

Contractor's Policy Number

97-10-R1

Contractor Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Prostatic Acid Phosphatase (PAP)

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HCFA National Coverage Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

HCFA Region

Region III

HCFA Consortium

Northeast

Original Policy Effective Date

04/28/1997

Original Policy Ending Date

12/16/ 2000

Revision Effective Date

12/17/2000

Revision Ending Date

Not applicable at this time.

LMRP Description

Prostatic acid phosphatase is a laboratory test performed to evaluate the effectiveness of treatment for prostatic cancer.

Indications and Limitations of Coverage and/or Medical Necessity

Prostatic acid phosphatase testing may be used as an aid in staging and following cancer of the prostate to evaluate the effectiveness of treatment for prostatic

cancer. Many physicians are now using the newer and more specific Prostate Specific Antigen (PSA) test for their prostate cancer patients.

CPT/HCPCS Section & Benefit Category

Pathology and Laboratory/Chemistry

Type of Bill Code

13X, 14X, 83X

Revenue Codes

30X

CPT/HCPCS Codes

84066 *Phosphatase, acid; prostatic*

ICD-9-CM Codes that Support Medical Necessity

Covered for:

170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx
185	Malignant neoplasm of prostate
188.5	Malignant neoplasm of bladder neck
188.8	Malignant neoplasm of bladder, other specified sites of bladder
196.5	Secondary malignant neoplasm, lymph nodes inguinal region and lower limb
196.6	Secondary malignant neoplasm, intrapelvic lymph nodes
196.8	Secondary malignant neoplasm, lymph nodes of multiple sites
198.5	Secondary malignant neoplasm, bone and bone marrow
198.82	Secondary malignant neoplasm, genital organs
233.4	Carcinoma in situ, prostate
236.5	Neoplasm of uncertain behavior, prostate
239.5	Neoplasm of unspecified nature, other genitourinary organs
596.0	Bladder neck obstruction

599.7	Hematuria
600.0	Hypertrophy (benign of prostate)
600.1	Nodular prostate
600.2	Benign localized hyperplasia of prostate
600.3	Cyst of prostate
600.9	Hyperplasia of prostate, unspecified
601.0-601.1	Acute or chronic prostatitis
601.4	Prostatitis in diseases classified elsewhere
601.8	Other specified inflammatory diseases of prostate
601.9	Prostatitis, NOS
602.1	Congestion or hemorrhage of prostate
602.8-602.9	Disorder of prostate
790.93	Elevated prostate specific antigen (PSA)
V10.46	Personal history of malignant neoplasm of the prostate
V71.1	Observation for suspected malignant neoplasm

Reasons for Denial

- All other indications not listed in the “Indications and Limitations of Coverage” section of this policy,
- The service is for screening purposes,
- The service is not medically necessary,
- The medical record does not verify that the service described by the HCPCS code was provided, and;
- The service does not follow the guidelines of this policy.

Non-covered ICD -9-CM Codes

All diagnoses not listed in the “ICD-9-CM Codes that Support Medical Necessity” section of the policy.

Coding Guidelines

- To report this service, use the appropriate HCPCS code,
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,

- Medicare would not expect to see the PSA billed on the same day as the prostatic acid phosphatase,
- Diagnosis (es) must be present on any claim submitted, and must be coded to the highest level of specificity, and;
- The diagnosis codes(s) must be representative of the patient's condition.

Documentation Requirements

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Medicare upon request.

Other Comments

Medicare will monitor the utilization of this laboratory test through the Focused Medical Review (FMR) process.

Sources of Information and Basis for Decision

TrailBlazer Health Enterprises, Inc., Provider Bulletin No. 013, September 27, 1996.

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Advisory Committee meeting date:

Start Date of Comment Period

Ending Date of Comment Period

Start Date of Notice Period

March 28, 1997

Revision History

<u>Number</u>	<u>Date</u>	<u>Changes</u>
97-10-R1 600.0-	11/17/2000	Addition of ICD-9 codes
		600.9 due to expansion and clarification of
codes. ICD-9 code		600 deleted due to changes.
		(Provider Bulletin
11/17/2000)		

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