Applicable To:
- ☑ Medicare – excluding KY
- ☑ Medicaid – excluding AZ, FL, KY, NE

Claims and Payment Policy:
PROSTATE CANCER SCREENING

Policy Number: CPP-128

Original Effective Date: 1/10/2019
Revised Effective Date(s): 5/2/2019; 8/22/19, 1/9/2020

BACKGROUND

According to the United States Preventative Services Task Force (USPSTF), prostate cancer is one of the most common types of cancer that affects men. In the United States, the lifetime risk of being diagnosed with prostate cancer is approximately 11% and the lifetime risk of dying of prostate cancer is 2.5%. Many men with prostate cancer never experience symptoms and, without screening, would never know they have the disease. In autopsy studies of men who died of other causes, more than 20% of men aged 50 to 59 years and more than 33% of men aged 70 to 79 years were found to have prostate cancer. In some men, the cancer is more aggressive and leads to death. The median age of death from prostate cancer is 80 years, and more than two-thirds of all men who die of prostate cancer are older than 75 years. African American men have an increased lifetime risk of prostate cancer death compared with those of other races/ethnicities (4.2% for African American men, 2.9% for Hispanic men, 2.3% for white men, and 2.1% for Asian and Pacific Islander men).

Cancer screening means looking for cancer before it causes symptoms. The goal of screening for prostate cancer is to find cancers that may be at high risk for spreading if not treated, and to find them early before they spread. Screening for prostate cancer begins with a test that measures the amount of Prostate Specific Antigen (PSA) protein in the blood. An elevated PSA level may be caused by prostate cancer but can also be caused by other conditions, including an enlarged prostate (benign prostatic hyperplasia) and inflammation of the prostate (prostatitis).

Another type of screening is known as Digital Rectal Examination (DRE). 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.

Family history, ethnicity, and other medical conditions are contributable factors when considering prostate cancer screenings.

Original Effective Date: 1/10/2019- Revised: 5/2/2019;8/22/2019, 1/9/2020
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POSITION STATEMENT

Per CMS National Coverage Determination (NCD) and the National Committee for Quality and Assurance (NCQA), Wellcare recommends that prostate cancer screenings, utilizing the Prostate Specific Antigen (PSA) laboratory test, will be covered for men between the ages of 50 to 70, with a frequency of once every 365 days.

For Digital Rectal Examination screenings, Wellcare recommends a frequency of once every 365 days for men age 50 to 70 (at least 11 months have passed following the month in which the last CMS-covered screening digital rectal examination was performed).

Medical record review will be required for testing outside of these age and frequency parameters.

CODING & BILLING

Covered ICD-10 Codes

All applicable codes

Covered CPT Codes

84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	Prostate specific antigen (PSA); total
84154	Prostate specific antigen (PSA); free

Covered HCPCS Codes

G0102	Prostate cancer screening; digital rectal examination
G0103	Prostate cancer screening; prostate specific antigen test (PSA)

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.

DEFINITIONS

Prostate Cancer	Prostate gland is a part of the male reproductive system that helps in semen production. Prostate cancer develops when the prostate cells undergo genetic changes. Changes in urination, painful ejaculation, and erectile dysfunction are the main symptoms. Treatments include chemotherapy, medications to stop hormone activity, radiation therapy, and surgery. These can be used alone or in combinations to treat cancer.
Prostate Specific Antigen (PSA)	Prostate-specific antigen, or PSA, is a protein produced by normal, as well as malignant, cells of the prostate gland. The PSA test measures the level of PSA in a man's blood.

Original Effective Date: 1/10/2019- Revised: 5/2/2019;8/22/2019, 1/9/2020
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REFERENCES

1. National Coverage Determination (NCD) Prostate Cancer Screening Tests (210.1). Centers for Medicare and Medicaid Services Web site. https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=268&ncdver=2&DocID=210.1&clickon=search&bc=gAAAAAgAAAAAAA%3d%3d&. Accessed January.
2. National Coverage Determination (NCD) Prostate Specific Antigen (190.31). Centers for Medicare and Medicaid Services Web site. https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=152&ncdver=1&DocID=190.31&clickon=search&bc=gAAAAAgAAAAAAA%3d%3d&. Accessed January 8, 2020.
3. United States Preventative Services Task Force (USPFTF) Final Recommendation Statement: Prostate Cancer: Screening. Retrieved from: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening1 Accessed January 8, 2020.
4. 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 January 8, 2020
5. National Committee for Quality Assurance (NCQA). Non-Recommended PSA-Based Screening in Older Men. Retrieved from : https://www.ncqa.org/hedis/measures/non-recommended-psa-based-screening-in-older-men/ Accessed: January 9, 2020.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.
The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.
References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

Missouri Care ~ 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
~ WellCare Prescription Insurance
WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	• Approved by RGC

Original Effective Date: 1/10/2019- Revised: 5/2/2019;8/22/2019, 1/9/2020
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