



Medical Policy

CA 125

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Policy Number: 503

BCBSA Reference Number: 2.04.27A (For Plan internal use only)

Related Policies

Serum Biomarker Human Epididymis Protein 4 (HE4), #[290](#)
Tumor Markers for Diagnosis and Management of Cancer, #[167](#)

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Measurements of CA-125 may be considered [MEDICALLY NECESSARY](#) in patients with symptoms suggestive of ovarian cancer or in those with known ovarian cancer, to aid in the monitoring of disease, response to treatment, and recurrence of disease (including assessing value of second-look surgery).

Measurements of CA-125 may be considered [MEDICALLY NECESSARY](#) in individual patients with other gynecologic malignancies, such as endometrial cancer, in whom baseline levels of CA-125 have been shown to be elevated.

Measurements of CA-125 may be considered [MEDICALLY NECESSARY](#) in patients with pelvic mass with unknown diagnosis.

Measurements of CA-125 may be considered [MEDICALLY NECESSARY](#) in peritoneal primary cancer to aid in monitoring of disease.

Measurements of CA-125 may be considered [MEDICALLY NECESSARY](#) in patients with adenocarcinoma of unknown primary (abdominal or pelvic carcinomatosis).

Measurements of CA-125 may be considered [MEDICALLY NECESSARY](#) as an indicator of tumor size or grade for lung cancer.

Measurements of CA-125 are considered [INVESTIGATIONAL](#) in asymptomatic patients as a screening technique for ovarian cancer.

Measurements of CA-125 are considered [INVESTIGATIONAL](#) in colorectal, gastric, liver, or pancreatic cancer diagnosis, monitoring or prognosis.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria MUST** be met for the following codes to be covered for **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

CPT Codes

CPT codes:	Code Description
86304	Immunoassay for tumor antigen, quantitative; CA 125

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
C26.9	Malignant Neoplasm of Ill-Defined Sites Within the Digestive System
C34.00	Malignant Neoplasm of Unspecified Main Bronchus
C34.01	Malignant Neoplasm of Right Main Bronchus
C34.02	Malignant Neoplasm of Left Main Bronchus
C34.10	Malignant Neoplasm of Upper Lobe, Unspecified Bronchus or Lung
C34.11	Malignant Neoplasm of Upper Lobe, Right Bronchus or Lung
C34.12	Malignant Neoplasm of Upper Lobe, Left Bronchus or Lung
C34.30	Malignant Neoplasm of Lower Lobe, Unspecified Bronchus or Lung
C34.31	Malignant Neoplasm of Lower Lobe, Right Bronchus or Lung
C34.32	Malignant Neoplasm of Lower Lobe, Left Bronchus or Lung
C34.80	Malignant Neoplasm of Overlapping Sites of Unspecified Bronchus and Lung
C34.81	Malignant Neoplasm of Overlapping Sites of Right Bronchus and Lung
C34.82	Malignant Neoplasm of Overlapping Sites of Left Bronchus and Lung
C34.90	Malignant Neoplasm of Unspecified Part of Unspecified Bronchus or Lung
C34.91	Malignant Neoplasm of Unspecified Part of Right Bronchus or Lung
C34.92	Malignant Neoplasm of Unspecified Part of Left Bronchus or Lung
C45.1	Mesothelioma of Peritoneum
C47.4	Malignant Neoplasm of Peripheral Nerves of Abdomen
C48.1	Malignant Neoplasm of Specified Parts of Peritoneum
C48.2	Malignant Neoplasm of Peritoneum, Unspecified
C48.8	Malignant Neoplasm of Overlapping Sites of Retroperitoneum and Peritoneum
C49.4	Malignant Neoplasm of Connective and Soft Tissue Of Abdomen
C54.1	Malignant Neoplasm of Endometrium

C54.2	Malignant Neoplasm of Myometrium
C54.3	Malignant Neoplasm of Fundus Uteri
C54.9	Malignant Neoplasm of Corpus Uteri, Unspecified
C56.1	Malignant Neoplasm of Right Ovary
C56.2	Malignant Neoplasm of Left Ovary
C56.9	Malignant Neoplasm of Unspecified Ovary
C57.00	Malignant Neoplasm of Unspecified Fallopian Tube
C57.01	Malignant Neoplasm of Right Fallopian Tube
C57.02	Malignant Neoplasm of Left Fallopian Tube
C57.10	Malignant Neoplasm of Unspecified Broad Ligament
C57.11	Malignant Neoplasm of Right Broad Ligament
C57.12	Malignant Neoplasm of Left Broad Ligament
C57.20	Malignant Neoplasm of Unspecified Round Ligament
C57.21	Malignant Neoplasm of Right Round Ligament
C57.22	Malignant Neoplasm of Left Round Ligament
C57.3	Malignant Neoplasm of Parametrium
C57.4	Malignant Neoplasm of Uterine Adnexa, Unspecified
C76.2	Malignant Neoplasm of Abdomen
C76.3	Malignant neoplasm of pelvis
C77.2	Secondary and Unspecified Malignant Neoplasm of Intra-Abdominal Lymph Nodes
C77.5	Secondary and Unspecified Malignant Neoplasm of Intrapelvic Lymph Nodes
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C79.60	Secondary Malignant Neoplasm of Unspecified Ovary
C79.61	Secondary Malignant Neoplasm of Right Ovary
C79.62	Secondary Malignant Neoplasm of Left Ovary
C79.82	Secondary Malignant Neoplasm of Genital Organs
D07.0	Carcinoma in Situ of Endometrium
D07.1	Carcinoma in Situ of Vulva
D07.2	Carcinoma in Situ of Vagina
D07.30	Carcinoma in Situ of Unspecified Female Genital Organs
D07.39	Carcinoma in Situ of Other Female Genital Organs
D39.0	Neoplasm of Uncertain Behavior of Uterus
D39.10	Neoplasm of Uncertain Behavior of Unspecified Ovary
D39.11	Neoplasm of Uncertain Behavior of Right Ovary
D39.12	Neoplasm of Uncertain Behavior of Left Ovary
D48.4	Neoplasm of Uncertain Behavior of Peritoneum
D49.5	Neoplasm of Unspecified Behavior of Other Genitourinary Organs
D49.59	Neoplasm unspecified behavior of other genitourinary organ
R19.00	Intra-Abdominal and Pelvic Swelling, Mass and Lump, Unspecified Site
R19.01	Right Upper Quadrant Abdominal Swelling, Mass and Lump
R19.02	Left Upper Quadrant Abdominal Swelling, Mass and Lump
R19.03	Right Lower Quadrant Abdominal Swelling, Mass and Lump
R19.04	Left Lower Quadrant Abdominal Swelling, Mass and Lump
R19.05	Periumbilic Swelling, Mass or Lump
R19.06	Epigastric Swelling, Mass or Lump
R19.07	Generalized Intra-Abdominal and Pelvic Swelling, Mass And Lump
R19.09	Other Intra-Abdominal and Pelvic Swelling, Mass And Lump

Description

CA-125 is an accepted tool for monitoring patients with known ovarian cancer and other gynecologic malignancies. It has been proposed for use as a screening test in asymptomatic women.

CA-125 is a high-molecular-weight protein antigen that is commonly elevated in patients with known ovarian cancer. CA-125 may also be elevated in other gynecologic malignancies, such as endometrial cancer, although the association is not as consistent as that with ovarian cancer. CA-125 has been widely used as a technique to monitor patients with known ovarian cancer or other gynecologic malignancies that, in individual patients, are associated with elevated levels of CA-125. Frequently, a rising CA-125 will be the initial sign of recurrent disease.

CA-125 has also been investigated as a possible screening tool for ovarian cancer, both in the general population and in patients considered at high risk of ovarian cancer.

Levels of CA-125 may also be elevated in nonmalignant conditions, including pregnancy, endometriosis, pelvic inflammatory disease, benign ovarian masses, and without any identifiable cause.

Policy History

Date	Action
11/2022	Annual policy review. Policy updated with literature review through October 2022. References added. Policy statements unchanged.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
11/2019	ICD-9 codes removed.
10/2016	Clarified coding information.
11/2015	Ongoing medically necessary and investigational statements transferred from medical policy #167 Tumor Markers for Diagnosis and Management of Cancer. Clarified coding information.
1/2015	Clarified coding information.
6/2014	Updated coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
4/2014	Clarified coding information.
6/2012	Annual policy review. New references added.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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6. U.S. Preventive Services Task Force. Screening for Ovarian Cancer: Recommendation Statement. May 2004. Available online at: <http://www.uspreventiveservicestaskforce.org/3rduspstf/ovariancan/ovcanrs.htm>. Last accessed August 2011.
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8. Society of Gynecologic Oncologists Statement Regarding OvaSure™ available at <http://www.sgo.org/WorkArea/showcontent.aspx?id=1846>. FDA letter to the manufacturer, August 7, 2008
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Endnotes

¹ Based on expert opinion