

Contractor's Policy Number

97-09-R3

Contractor Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Prostate Specific Antigen (PSA)

AMA CPT Copyright Statement

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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

April 28, 1997

Original Policy Ending Date

11/24/2002

Revision Effective Date

10/01/2001

Revision Ending Date

09/30/2001

LMRP Description

Prostate Specific Antigen (PSA) is a tumor marker for adenocarcinoma of the prostate. It is useful in predicting and monitoring in the postoperative phase of prostate cancer. Three to six months after radical prostatectomy, PSA is reported to provide a sensitive indicator of persistent disease. Six months following introduction of anti-androgen therapy, PSA is reported as capable of distinguishing patients with favorable response from those in whom limited

response is anticipated.

Indications and Limitations of Coverage and/or Medical Necessity

PSA is not in itself a diagnostic test, but serves well as a marker in following the progress of most prostate tumors once a diagnosis has been established. This test is also an aid in the management of prostate cancer patients and in detecting metastatic or persistent disease on patients following treatment.

CPT/HCPCS Section & Benefit Category

Pathology and Laboratory/Chemistry

Type of Bill Code

13X, 14X, 83X

Revenue Codes

30X

CPT/HCPCS Codes

84152	<i>Prostate specific antigen (PSA); complexed (direct measurement)</i>
84153	<i>total</i>
84154	<i>free</i>

ICD-9-CM Codes that Support Medical Necessity

Covered for

185	Malignant neoplasm of prostate
1885	Malignant neoplasm of bladder neck
1965	Secondary malignant neoplasm, lymph nodes inguinal region and lower limb
1966	Secondary malignant neoplasm, intrapelvic lymph nodes
1968	Secondary malignant neoplasm, lymph nodes 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

600.0 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

6010-6011 Acute or chronic prostatitis

6014 Prostatitis in diseases classified elsewhere

6018 Other specified inflammatory diseases of prostate

6019 Prostatitis, NOS

602.1 Congestion or hemorrhage of prostate

602.3 Dysplasia 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 in 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 Code(s)

All diagnoses not listed in the “ICD-9-CM Codes that Support Medical Necessity” section of this 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,
- Diagnosis (es) must be present on any claim submitted, and must be coded to the highest level of specificity,
- ICD-9-CM code V829 (special screening tests for other conditions, unspecified condition) should be used in the absence of any signs or symptoms, to indicate screening, and;
- The diagnosis code(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.
- The Health Care Financing Administration has implemented Edits for Prostate Cancer Screening using a level II HCPCS code. For further clarification, refer to Intermediary News Bulletins, 09/1999 and 09/2000.

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>
97-09 R1 accommodate	11/17/2000	Policy modified to <i>CPT</i> and ICD-9 changes with the addition CPT 84154 and expansion of ICD-9 code to 600.0-600.9 (11/17/2000 Provider Bulletin)
97-09 R2 due to 2001. Bulletin)	01/05/2001	<i>CPT</i> 84152 added to policy addition of code in <i>CPT</i> (01/05/2001 Provider Bulletin)
97-09-R3 to expansion of	09/12/2001	Addition of diagnosis codes include 602.3 due to

ICD-9 codes for 2002.

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