If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

# Serum Tumor Markers for Malignancies

**Policy Number:** CPCPLAB037

**Version** 1.0

**Approval Date:** February 5, 2025

**Plan Effective Date:** May 15, 2025

## Description

The plan has implemented certain lab management reimbursement criteria. Not all

requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

## Reimbursement Information:

**NOTE:** Except for where otherwise specified in the table below, quarterly measurement of designated serum tumor markers is permitted for follow-up, monitoring, and/or surveillance.

1) Measurement of the following serum tumor markers **may be reimbursable** for the following indications:

| **Serum Tumor Marker** | **Indication** |
|---|---|
| **Alkaline phosphatase (ALP)** | Bone neoplasms:<br>• Workup;<br>• During treatment;<br>• Surveillance |
| | Systemic light chain amyloidosis:<br>• Initial diagnostic workup |
| **Alpha fetoprotein (AFP)** | Hepatocellular carcinoma:<br>• Screening;<br>• Workup for confirmed HCC;<br>• Surveillance (every 3-6 months for 2 years, then every 6 months) |
| | Intrahepatic cholangiocarcinoma:<br>• Workup for isolated intrahepatic mass |
| | Occult primary:<br>• Additional workup for localized adenocarcinoma or carcinoma not otherwise specified; liver, mediastinum, or retroperitoneal mass |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy;<br>• Monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers (less common):<br>• Carcinosarcoma (malignant mixed mullerian tumors):<br>  ○ Monitoring/followup<br>• Clear cell carcinoma of the ovary:<br>  ○ Monitoring/followup |

| Serum Tumor Marker | Indication |
|---|---|
| | • Grade 1 endometrioid carcinoma:<br>  ○ Monitoring/followup<br>• Mucinous neoplasms of the ovary:<br>  ○ Monitoring/followup<br>• Low-grade serous carcinoma:<br>  ○ Monitoring/followup |
| | Ovarian cancers<br>• Borderline epithelial tumors:<br>  ○ Monitoring/follow-up (every visit if initially elevated)<br>• Malignant germ cell tumors:<br>  ○ Surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease) |
| | Testicular cancer – non-seminoma:<br>• Post-diagnostic workup;<br>• Risk classification;<br>• Surveillance (no more than every 2 months) |
| | Testicular cancer - pure seminoma:<br>• Initial diagnostic workup;<br>• Post-diagnostic workup;<br>• Risk classification;<br>• Post-treatment surveillance (no more than every 2 months) |
| | Thymomas and thymic carcinomas:<br>• Initial evaluation, if appropriate |
| **Beta-2 microglobulin (B2M)** | B-cell lymphomas (Castleman disease; diffuse large B-cell; follicular [grade 1-2]; HIV-related; lymphoblastic; mantle cell):<br>• Workup |
| | Chronic lymphocytic leukemia/small lymphocytic lymphoma:<br>• Workup for prognostic and/or therapy determinations |
| | Multiple myeloma:<br>• Initial diagnostic workup; |

| Serum Tumor Marker | Indication |
|---|---|
| | • Follow-up/surveillance (as needed) for solitary plasmacytoma or solitary plasmacytoma with minimal marrow involvement |
| | Systemic light chain amyloidosis:<br>• Initial diagnostic workup |
| | Waldenström macroglobulinemia / lymphoplasmacytic lymphoma:<br>• Workup |
| **Beta human chorionic gonadotropin (beta-HCG)** | Gestational trophoblastic neoplasia:<br>• Initial workup;<br>• During and post treatment (no more than weekly);<br>• Follow-up/surveillance (no more than monthly for 12 months) |
| | Occult primary:<br>• Additional workup for localized adenocarcinoma or carcinoma not otherwise specified;<br>• Individuals < 65 years of age with testes presenting with retroperitoneal mass |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy;<br>• Monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers:<br>• Borderline epithelial tumors:<br>  ○ Monitoring/follow-up (every visit if initially elevated)<br>• Malignant germ cell tumors:<br>  ○ Surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease) |
| | Testicular cancer – non-seminoma:<br>• Post-diagnostic workup;<br>• Risk classification;<br>• Surveillance (no more than every 2 months) |
| | Testicular cancer - pure seminoma: |

| Serum Tumor Marker | Indication |
|---|---|
| | • Initial diagnostic workup;<br>• Post-diagnostic workup; risk classification;<br>• Post-treatment surveillance (no more than every 2 months) |
| | Thymomas and thymic carcinomas:<br>• Initial evaluation, if appropriate |
| **BNP or NT-proBNP** | Multiple myeloma:<br>• Initial diagnostic workup |
| | Systemic light chain amyloidosis:<br>• Initial diagnostic workup |
| **Calcitonin (CALCA)** | Adenocarcinoma, and anaplastic/undifferentiated epithelial tumors:<br>• Workup |
| | Medullary carcinoma:<br>• Additional workup;<br>• Post-surgical evaluation;<br>• Monitoring;<br>• Surveillance (2-3 months postoperative, then every 6-12 months) |
| | Multiple endocrine neoplasia, type 2:<br>• At diagnosis (clinical evaluation) for medullary thyroid cancer |
| | Occult primary (unknown primary cancer):<br>• Workup |
| **Cancer antigen 15-3 and 27.29 (CA 15-3 and 27.29)** | Breast cancer (invasive):<br>• Monitoring metastatic disease |
| | Occult primary: suspected metastatic malignancy:<br>• Initial workup;<br>• Assessing disease prognosis;<br>• Monitoring/followup for response |
| **Cancer antigen 19-9 (CA 19-9)** | Ampullary adenocarcinoma:<br>• Workup;<br>• Surveillance (every 3-6 months for 2 years, then every 6-12 months for up to 5 years as clinically indicated) for resected ampullary cancer, stage I-III |
| | Appendiceal adenocarcinoma:<br>• Workup to establish baseline. Abnormal measurements should be trended |
| | Extrahepatic cholangiocarcinoma:<br>• Workup to establish baseline;<br>• Monitoring |
| | Gallbladder cancer: |

| Serum Tumor Marker | Indication |
|---|---|
| | • Workup to establish baseline;<br>• Monitoring;<br>• Surveillance (as clinically indicated), post-resection |
| | Intrahepatic cholangiocarcinoma:<br>• Workup to establish baseline;<br>• Monitoring |
| | Occult primary:<br>• Workup to establish baseline;<br>• Assessing disease prognosis;<br>• Monitoring/followup for response |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy;<br>• Monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers (less common)<br>• Carcinosarcoma (malignant mixed mullerian tumors:<br>  ○ Workup<br>• Clear cell carcinoma of the ovary:<br>  ○ Workup<br>• Grade 1 endometrioid carcinoma:<br>  ○ Workup<br>• Low-grad serous carcinoma:<br>  ○ Workup<br>• Mucinous neoplasms of the ovary:<br>  ○ Workup |
| | Ovarian cancers:<br>• Borderline epithelial tumors:<br>  ○ Monitoring/follow-up (every visit if initially elevated)<br>• Malignant germ cell tumors:<br>  ○ Surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)<br>• Mucinous carcinoma of the ovary: |

| Serum Tumor Marker | Indication |
|---|---|
| | ○ Additional workup (if not previously done) |
| | Pancreatic adenocarcinoma:<br>• Workup to establish baseline;<br>• Monitoring;<br>• Post-operative, post-adjuvant treatment surveillance (every 3-6 months for 2 years, then every 6-12 months as clinically indicated) |
| | Small bowel adenocarcinoma:<br>• Workup to establish baseline;<br>• Post-treatment surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years)<br>• At metastasis or recurrence |
| **Cancer antigen 125 (CA-125)** | Appendiceal adenocarcinoma:<br>• Workup to establish baseline |
| | Endometrial carcinoma:<br>• Additional workup;<br>• Surveillance (if initially elevated) |
| | Lynch syndrome:<br>• Surveillance |
| | Occult primary:<br>• Additional workup for adenocarcinoma or carcinoma not otherwise specified, in those with a uterus and/or ovaries present |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy;<br>• Monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers (less common):<br>• Carcinosarcoma (malignant mixed mullerian tumors):<br>○ Monitoring/followup<br>• Clear cell carcinoma of the ovary:<br>○ Monitoring/followup<br>• Mucinous neoplasms of the ovary:<br>○ Monitoring/followup<br>• Grade 1 endometrioid carcinoma:<br>○ Monitoring/followup<br>• Low-grade serous carcinoma:<br>○ Monitoring/followup |
| | Ovarian cancers: |

| Serum Tumor Marker | Indication |
|---|---|
| | • Borderline epithelial tumors:<br>  ○ monitoring/follow-up (every visit if initially elevated)<br>• Malignant germ cell tumors:<br>  ○ surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>  • Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease) |
| | Peritoneal mesothelioma:<br>• Initial evaluation |
| | Uterine neoplasms:<br>• Initial workup |
| **Carcinoembryonic antigen (CEA)** | Appendiceal adenocarcinoma:<br>• Workup to establish baseline;<br>• Monitoring;<br>• Post-treatment surveillance |
| | Breast cancer (invasive):<br>• Monitoring metastatic disease |
| | Colon cancer:<br>• Workup to establish baseline;<br>• Monitoring;<br>• Surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years) |
| | Extrahepatic cholangiocarcinoma:<br>• Workup to establish baseline;<br>• Monitoring |
| | Gallbladder cancer:<br>• Workup to establish baseline;<br>• Monitoring;<br>• Surveillance;<br>• Monitoring of adjuvant treatment (as clinically indicated);<br>• Post-resection |
| | Intrahepatic cholangiocarcinoma:<br>• Workup to establish baseline;<br>• Monitoring |
| | Medullary carcinoma:<br>• Diagnosis and additional workup; |

| Serum Tumor Marker | Indication |
|---|---|
| | • Monitoring;<br>• Post-surgical surveillance (2-3 months postoperative, then every 6-12 months) |
| | Multiple endocrine neoplasia, type 2:<br>• At diagnosis (clinical evaluation) for medullary thyroid cancer |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy;<br>• Monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers (less common):<br>• Carcinosarcoma (malignant mixed mullerian tumors:<br>  ○ Monitoring/followup<br>• Clear cell carcinoma of the ovary:<br>  ○ Monitoring/followup<br>• Grade 1 endometrioid carcinoma:<br>  ○ Monitoring/followup<br>• Low-grade serous carcinoma:<br>  ○ Monitoring/followup<br>• Mucinous neoplasms of the ovary:<br>  ○ Monitoring/followup |
| | Ovarian cancers:<br>• Borderline epithelial tumors:<br>  ○ Monitoring/follow-up (every visit if initially elevated)<br>  ○ Post-adjuvant treatment<br>• Malignant germ cell tumors:<br>  ○ Surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease)<br>Mucinous carcinoma of the ovary:<br>• Additional workup (if not previously done) |
| | Rectal cancer:<br>• Workup to establish baseline; |

| Serum Tumor Marker | Indication |
|---|---|
| | • Monitoring; surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years) |
| | Small bowel adenocarcinoma:<br>• Workup to establish baseline;<br>• Post-treatment surveillance (every 3-6 months for 2 years, then every 6 months for a total of 5 years) |
| **Inhibin (INHA)** | Adrenocortical carcinoma:<br>• Workup |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy;<br>• Monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers (less common):<br>• Carcinosarcoma (malignant mixed mullerian tumors:<br>  ○ Monitoring/followup<br>• Clear cell carcinoma of the ovary:<br>  ○ Monitoring/followup<br>• Grade 1 endometrioid carcinoma:<br>  ○ Monitoring/followup<br>• Low-grade serous carcinoma:<br>  ○ Monitoring/followup<br>• Mucinous neoplasms of the ovary:<br>  ○ Monitoring/followup |
| | Ovarian cancers:<br>• Borderline epithelial tumors:<br>  ○ Monitoring/follow-up (every visit if initially elevated)<br>• Malignant Germ cell tumors:<br>  ○ Surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>  ○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease) |
| **Lactate dehydrogenase (LDH)** | B-cell lymphomas (Burkitt; Castleman disease; diffuse large B-cell; extranodal marginal zone lymphoma of nongastric sites [noncutaneous] and of the stomach; follicular [grade |

| Serum Tumor Marker | Indication |
|---|---|
| | 1-2]; HIV-related; lymphoblastic; mantle cell; nodal marginal zone; pediatric aggressive mature; post-transplant lymphoproliferative disorders; primary cutaneous; splenic marginal zone):<br>• Workup |
| | Bone neoplasms:<br>• Workup |
| | Chronic lymphocytic leukemia/small lymphocytic lymphoma:<br>• Workup, and at transformation or histologic progression (if applicable) |
| | Hairy cell leukemia:<br>• Workup |
| | Kidney cancer:<br>• Initial workup |
| | Melanoma (cutaneous and uveal):<br>• Workup for metastatic or recurrent disease |
| | Multiple myeloma:<br>• Initial workup;<br>• Surveillance (as needed) post primary treatment for solitary plasmacytoma or solitary plasmacytoma with minimal marrow involvement |
| | Ovarian cancer/fallopian tube cancer/primary peritoneal cancer:<br>• Initial workup;<br>• During primary chemotherapy, monitoring/follow-up for complete response (as clinically indicated) |
| | Ovarian cancers (less common):<br>• Carcinosarcoma (malignant mixed mullerian tumors:<br>o Monitoring/followup<br>• Clear cell carcinoma of the ovary:<br>o Monitoring/followup<br>• Grade 1 endometrioid carcinoma:<br>o Monitoring/followup<br>• Low-grade serous carcinoma:<br>o Monitoring/followup<br>• Mucinous neoplasms of the ovary:<br>o Monitoring/followup |
| | Ovarian cancers:<br>• Borderline epithelial tumors: |

| Serum Tumor Marker | Indication |
|---|---|
| | ○ Monitoring/follow-up (every visit if initially elevated)<br>• Malignant germ cell tumors:<br>○ Surveillance (no more than every 2 months for the first 2 years, every 4 months in years 3-5, and then annually after year 5)<br>• Malignant sex cord stromal tumors:<br>○ Surveillance if clinically indicated. If done, frequency based on stage (i.e., 6-12 months if early-stage, low-risk disease; 4-6 months if high-risk disease) |
| | Primary cutaneous lymphomas (mycosis fungoides/Sezary syndrome; primary cutaneous CD30+ T-cell lymphoproliferative disorders):<br>○ Workup |
| | Systemic light chain amyloidosis:<br>○ Initial diagnostic workup |
| | Systemic mastocytosis:<br>• Initial diagnostic workup |
| | T-cell lymphomas (adult T-cell; breast implant-associated ALCL; extranodal NK/T-cell; hepatosplenic; peripheral; T-cell prolymphocytic leukemia):<br>○ Workup;<br>○ Staging (breast implant-associated ALCL only) |
| | Testicular cancer – non-seminoma:<br>• Post-diagnostic workup;<br>• Risk classification;<br>• Surveillance (no more than every 2 months) |
| | Testicular cancer – pure seminoma:<br>• Initial diagnostic workup;<br>• Post-diagnostic workup;<br>• Risk classification;<br>• Post-treatment surveillance (no more than every 2 months) |
| | Waldenström macroglobulinemia / lymphoplasmacytic lymphoma:<br>• Workup |
| **Serum free light chain** | Multiple myeloma:<br>• Initial diagnostic workup;<br>• Surveillance (up to once per month) |
| | Systemic light chain amyloidosis:<br>• Initial diagnostic workup |

| Serum Tumor Marker | Indication |
|---|---|
| **Troponin T** | Systemic light chain amyloidosis:<br>• Initial diagnostic workup |
| **Tryptase** | Systemic mastocytosis:<br>• Initial diagnosis |

2) For all other cancer indications not discussed above, use of the above biomarkers (alone or in a panel of serum tumor markers) **are not reimbursable.**
3) All other serum tumor markers not addressed above (alone or in a panel of serum tumor markers) **are not reimbursable.**
4) For the screening and detection of cancer, analysis of proteomic patterns in serum **are not reimbursable**.

## Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

| Codes |
|---|
| 81500, 81503, 81538, 81599, 82105, 82107, 82232, 82308, 82378, 83520, 83521, 83615, 83789, 83880, 83950, 83951, 84075, 84078, 84080, 84484, 84702, 84703, 84704, 84999, 86300, 86301, 86304, 86305, 86316, 86336, 0003U, 0092U, 0163U, 0404U, G0327 |

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## Policy Update History:

| Approval Date | Effective Date; Summary of Changes |
|---|---|
| 02/05/2025 | 05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Alpha fetoprotein: For "Ovarian cancers (less common)", added indication for Carcinosarcoma (malignant mixed mullerian |

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| | tumors) to include monitoring/follow-up; clear cell carcinoma of the ovary to include monitoring/follow-up; grade 1 endometrioid carcinoma: monitoring/follow-up; mucinous neoplasms of the ovary to include monitoring/follow-up; low-grade serous carcinoma to include monitoring/follow-up. Removed the "(less common)" designation from Ovarian cancer row that has "Borderline epithelial tumors" following it. Beta-2 microglobulin (B2M): For chronic lymphocytic leukemia/small lymphocytic lymphoma, added indications for prognostic and/or therapy determination. Calcitonin (CALCA): For adenocarcinoma, and anaplastic/undifferentiated epithelial tumors added indication of workup. For occult primary (unknown primary cancer) added indication for workup. Cancer antigen 15-3 and 27.29 (CA 15-3 and 27.29 ): for occult primary cancers (cancers of unknown primary origin) added indications for assessing disease prognosis; and monitoring/follow-up for response. Cancer antigen 19-9 (CA 19-9): for occult primary cancers, added indications for assessing disease prognosis and monitoring/follow-up for response. For "Ovarian cancers (less common)", added indication for Carcinosarcoma (malignant mixed mullerian tumors) to include monitoring/follow-up; clear cell carcinoma of the ovary to include monitoring/follow-up; grade 1 endometrioid carcinoma: monitoring/follow-up; mucinous neoplasms of the ovary to include monitoring/follow-up; low-grade serous carcinoma to include monitoring/follow-up. Removed the "(less common)" designation from Ovarian cancer row that has "Borderline epithelial tumors" following it. For small bowel adenocarcinoma, added to other indications "at metastasis or recurrence." Cancer antigen 125 (CA-125): For "Ovarian cancers (less common)", added indication for Carcinosarcoma (malignant mixed mullerian tumors) to include monitoring/follow-up; clear cell carcinoma of the ovary to include monitoring/follow-up; grade 1 endometrioid carcinoma: monitoring/follow-up; mucinous neoplasms of the ovary to include monitoring/follow-up; low-grade serous carcinoma to include monitoring/follow-up. Removed the "(less common)" designation from Ovarian cancer row that has "Borderline epithelial tumors" following it. For uterine neoplasms added indication for "initial workup." Carcinoembryonic antigen (CEA): For gallbladder cancer added indication "of adjuvant treatment (as clinically indicated)" For "Ovarian cancers (less common)", added indication for Carcinosarcoma (malignant mixed mullerian tumors) to |

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| | include monitoring/follow-up; clear cell carcinoma of the ovary to include monitoring/follow-up; grade 1 endometrioid carcinoma: monitoring/follow-up; mucinous neoplasms of the ovary to include monitoring/follow-up; low-grade serous carcinoma to include monitoring/follow-up. Removed the "(less common)" designation from Ovarian cancer row that has "Borderline epithelial tumors" following it. Inhibin (INHA): For adrenocortical carcinoma added indication for workup. For "Ovarian cancers (less common)", added indication for carcinosarcoma (malignant mixed mullerian tumors) to include monitoring/follow-up; clear cell carcinoma of the ovary to include monitoring/follow-up; grade 1 endometrioid carcinoma: monitoring/follow-up; mucinous neoplasms of the ovary to include monitoring/follow-up; low-grade serous carcinoma to include monitoring/follow-up. Removed the "(less common)" designation from Ovarian cancer row that has "Borderline epithelial tumors" following it. Lactate dehydrogenase (LDH): For "Ovarian cancers (less common)", added indication for carcinosarcoma (malignant mixed mullerian tumors) to include monitoring/follow-up; clear cell carcinoma of the ovary to include monitoring/follow-up; grade 1 endometrioid carcinoma: monitoring/follow-up; mucinous neoplasms of the ovary to include monitoring/follow-up; low-grade serous carcinoma to include monitoring/follow-up. Removed the "(less common)" designation from Ovarian cancer row that has "Borderline epithelial tumors" following it. For systemic mastocytosis, added indications for initial diagnostic workup. References revised. |
| 09/13/2024 | 01/01/2025: New policy |