Prostate Cancer Screening

Overview

Prostate cancer is the second leading cause of cancer-related death in men and about 62 percent of all diagnosed prostate cancers are found in men age 65 or older.[1] Medicare provides coverage of prostate cancer screening tests/procedures for the early detection of prostate cancer. The two most common screenings used by physicians to detect prostate cancer are the screening Prostate Specific Antigen (PSA) blood test and the screening Digital Rectal Examination (DRE).

Section 4103 of the Balanced Budget Act of 1997 (BBA) provides for coverage of certain prostate cancer screening tests/procedures, subject to coverage, frequency, and payment limitations. Medicare began coverage of prostate cancer screening services January 1, 2000 for the early detection of prostate cancer.

The Prostate Specific Antigen (PSA) Blood Test

Prostate specific antigen is a protein the cells of the prostate gland produce and release into the blood. The screening PSA blood test measures the level of prostate specific antigen in an individual's blood. The Food and Drug Administration (FDA) approved the use of the PSA blood test along with a DRE to help detect prostate cancer in men age 50 and older. The FDA has also approved the PSA blood test to monitor patients with a history of prostate cancer to determine if the cancer recurs.[2]

PSA is a tumor marker for adenocarcinoma of the prostate that can help to predict residual tumors in the post-operative phase of prostate cancer. Three to six months following a radical prostatectomy, PSA is reported as providing a sensitive indicator of persistent disease. Six months following introduction of antiandrogen therapy, PSA is reported as capable of distinguishing patients with favorable response from those in whom limited response is anticipated.

Once a diagnosis has been established, PSA serves as a marker to follow the progress of most prostate tumors. The PSA test also aids in managing prostate cancer patients and in detecting metastatic or persistent disease in patients following treatment. The PSA test helps differentiate benign from malignant disease in men with lower urinary tract symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia, and incontinence). It is also of value for men with palpably abnormal prostate glands found during physical exam, and for men with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder. PSA testing may also be useful in the differential diagnosis of men presenting with, as yet, undiagnosed disseminated metastatic disease.

The screening PSA blood test is not perfect; however, it is the best blood test currently available for the early detection of prostate cancer. Since Medicare providers began using this test, the number of prostate cancers found at an early, curable stage has increased.

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1 The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control. 2006. Prostate Cancer Screening: A Decision Guide [online]. Atlanta, GA: The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, The Centers for Disease Control and Prevention, The U.S. Department of Health and Human Services, 30 October 2007 [cited 21 November 2008]. Available from the World Wide Web: (http://www.cdc.gov/cancer/prostate/basic_info/).

2 The Cancer Information Service, a program of The National Cancer Institute. 2007. The Prostate-Specific Antigen (PSA) Test: Questions and Answers [online]. Bethesda, MD: The Cancer Information Service, a program of The National Cancer Institute, National Institutes of Health, The U.S. Department of Health and Human Services, 21 August 2007 [cited 21 November 2008]. Available from the World Wide Web: (http://www.cancer.gov/cancertopics/factsheet/Detection/PSA).

The Digital Rectal Examination (DRE)

The screening DRE is a clinical examination for checking the health of an individual's prostate gland. The prostate is checked for size and any irregularities or abnormalities of the prostate gland.

Risk Factors

All men are at risk for prostate cancer; however, a beneficiary is at high risk if:

- His father, brother, or son has a history of prostate cancer.

The following list gives the order of prostate cancer risk among ethnic groups from highest to lowest:

- African-Americans,
- Caucasians,
- Hispanics,
- Asians,
- Pacific Islanders, and
- Native Americans.

Coverage Information

Medicare provides coverage of an annual preventive prostate cancer screening PSA blood test and DRE once every 12 months for all male beneficiaries age 50 and older (coverage begins the day after the beneficiary's 50th birthday), if at least 11 months have passed following the month in which the last Medicare-covered screening PSA test or DRE was performed for the early detection of prostate cancer.

Calculating Frequency

When calculating frequency, to determine the 11-month period, the count starts beginning with the month after the month in which a previous test/procedure was performed.

EXAMPLE: The beneficiary received a screening PSA blood test in January 2009. The count starts beginning February 2009. The beneficiary is eligible to receive another screening PSA blood test in January 2010 (the month after 11 months have passed).

The Screening Prostate Specific Antigen (PSA) Blood Test

The screening PSA blood test must be ordered by the beneficiary's physician (doctor of medicine or osteopathy) or by the beneficiary's physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is fully knowledgeable about the beneficiary's medical condition, and would be responsible for explaining the results of the test to the beneficiary.

Medicare provides coverage of the screening PSA blood test as a Medicare Part B benefit. The PSA blood test is a laboratory test for which neither the deductible nor coinsurance or copayment apply.

The Screening Digital Rectal Examination (DRE)

The screening DRE must be performed by a doctor of medicine or osteopathy, physician assistant, nurse practitioner, clinical nurse specialist, or by a certified nurse midwife who is authorized under State law to perform the examination, is fully knowledgeable about the beneficiary's medical condition, and is responsible for explaining the results of the examination to the beneficiary.

Medicare provides coverage of the screening DRE as a Medicare Part B benefit. The Medicare Part B deductible and coinsurance or copayment applies for the DRE.

Coding and Diagnosis Information

Procedure Codes and Descriptors

Medicare providers must use the following Healthcare Common Procedure Coding System (HCPCS) codes listed in Table 1 to report prostate cancer screening services:

Table 1 – HCPCS Codes for Prostate Cancer Screening Services

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

IMPORTANT NOTE

When submitting claims for the annual preventive prostate cancer screening PSA blood test, it is important to bill for a screening test, which is covered once every 12 months, and not for a diagnostic test.

Diagnosis Requirements

Medicare providers must submit claims for prostate cancer screening DREs and screening PSA blood tests using screening ("V") code V76.44 (Special Screening for Malignant Neoplasms, Prostate). For further guidance, contact your Medicare Contractor.

Documentation

Documentation in the beneficiary's record must show the annual preventive screenings were ordered for the purpose of early detection of prostate cancer and that the beneficiary is age 50 or older.

Billing Requirements

Billing and Coding Requirements When Submitting Claims to Carriers/AB Medicare Administrative Contractors (AB MACs)

When physicians and qualified non-physician practitioners are submitting claims to carriers/AB MACs, they must report the appropriate HCPCS code G0102 or G0103, and the corresponding diagnosis code in the HIPAA 837 Professional electronic claim format.

NOTE: In those cases where a supplier qualifies for an exception to the ASCA requirement, Form CMS-1500 may be used to submit those claims on paper. Form CMS-1500 has been revised to accommodate the reporting of the National Provider Identifier (NPI). All Medicare providers must use Form CMS-1500 (08-05) when submitting paper claims. Additional information on Form CMS-1500 can be found at http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp on the CMS website.

Administrative Simplification Compliance Act Claims Requirements

The Administrative Simplification Compliance Act (ASCA) requires that claims be submitted to Medicare electronically to be considered for payment with limited exceptions. Claims are to be submitted electronically using the X12 837-P (professional) or 837-I (institutional) format as appropriate, using the version adopted as a national standard under the Health Insurance Portability and Accountability Act (HIPAA). Additional information on these formats can be found at http://www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp on the CMS website.

Billing and Coding Requirements When Submitting Claims to Fiscal Intermediaries/AB Medicare Administrative Contractors (FIs/AB MACs)

When Medicare providers are submitting claims to FIs/AB MACs, they must report the appropriate HCPCS codes G0102 or G0103, the appropriate revenue code, and the corresponding diagnosis code in the HIPAA 837 Institutional electronic claim format, except for RHCs and FQHCs, which bill only for the professional component.

NOTE: In those cases where an institution qualifies for an exception to the ASCA requirement, Form CMS-1450 may be used to submit these claims on paper. As of May 23, 2007, all Medicare providers must use Form CMS-1450 (UB-04) when submitting paper claims. Additional information on Form CMS-1450 can be found at http://www.cms.hhs.gov/ElectronicBillingEDITrans/15_1450.asp on the CMS website.

See the National Correct Coding Initiative Edits web page for currently applicable bundled carrier processed procedures at http://www.cms.hhs.gov/NationalCorrectCodInitEd on the CMS website.

Types of Bills for FIs/AB MACs

The FI/AB MAC will reimburse for prostate cancer screening services when submitted with the following Types of Bills (TOBs) and associated revenue codes for prostate cancer services listed in Table 2:

Table 2 – Facility Types, Types of Bills, and Revenue Codes for Prostate Cancer Screening Services

Facility Type	Type of Bill	Revenue Codes
Hospital Inpatient Part B, including Critical Access Hospital (CAH)	12X	0770 – DRE 030X - PSA
Hospital Outpatient	13X	0770 – DRE 030X - PSA
Hospital Non-patient Laboratory Specimens, including CAH	14X	030X - PSA

Facility Type	Type of Bill	Revenue Codes
Skilled Nursing Facility (SNF) Inpatient Part B	22X	0770 – DRE 030X - PSA
SNF Outpatient	23X	0770 – DRE 030X - PSA
Rural Health Clinic (RHC)	71X	052X - DRE only
Federally Qualified Health Center (FQHC)	73X	052X - DRE only
Comprehensive Outpatient Rehabilitation Facility (CORF)	75X	0770 – DRE 030X - PSA
CAH*	85X	0770 – DRE 030X - PSA

***NOTE:** Method I – All technical components are paid using standard institutional billing practices.

Method II – Receives payment for which Method I receives payment, plus payment for professional services in one of the following revenue codes: 096X, 097X, and 098X.

Reimbursement Information

Reimbursement of Claims by Carriers/AB Medicare Administrative Contractors (AB MACs)

Reimbursement for the screening DRE (HCPCS code G0102) is based on the Medicare Physician Fee Schedule (MPFS) and is bundled into payment for a covered Evaluation and Management (E/M) service [Current Procedural Terminology (CPT) codes 99201-99456 and 99499], when the two services are furnished to a beneficiary on the same day. If the DRE is the only service, or is provided as part of an otherwise non-covered service, HCPCS code G0102 would be payable separately if all other coverage requirements are met. The deductible and coinsurance or copayment apply when this service is provided.

Additional information about the MPFS can be found at http://www.cms.hhs.gov/PhysicianFeeSched on the CMS website.

Additional information about the Clinical Laboratory Fee Schedule can be found at http://www.cms.hhs.gov/ClinicalLabFeeSched/01_overview.asp on the CMS website.

Additional information about OPPS can be found at http://www.cms.hhs.gov/HospitalOutpatientPPS on the CMS website.

Reimbursement for the screening PSA blood test (HCPCS code G0103) is based on the Clinical Laboratory Fee Schedule and is never bundled. The deductible and coinsurance or copayments do not apply to this service.

Reimbursement of Claims by Fiscal Intermediaries/AB Medicare Administrative Contractors (FIs/AB MACs)

Medicare makes payment for screening PSA tests (G0103) under the Clinical Diagnostic Lab Fee Schedule for all type of bills (TOBs).

Medicare makes payment for screening DREs (G0102) under the payment methods listed in Table 3 for the following TOBs (These screening services are not bundled when billed to FIs/AB MACs):

Table 3 – Type of Bills and Payment Methods for Prostate Cancer Screening Services

If the Type of Bill Is…	Then Payment is Based On…
12X, 13X, 14X*	Outpatient Prospective Payment System (OPPS)
22X, 23X, 75X	Medicare Physician Fee Schedule (MPFS)
71X, 73X	Included in the All-Inclusive Rate
85X	Cost (Payment should be consistent with amounts paid for code 84153 or code 86316)

***NOTE:** Effective April 1, 2006, the type of bill 14X is for non-patient laboratory specimens only.

RHCs and FQHCs should include the charges on the claims for future inclusion in encounter rate calculations.

Reasons for Claim Denial

The following are examples of situations when Medicare may deny coverage of the annual preventive prostate cancer screening services:

- The beneficiary is not at least age 50 (coverage begins the day after the beneficiary's 50th birthday).
- The beneficiary has received a covered PSA/DRE during the past year.
- The beneficiary received a covered E/M service on the same day as the DRE from the physician (carrier/AB MAC only).

Medicare Contractor Contact Information

To obtain carrier/AB MAC and FI/AB MAC contact information, visit http://www.cms.hhs.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip on the CMS website.

Medicare providers may find specific payment decision information on the Remittance Advice (RA). The RA will include Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) that provide additional information on payment adjustments. The most current listing of these codes can be found at http://www.wpc-edi.com/Codes on the Web. Additional information about claims can be obtained from the carrier/AB MAC or FI/AB MAC.

Remittance Advice Information

To obtain more information about the remittance advice (RA), visit http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf on the CMS website.

Written Advance Beneficiary Notice of Noncoverage (ABN) Requirements

Please refer to the Advance Beneficiary Notice of Noncoverage (ABN) Reference Section G of this publication.

Prostate Cancer Screening

Resource Materials

Beneficiary Notices Initiative Website
http://www.cms.hhs.gov/BNI

Carrier/AB MAC and FI/AB MAC Contact Information
http://www.cms.hhs.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip

Clinical Laboratory Fee Schedule Information
http://www.cms.hhs.gov/ClinicalLabFeeSched/01_overview.asp

Electronic Claim Submission Information
http://www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp

Form CMS-1450 Information
http://www.cms.hhs.gov/ElectronicBillingEDITrans/15_1450.asp

Form CMS-1500 Information
http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp

Medicare Claims Processing Manual – Pub. 100-04, Chapter 18, Section 50
http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf

Medicare Fee-For-Service Providers Website
This site contains detailed provider-specific information.
http://www.cms.hhs.gov/center/provider.asp

Medicare Learning Network (MLN)
The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at http://www.cms.hhs.gov/MLNGenInfo on the CMS website.

Medicare Physician Fee Schedule Information
http://www.cms.hhs.gov/PhysicianFeeSched

Medicare Preventive Services General Information
http://www.cms.hhs.gov/PrevntionGenInfo

MLN Preventive Services Educational Resource Website
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp

National Correct Coding Initiative Edits Website
http://www.cms.hhs.gov/NationalCorrectCodInitEd

Outpatient Prospective Payment System Information
http://www.cms.hhs.gov/HospitalOutpatientPPS

Beneficiary-related resources can be found in Reference F of this Guide.

Physician Information Resource for Medicare Website
This site contains physician-specific information, including updates to policies (such as MPFS), regulations, coding and coverage information, program integrity information, and other valuable resources.
http://www.cms.hhs.gov/center/physician.asp

Prostate Cancer Screening: A Decision Guide
An informational guide prepared by the Centers for Disease Control and Prevention.
http://www.cdc.gov/cancer/prostate/informed_decision_making.htm

The Prostate-Specific Antigen (PSA) Test: Questions and Answers
A Frequently Asked Questions document prepared by the Cancer Information Service, a program of the National Cancer Institute.
http://www.cancer.gov/cancertopics/factsheet/Detection/PSA

Remittance Advice Information
http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf

U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services
This website provides the USPSTF written recommendations.
http://www.ahrq.gov/clinic/cps3dix.htm

Washington Publishing Company (WPC) Code Lists
WPC assists in the maintenance and distribution of HIPAA-related code lists that are external to the X12 family of standards.
http://www.wpc-edi.com/Codes

Beneficiary-related resources can be found in Reference F of this Guide.