GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
| Facility

DESCRIPTION
Screening of asymptomatic individuals for prostate cancer has become a widespread practice in the United States. The American Cancer Society (ACS) guideline for the early detection of prostate cancer recommends both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to those who have at least a 10-year life expectancy. Individuals at high-risk (African-American and those with a strong family of one or more first-degree relatives diagnosed at an early age) should begin testing at age 45. Individuals at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. The ACS states that information should be provided to all individuals about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that they can make an informed decision about testing.

POLICY
Prostate-specific antigen (PSA) and digital rectal examination (DRE) for prostate cancer screening does not require prior authorization.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Paramount considers prostate-specific antigen (PSA) screening a medically necessary preventive service for individuals aged 50 years and older, and for individuals aged 40 years and older who are at high-risk for prostate cancer. Risk groups include African-American and individuals with a family history of prostate cancer.

When used for routine screening, annual PSA screening is considered medically necessary, but additional PSA tests may be considered medically necessary with previously elevated PSAs or signs or symptoms of disease.

Paramount considers diagnostic PSA testing medically necessary for individuals of all ages with signs or symptoms of prostate cancer, and for follow-up of individuals with prostate cancer.

Paramount considers annual digital rectal examination (DRE) a medically necessary preventive service.

Procedure code G0102 was created by Medicare to report a specialized E/M service for prostate cancer screening. This service includes a comprehensive examination and evaluation of the pelvis, including prostate cancer screening. The prostate is manually examined to check for abnormalities, pain, and/or palpable lumps or masses. It also includes the comprehensive examination component.

The Plan’s policy with regard to the allowance of G0102 is as follows:
• A prostate cancer screening with digital rectal exam (G0102) is allowed when billed alone.
• A prostate cancer screening with digital rectal exam (G0102) is not allowed when billed with a preventive medicine exam/service.
• A separately identifiable new or established patient evaluation and management service performed and billed on the same date of service as a prostate cancer screening with digital rectal exam (G0102) procedure may be allowed with appeal. Supporting documentation in the member's medical record must indicate the need for a separately identifiable evaluation and management service.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

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<th>Code</th>
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HCPCS CODES

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REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 09/30/2005
01/01/07: No change
01/01/08: No change
04/15/09: Updated references
02/01/11: No changes
10/14/14: Policy combined with PG0160 Digital Rectal Exams. Added codes 84152, 84153, 84154, & G0103. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
11/23/16: Gender verbiage changes completed per Meaningful Access Section 1557 of the Affordable Care Act.
12/14/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.