

**2013**  
**NATIONAL COVERAGE DETERMINATION (NCD)**  
 CPT CODE(S): 86300

**TUMOR ANTIGEN - CA 15-3/27.29**

**DLS TEST CODES AND NAMES**

<b>207</b>	<b>CA15-3</b>
<b>4659</b>	<b>CA 27.29, CHIRON</b>

<b>ICD 9 CODE</b>	<b>DESCRIPTION</b>
174.0 - 174.9	BREAST, PRIMARY (FEMALE) - MALIGNANT NEOPLASM OF FEMALE BREAST
175.0 - 175.9	BREAST, PRIMARY (MALE) - MALIGNANT NEOPLASM OF MALE BREAST
338.3	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)
795.89	OTHER ABNORMAL TUMOR MARKERS
V10.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM, BREAST
198.81	SECONDARY MALIGNANT NEOPLASM (BREAST)
198.2	SECONDARY MALIGNANT NEOPLASM (SKIN OF BREAST)