

**LOCAL MEDICAL POLICY
MARYLAND MEDICARE PART A**

PROSTATIC ACID PHOSPHATASE (PAP)

Description

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

HCPCS Codes

84066 Phosphatase, acid; prostatic

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.

ICD-9-CM Codes that Support Medical Necessity

Covered for:

1702	Malignant neoplasm of vertebral column, excluding sacrum and coccyx
185	Malignant neoplasm of prostate
1885	Malignant neoplasm of bladder neck
1888	Malignant neoplasm of bladder, other specified sites of bladder
1965	Secondary malignant neoplasm, lymph nodes inguinal region and lower

limb

1966	Secondary malignant neoplasm, intrapelvic lymph nodes
1968	Secondary malignant neoplasm, lymph of multiple sites
1985	Secondary malignant neoplasm, bone and bone marrow
19882	Secondary malignant neoplasm, genital organs
2334	Carcinoma in situ, prostate
2365	Neoplasm of uncertain behavior, prostate
2395	Neoplasm of unspecified nature, other genitourinary organs
5960	Bladder neck obstruction
5997	Hematuria
600	Hyperplasia of prostate
3010-6011	Acute or chronic prostatitis
6014	Prostatitis in diseases classified elsewhere
6018	Other specified inflammatory diseases of prostate
6019	Prostatitis, NOS
6021	Congestion or hemorrhage of prostate
6028-6029	Disorder of prostate
79093	Elevated prostate specific antigen (PSA)
V1046	Personal history of malignant neoplasm of the prostate
V711	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.

Dates

Issued Date March 28, 1997

Effective Date April 28, 1997

Revision Date

Policy Name and Category