

Alpha-fetoprotein

CPT: 82105

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity

Alpha-fetoprotein (AFP) is a polysaccharide found in some carcinomas. It is effective as a biochemical marker for monitoring the response of certain malignancies to therapy.

Indications

AFP is useful for the diagnosis of hepatocellular carcinoma in high-risk patients (such as alcoholic cirrhosis, cirrhosis of viral etiology, hemochromatosis, and alpha 1-antitrypsin deficiency) and in separating patients with benign hepatocellular neoplasms or metastases from those with hepatocellular carcinoma and, as a non-specific tumor associated antigen, serves in marking germ cell neoplasms of the testis, ovary, retro peritoneum, and mediastinum.

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of codes, please refer to the CMS website reference

www.cms.gov ►

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

Please refer to the [Limitations or Utilization Guidelines](#) section on previous page(s) for frequency information.

Code	Description
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
C22.0	Liver cell carcinoma
D37.6	Neoplasm of uncertain behavior of liver, GB & bile duct
E78.2	Mixed hyperlipidemia
E83.110	Hereditary hemochromatosis
E83.119	Hemochromatosis, unspecified
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.00	Hepatic fibrosis, unspecified
K74.02	Hepatic fibrosis, advanced fibrosis
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.4	Autoimmune hepatitis
K76.82	Hepatic encephalopathy
R93.2	Abnormal findings on dx imaging of liver and biliary tract
R93.5	Abn findings on dx imaging of abd regions, inc retroperiton
R93.89	Abnormal findings on dx imaging of oth body structures
R97.8	Other abnormal tumor markers
Z85.05	Personal history of malignant neoplasm of liver

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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