

Category:

Prostate Specific Antigen (PSA)-A

LOCAL MEDICAL POLICY
Maryland MEDICARE PART A

PROSTATE SPECIFIC ANTIGEN (PSA)

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.

HCPCS Codes

81453 Prostate Specific Antigen (PSA)

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.

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	
1967	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	Hyperplasia of prostate
6010-6011	Acute or chronic prostatitis
6014	Prostatitis in diseases classified elsewhere
6018	Other specified inflammatory diseases of prostate
6019	Prostatitis, NOS
6020	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 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 84153,
- 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.

Dates

Issued Date: March 28, 1997

Effective Date: April 28, 1997

Revision Date:

Policy Name and Category