



Applicable To:

- Medicaid (excl. AZ & HI)
- Medicare (excl. HI)

**Claims Edit Guideline:
Prostate Cancer Screening**

Policy Number: HS-358

Original Effective Date: 1/10/2019

Revised Date(s): 5/2/2019

BACKGROUND

Prostate cancer is the second most common cancer in American men and the second leading cause of death (1 in 41 men). Estimates for 2018 in the United States included 164,690 new cases of prostate cancer and 29,430 deaths. One in nine men will be diagnosed; it develops in older men and those who are African-American. Approximately 6 in 10 cases are diagnosed in men 65 years of age or older; diagnosis is rare in those under the age of 40 and the average age at diagnosis is 66. While serious, many men are treated; over 2.9 million American men who have been diagnosed with prostate cancer are still alive today.⁷ Screening for prostate cancer starts with a prostate specific antigen (PSA) test which measures the level of PSA in the blood. An elevated PSA level can indicate prostate cancer however, PSA levels can be high due to other conditions. Additional factors of consideration include age, race, certain medical procedures, and certain medications. A man may also have an infection, an enlarged prostate gland or one that makes more PSA.¹

POSITION STATEMENT

For men 70, WellCare recommends screening using digital rectal examination.^{2,3}

- Covered at a frequency of once every 12 months for men attained 70 (at least 11 months have passed following the month in which the last Medicare-covered screening digital rectal examination was performed).
- Screening digital rectal examination includes a clinical examination of an individual's prostate for nodules or other abnormalities of the prostate. The examination must be performed by a doctor of medicine or osteopathy, or by a physician assistant, clinical nurse specialist, nurse practitioner, or certified nurse midwife who is authorized under State law to perform the examination, fully knowledgeable about the beneficiary's medical condition, and would be responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem.

CODING & BILLING

Covered CPT Codes

- 84152** Prostate specific antigen (PSA); complexed (direct measurement)
- 84153** Prostate specific antigen (PSA); total
- G0102** Prostate cancer screening; digital rectal examination
- G0103** Prostate cancer screening; prostate specific antigen test (PSA)

Covered ICD-10 Code

- Z12.5** Encounter for screening for malignant neoplasm of prostate
~~**Z78.42** Family history of malignant neoplasm of prostate~~

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. What Is Screening for Prostate Cancer? Centers for Disease Control and Prevention Web site. https://www.cdc.gov/cancer/prostate/basic_info/screening.htm. Published June 2018. Accessed November 12, 2018.
2. National Coverage Determination (NCD) Prostate Cancer Screening Tests (210.1). Centers for Medicare and Medicaid Services Web Site. <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Accessed November 1, 2018.
3. National Coverage Determination (NCD) Prostate Specific Antigen (190.31). Centers for Medicare and Medicaid Services Web Site. <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Accessed November 1, 2018.

OTHER PREVENTIVE-BASED CLAIMS EDIT GUIDELINES (CEGs)

The following preventive screening Claims Edit Guidelines (CEGs) are also available on WellCare.com:

- Abdominal Aneurysm Screening: HS-353
- Breast Cancer Screening: HS-354
- Cervical Cancer Screening: HS-340
- Colorectal Cancer Screening: HS-357
- Hepatitis B Vaccine and Screening: HS-356
- Preventive Health Services: HS-335

LEGAL DISCLAIMER

The Claims Edit Guideline (CEG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CEG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CEG. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the CEG. Additionally, CEGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CEG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

*Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
 OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texan Plus (Medicare – Dallas and Houston markets)
 WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

| Date | Action |
|-----------|--|
| 5/2/2019 | <ul style="list-style-type: none"> • Approved by MPC. Updated age requirements. |
| 1/10/2019 | <ul style="list-style-type: none"> • Approved by MPC. New. |