): Circulating Tumor Cell Marker Assays (L35710)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

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<th>Contractor Name</th>
<th>Contract Type</th>
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LCD Information

Document Information

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Coverage Guidance

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

This is a NON-coverage policy for the circulating tumor cell (CTC) assay, including but not limited to the CellSearch (Veridex), OnoCEE (Biocept) and PCR (RTPCR) Assays.

CTCs are found in the serum during the metastatic process of solid tumors when cells from a primary tumor invade, detach, disseminate, colonize and proliferate to a distant site. The detection of elevated CTCs during therapy is an indication of disease progression and overall survival in some cancers, however the medical literature does not demonstrate the test findings contribute to an improvement in patient outcomes. Adoption of the test into treatment paradigms and clinical guidelines has not occurred. CTC testing for all malignant diagnoses will be denied as not reasonable and necessary.

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**Coding Information**

Bill Type Codes:

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Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
014x Hospital - Laboratory Services Provided to Non-patients
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
072x Clinic - Hospital Based or Independent Renal Dialysis Center
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

030x
031x
N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

86152 CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG, CIRCULATING TUMOR CELLS IN BLOOD);

86153 CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG, CIRCULATING TUMOR CELLS IN BLOOD); PHYSICIAN INTERPRETATION AND REPORT, WHEN REQUIRED

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

**ICD-10 Codes Description**

XX000 Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

General Information

Associated Information

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits in addition to guidance in this LCD. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare. Whichever guidance is more restrictive should be adhered to.

Sources of Information and Basis for Decision


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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

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<td>10/01/2015</td>
<td>R1</td>
<td>This final LCD effective 10/1/2015, combines JEA L35711 into the JEB LCD so that both JEA and JEB contract numbers will have the same final MCD LCD number.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
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Associated Documents
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Keywords

- Circulating Tumor
- 86152
- 86153

Read the [LCD Disclaimer](#)