



## 190.26 - Carcinoembryonic Antigen

### Other Names/Abbreviations

CEA

### Description

Carcinoembryonic antigen (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.

### HCPCS Codes (Alphanumeric, CPT<sup>®</sup> AMA)

Code	Description
82378	Carcinoembryonic antigen (CEA)

### ICD-9-CM Codes Covered by Medicare Program

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD9.html>

Code	Description
150.0-150.9	Malignant neoplasm of the esophagus
151.0-151.9	Malignant neoplasm of stomach
152.0-154.8	Malignant neoplasm of small intestine, including duodenum, rectum, rectosigmoid junction and anus
157.0-157.9	Primary malignancy of pancreas
159.0	Malignant neoplasm of intestinal tract, part unspecified
162.0-162.9	Malignant neoplasm of trachea, bronchus, lung
174.0-174.9	Malignant neoplasm of female breast
175.0-175.9	Malignant neoplasm of male breast
183.0	Malignant neoplasm of ovary
197.0	Secondary malignant neoplasm of neoplasm of lung
197.4	Secondary malignant neoplasm of small intestine
197.5	Secondary malignant neoplasm of large intestine and rectum
209.00-209.03	Malignant carcinoid tumors of the small intestine
209.10-209.17	Malignant carcinoid tumors of the appendix, large intestine and rectum
209.20-209.27, 209.29	Malignant carcinoid tumors of other and unspecified sites
209.70	Secondary neuroendocrine tumor, unspecified site
209.71	Secondary neuroendocrine tumor of distant lymph nodes
209.72	Secondary neuroendocrine tumor of liver
209.73	Secondary neuroendocrine tumor of bone
209.74	Secondary neuroendocrine tumor of peritoneum
209.75	Secondary Merkel cell carcinoma

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**\*October 14 Changes – Red**



Code	Description
209.79	Secondary neuroendocrine tumor of other sites
230.3	Carcinoma in situ of colon
230.4	Carcinoma in situ of rectum
230.7	Carcinoma in situ of other/unspecified parts of intestine
230.9	Carcinoma in situ other and unspecified digestive organs
235.2	Neoplasm of uncertain behavior of stomach, intestines, rectum
338.3	Neoplasm related pain (acute) (chronic)
790.99	Other nonspecific findings on examination of blood
795.81	Elevated carcinoembryonic antigen [CEA]
795.89	Other abnormal tumor markers
V10.00	Personal history of malignant neoplasm of gastro-intestinal tract, unspecified
V10.05	Personal history of malignant neoplasm, large intestine
V10.06	Personal history of malignant neoplasm, rectum, rectosigmoid junction, anus
V10.11	Personal history of malignant neoplasm, bronchus, and lung
V10.3	Personal history of malignant neoplasm, breast
V10.43	Personal history of malignant neoplasm, ovary
V67.2	Follow-up examination following chemotherapy

**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.

### ***ICD-9-CM Codes That Do Not Support Medical Necessity***

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

### ***Sources of Information***

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Kim YH. Ajani JA. Ota DM. Lynch P. Roth JA. Value of serial carcinoembryonic antigen levels in patients with respectable adenocarcinoma of the esophagus and stomach Cancer. 75(2):451©6, 1995 Jan 15.