Local Coverage Determination (LCD):
Circulating Tumor Cell Marker Assays (L34066)

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

---

**Contractor Information**

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02101 - MAC A</td>
<td>J - F</td>
<td>Alaska</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02102 - MAC B</td>
<td>J - F</td>
<td>Alaska</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02201 - MAC A</td>
<td>J - F</td>
<td>Idaho</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02202 - MAC B</td>
<td>J - F</td>
<td>Idaho</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02301 - MAC A</td>
<td>J - F</td>
<td>Oregon</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02302 - MAC B</td>
<td>J - F</td>
<td>Oregon</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02401 - MAC A</td>
<td>J - F</td>
<td>Washington</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02402 - MAC B</td>
<td>J - F</td>
<td>Washington</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03101 - MAC A</td>
<td>J - F</td>
<td>Arizona</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03102 - MAC B</td>
<td>J - F</td>
<td>Arizona</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03201 - MAC A</td>
<td>J - F</td>
<td>Montana</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03202 - MAC B</td>
<td>J - F</td>
<td>Montana</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03301 - MAC A</td>
<td>J - F</td>
<td>North Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03302 - MAC B</td>
<td>J - F</td>
<td>North Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03401 - MAC A</td>
<td>J - F</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03402 - MAC B</td>
<td>J - F</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03501 - MAC A</td>
<td>J - F</td>
<td>Utah</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03502 - MAC B</td>
<td>J - F</td>
<td>Utah</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03601 - MAC A</td>
<td>J - F</td>
<td>Wyoming</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03602 - MAC B</td>
<td>J - F</td>
<td>Wyoming</td>
</tr>
</tbody>
</table>

---

**LCD Information**

**Document Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Effective Date</td>
<td>For services performed on or after 10/01/2015</td>
</tr>
<tr>
<td>Revision Effective Date</td>
<td>For services performed on or after 10/01/2015</td>
</tr>
<tr>
<td>Revision Ending Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Retirement Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Notice Period Start Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Notice Period End Date</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Printed on 8/18/2016. Page 1 of 6
Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This is a NON-coverage policy for the circulating tumor cell (CTC) assay, including CellSearch (Veridex) 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. Detection of elevated CTCs during therapy is a definitive indication of subsequent rapid disease progression and mortality in breast, colorectal and prostate cancer. CTC testing for all malignant diagnoses will be denied as not reasonable and necessary except under individual consideration.

Noridian will consider payment of a denied individual claim if the claim is appealed and supporting literature is submitted which indicates efficacy of the test in the specific individual.
Coding Information

Bill Type Codes:

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
Printed on 8/18/2016. Page 3 of 6
Sources of Information and Basis for Decision


<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>This final LCD, effective 10/1/2015, combines JFA L35096 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
</tr>
</tbody>
</table>

**Associated Documents**

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 08/10/2016 with effective dates 10/01/2015 - N/A Updated on 03/31/2014 with effective dates 10/01/2015 - N/A

**Keywords**

- Circulating Tumor
- 86152
- 86153

Read the [LCD Disclaimer](#)