

Carcinoembryonic Antigen (82378) – NCD 190.26

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.

Most Common Diagnoses (which meet medical necessity) *	
C15.9	Malignant neoplasm of esophagus
C16.9	Malignant neoplasm of stomach
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.9	Malignant neoplasm of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C25.9	Malignant neoplasm of pancreas
C34.90	Malignant neoplasm of bronchus or lung
C50.919	Malignant neoplasm of breast
C56.9	Malignant neoplasm of ovary
C78.00	Secondary malignant neoplasm of lung
G89.3	Neoplasm related pain
R79.89	Other specified abnormal findings of blood chemistry
R97.0	Elevated carcinoembryonic antigen [CEA]

R97.8	Other abnormal tumor markers
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction and anus
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary

*For the full list of diagnoses that meet medical necessity see the Carcinoembryonic Antigen National Coverage Determination 190.26 document.

The above CMS and WPS-GHA guidelines are current as of: 07/01/2025.