

# 2025 Occult Primary Cancer

---

## *Medical Oncology*

P\_7619

Copyright © 2025 WNS (Holdings) Ltd.

**Last Review Date: 11/29/2024**

Previous Review Date: 01/03/2024

Guideline Initiated: 06/30/2019





A WNS COMPANY

## Table of Contents

Occult Primary Cancer Guideline .....	3
Occult Primary Cancer Procedure Codes .....	4
Occult Primary Cancer Summary of Changes .....	4
Occult Primary Cancer Definitions .....	4
Occult Primary Cancer References .....	6
Disclaimer section .....	7
Purpose .....	7
Clinician Review .....	7
Payment .....	7
Registered Trademarks (®/™) and Copyright (©) .....	7
National and Local Coverage Determination (NCD and LCD) .....	8
Background .....	8
Medical Necessity Codes .....	8

## Occult Primary Cancer Guideline

Occult primary cancer treatment is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Adenocarcinoma, squamous cell carcinoma and unspecified occult primary tumors treatment with **ANY** of the following: [12] [8] [11] [9] [10]
  - a. Carboplatin + etoposide + paclitaxel [1] [3] [7]
  - b. Carboplatin + irinotecan [1] [6]
  - c. Carboplatin + paclitaxel [1] [7]
  - d. Cisplatin + 5-fluorouracil (5-FU) [2] [4]
  - e. Cisplatin + gemcitabine [2] [5]
  - f. Cisplatin + paclitaxel [2] [7]
  - g. Gemcitabine + irinotecan [5] [6]
2. Adenocarcinoma, squamous cell carcinoma and unspecified occult primary tumors treatment is considered medically appropriate when the documentation demonstrates **ALL** of the following: [12] [8] [11] [9]
  - a. Associated-cancer chemotherapy medication regimens per the *National Comprehensive Cancer Network (NCCN) Guidelines*, approved by the United States (US) Food and Drug Administration (FDA), clinically prescribed and as authorized by the payor.
  - b. Physical ability and clinical status of **ANY** of the following:
    - A. Eastern Cooperative Oncology Group (ECOG) Performance Status grade of 2 or less
    - B. Karnofsky Performance Status (KPS) grade of 70 or more
  - c. Treatment is for **ANY** of the following:
    - i. Adenocarcinoma is advanced or unresectable, with distant metastases **AND** for first or second-line treatment.
    - ii. Squamous cell carcinoma



### LCD 37205

See also, **LCD 37205**: Chemotherapy and their Adjuncts at <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to individual's healthplan membership.

## Occult Primary Cancer Procedure Codes

**Table 1. Occult Primary Cancer Associated Procedure Codes**

CODE	DESCRIPTION
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
J8520	CAPECITABINE, ORAL, 150 MG
J8521	CAPECITABINE, ORAL, 500 MG
J8560	ETOPOSIDE; ORAL, 50 MG
J9045	INJECTION, CARBOPLATIN, 50 MG
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
J9171	INJECTION, DOCETAXEL, 1 MG
J9181	INJECTION, ETOPOSIDE, 10 MG
J9190	INJECTION, FLUOROURACIL, 500 MG
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG
J9206	INJECTION, IRINOTECAN, 20 MG
J9263	INJECTION, OXALIPLATIN, 0.5 MG
J9267	INJECTION, PACLITAXEL, 1 MG

## Occult Primary Cancer Summary of Changes

Occult Primary Cancer clinical guidelines from 2024 to 2025 had the following version changes:

- Added LCD 37205 per CMS
- Citations updated per the evidence.
- Evidence reviewed and indications remained the same.
- Removed LCD 33394 per CMS

## Occult Primary Cancer Definitions

**Adenocarcinoma** is a malignant tumor originating in glandular epithelium.

**Advanced disease** is also called end-stage or terminal cancer. Advanced disease can occur when there are few signs that remission is possible.

**Chemotherapy** is a treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Chemotherapy may be given by mouth, injection, infusion or on the skin depending on the type and stage of the cancer being treated. It may be given alone or with other treatments, such as surgery, radiation therapy or biologic therapy.

**Eastern Cooperative Oncology Group (ECOG) scale** describes an individual's level of functioning in terms of the ability to care for one's self, daily activity and physical ability (eg, walking, working).

**Table 1. ECOG Performance Status Scale**

Grade	ECOG PERFORMANCE STATUS
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair
5	Dead

Source: <https://ecog-acrin.org/resources/ecog-performance-status/>

**First-line treatment** is the first treatment given for a disease. It is often part of a standard set of treatments, such as surgery followed by chemotherapy and radiation. When used by itself, first-line therapy is the one accepted as the best treatment.

**Karnofsky performance status (KPS)** is an assessment tool for functional impairment. It can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. In most serious illnesses, the lower the Karnofsky score, the worse the likelihood of survival.

**Table 2. KARNOFSKY PERFORMANCE STATUS SCALE**

Score	Status
100	Normal, no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms of disease
80	Normal activity with effort, some signs or symptoms of disease
70	Cares for self but unable to carry on normal activity or to do active work
60	Requires occasional assistance but is able to care for most of personal needs
50	Requires considerable assistance and frequent medical care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalization is indicated although death not imminent
20	Very ill; hospitalization and active supportive care necessary
10	Moribund
0	Dead

Source: <https://ecog-acrin.org/resources/ecog-performance-status/>

**Metastasis** is the spread of a disease-producing agency (such as cancer cells) from the initial or primary site of disease to another part of the body.

**Occult primary tumor** is cancer in which the site of the primary (original) tumor cannot be found. Most metastases from occult primary tumors are found in the head and neck.

**Second-line treatment** is treatment for a disease or condition after the initial treatment (first-line treatment) has failed, stopped working or has side effects that are not tolerated.

**Squamous cells** are thin, flat cells that look like fish scales, and are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the lining of the respiratory and digestive tracts.

**Unresectable disease** is disease that is not able to be removed with surgery.

## Occult Primary Cancer References

- [1] (2024). Carboplatin. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-92](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-92)
- [2] (2024). Cisplatin. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-129](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-129)
- [3] (2024). Etoposide, VP-16. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-211](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-211)
- [4] (2024). Fluorouracil, 5-FU. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-258](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-258)
- [5] (2024). Gemcitabine. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-273](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-273)
- [6] (2024). Irinotecan. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-322](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-322)
- [7] (2024). Paclitaxel. *Clinical Pharmacology*. Retrieved: September 2024. [https://www.clinicalkey.com/#!/content/drug\\_monograph/6-s2.0-459](https://www.clinicalkey.com/#!/content/drug_monograph/6-s2.0-459)
- [8] Doroshov, J.H. (2024). Approach to the Patient with Cancer. L. Goldman & K.A. Cooney (Eds.). *Goldman-Cecil Medicine* (27). (pp. 1214-1243.e1). Philadelphia, PA: Elsevier.
- [9] Masterson, T.A., Cary, C., & Foster, R.S. (2021). Retroperitoneal Tumors. A.W. Partin & R.R. Dmochowski (Eds.). *Campbell-Walsh-Wein Urology* (12), (pp. 2226-2247.e5). Philadelphia, PA: Elsevier.
- [10] Olivier, T., Fernandez, E., . . . Patrikidou, A. (2021). Redefining cancer of unknown primary: Is precision medicine really shifting the paradigm? *Cancer Treatment Reviews*, 97, Article 102204.
- [11] Rassy, E. Parent, P., . . . Pavlidis, N. (2020). New rising entities in cancer of unknown primary: Is there a real therapeutic benefit? *Critical Reviews in Oncology and Hematology*, 147, Article 102882.
- [12] Stevenson, M.M. , Boweles D.W. , . . . Wang, S. W. (2023). Occult Primary (Cancer of Unknown Primary [CUP]) Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: September 2024. [https://www.nccn.org/professionals/physician\\_gls/pdf/occult.pdf](https://www.nccn.org/professionals/physician_gls/pdf/occult.pdf)



A WNS COMPANY

## Disclaimer section

### Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

### Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

### Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

### Registered Trademarks (®/™) and Copyright (©)

All trademarks, product names, logos, and brand names are the property of their respective owners and are used for purposes of information and/or illustration only. Current Procedural Terminology (CPT)®™ is a registered trademark of the American Medical Association (AMA). No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from HealthHelp.



A WNS COMPANY

## National and Local Coverage Determination (NCD and LCD)



### NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.

## Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

## Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

## For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356  
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394  
11395 11396 11565