

# Alpha-fetoprotein

CPT: 82105

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## 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.

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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](https://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.**

**\*Note—Bolded diagnoses below have the highest utilization**

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

Code	Description
<b>B18.1</b>	<b>Chronic viral hepatitis B without delta-agent</b>
<b>B18.2</b>	<b>Chronic viral hepatitis C</b>
<b>C22.0</b>	<b>Liver cell carcinoma</b>
C22.1	Intrahepatic bile duct carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
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
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis
<b>K74.60</b>	<b>Unspecified cirrhosis of liver</b>
<b>K74.69</b>	<b>Other cirrhosis of liver</b>
K75.4	Autoimmune hepatitis
R93.2	Abnormal findings on diagnostic imaging of liver and biliary tract
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
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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