Local Coverage Determination (LCD): Circulating Tumor Cell Marker Assays (L35096)

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Contractor Information

Contractor Name: Noridian Healthcare Solutions, LLC
Contract Number: 02301
Contract Type: A and B MAC
Jurisdiction: J - F

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LCD Information

Document Information

LCD ID
L35096

Original ICD-9 LCD ID
L32533

LCD Title
Circulating Tumor Cell Marker Assays

Jurisdiction
Oregon

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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CMS National Coverage Policy Internet-Only Manual (IOM) Pub. 100-2, Medicare Benefit Policy, Chapter 15, Section 80
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Correct Coding Initiative – Medicare Contractor Beneficiary and Provider Communications Manual – Pub. 100-09, Chapter 5.

Social Security Act (Title XVIII) Standard References, Sections:

- 1862(a)(1)(D) Investigational or Experimental.
- 1833(e) Incomplete Claim.

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
ICD-10 Codes

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**ICD-10 Codes Description**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX000</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

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**

N/A

**Associated Documents**

Attachments [Comments and Responses - Circulatin](#) (a comment and response document) (PDF - 76 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

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

**Keywords**

N/A Read the [LCD Disclaimer](#)