### NCD - Carcinoembryonic Antigen (190.26)

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# **Tracking Information**

Publication Number 100-3 Manual Section Number 190.26 Manual Section Title Carcinoembryonic Antigen Version Number 1 Effective Date of this Version 11/25/2002 Implementation Date 01/01/2003

## **Description Information**

### Benefit Category

Diagnostic Laboratory Tests

**Please Note:** This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

### **Item/Service Description**

CEA is a protein polysaccharide found in some carcinomas. It is effective as a biochemical marker for monitoring the response of certain malignancies to therapy.

### Indications and Limitations of Coverage

### Indications

CEA may be medically necessary for follow-up of patients with colorectal carcinoma. It would however only be medically necessary at treatment decision-making points. In some clinical situations (e.g. adenocarcinoma of the lung, small cell carcinoma of the lung, and some gastrointestinal carcinomas) when a more specific marker is not expressed by the tumor, CEA may be a medically necessary alternative marker for monitoring. Preoperative CEA may also be helpful in determining the post-operative adequacy of surgical resection and subsequent medical management. In general, a single tumor marker will suffice in following patients with colorectal carcinoma or other malignancies that express such tumor markers.

In following patients who have had treatment for colorectal carcinoma, ASCO guideline suggests that if resection of liver metastasis would be indicated, it is recommended that post-operative CEA testing be performed every two to three months in patients with initial stage II or stage III disease for at least two years after diagnosis.

For patients with metastatic solid tumors which express CEA, CEA may be measured at the start of the treatment and with subsequent treatment cycles to assess the tumor's response to therapy.

### Limitations

Serum CEA determinations are generally not indicated more frequently than once per chemotherapy treatment cycle for patients with metastatic solid tumors which express CEA or every two months post-surgical treatment for patients who have had colorectal carcinoma. However, it may be proper to order the test more frequently in certain situations, for example, when there has been a significant change from prior CEA level or a significant change in patient status which could reflect disease progression or recurrence.

Testing with a diagnosis of an in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.

Note: Scroll down for links to the quarterly Covered Code Lists (including narrative).

### **Cross Reference**

Also see the <u>Medicare Claims Processing Manual</u>, Chapter 120, Clinical Laboratory Services Based on Negotiated Rulemaking.

## **Transmittal Information**

### **Transmittal Number**

17

### **Coverage Transmittal Link**

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R17NCD.pdf

### **Revision History**

07/2002 - Implemented NCD. Effective date 11/25/02. Implementation date 1/01/03. (TN AB-02-110) (CR 2130)

07/2004 - Published NCD in the NCD Manual without change to narrative contained in PM AB-02-110. Coding guidance now published in Medicare Lab NCD Manual. Effective and Implementation dates NA. (TN 17) (CR 2130)

### Other

### Covered Code Lists (including narrative)

July 2022 (PDF) (<u>ICD-10</u>) April 2022 (PDF) (<u>ICD-10</u>) January 2022 (PDF) (<u>ICD-10</u>)

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October 2021 (PDF) (ICD-10) July 2021 (PDF) (ICD-10) April 2021 (PDF) (ICD-10) January 2021 (PDF) (ICD-10) October 2020 (PDF) (ICD-10) July 2020 (PDF) (<u>ICD-10</u>) April 2020 (PDF) (ICD-10) January 2020 (PDF) (ICD-10) October 2019 (PDF) (ICD-10) July 2019 (PDF) (ICD-10) April 2019 (PDF) (ICD-10) January 2019 (PDF) (ICD-10) October 2018 (PDF) (ICD-10) July 2018 (PDF) (<u>ICD-10</u>) April 2018 (PDF) (ICD-10) January 2018 (ICD-10) October 2017 (ICD-10) July 2017 (ICD-10) April 2017 (ICD-10) January 2017 (ICD-10) October 2016 (ICD-10) January 2016 (ICD-10) October 2015 (ICD-10, ICD-9) October 2014 (ICD-10, ICD-9)

#### **Changes to Lab NCD Edit Software**

April 2022 January 2022 October 2021 July 2021 October 2020 April 2020 January 2020 October 2019 July 2019 January 2019 October 2018 April 2018 January 2018 <u>July 2017</u> <u>April 2017</u> January 2017 January 2016 October 2014

## **Additional Information**

### **Other Versions**

Title	Version	Effective Between
Carcinoembryonic Antigen	1	11/25/2002 - N/A