

# Prostate Cancer Screening Tests (NCD 210.1)

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[↪ Terms and Conditions](#)

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<p><b>Related Medicare Advantage Policy Guideline</b></p> <ul style="list-style-type: none"> <li><a href="#">Clinical Diagnostic Laboratory Services</a></li> </ul>
<p><b>Related Medicare Advantage Coverage Summary</b></p> <ul style="list-style-type: none"> <li><a href="#">Preventive Health Services and Procedures</a></li> </ul>

## Policy Summary

[↪ See Purpose](#)

### Overview

CMS provides for coverage of certain prostate cancer screening tests subject to certain coverage, frequency, and payment limitations. Medicare will cover prostate cancer screening tests/procedures for the early detection of prostate cancer. Coverage of prostate cancer screening tests includes the following procedures furnished to an individual for the early detection of prostate cancer:

- Screening prostate specific antigen blood test; and
- Screening digital rectal examination

### Guidelines

#### *Screening Digital Rectal Examinations*

Screening digital rectal examinations are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening digital rectal examination was performed). Screening digital rectal examination means a clinical examination of an individual's prostate for nodules or other abnormalities of the prostate. This screening must be performed by a doctor of medicine or osteopathy (as defined in §1861(r)(1) of the Act), or by a physician assistant, clinical nurse specialist, nurse practitioner, or certified nurse midwife (as defined in §1861(aa) and §1861(gg) of the Act) 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.

#### *Screening Prostate Specific Antigen Tests*

Screening prostate specific antigen tests are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening prostate specific antigen test was performed). Screening prostate specific antigen tests (PSA) means a test to detect the marker for adenocarcinoma of prostate. PSA is a reliable immunocytochemical marker for primary and metastatic adenocarcinoma of prostate. This screening must be ordered by the beneficiary's physician or by the beneficiary's physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (the term "attending physician" is defined in §1861(r)(1) of the Act to mean a doctor of medicine or osteopathy and the terms "physician assistant, clinical nurse specialist, nurse practitioner, or certified nurse midwife" are defined in §1861(aa) and §1861(gg) of the Act) who is fully knowledgeable about the beneficiary's medical

condition, and who would be responsible for using the results of any examination (test) performed in the overall management of the beneficiary's specific medical problem.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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

Diagnosis Code	Description
Z12.5	Encounter for screening for malignant neoplasm of prostate

## References

### CMS National Coverage Determinations (NCDs)

[NCD 210.1 Prostate Cancer Screening Tests](#)

Reference NCD: [NCD 190.31 Prostate Specific Antigen](#)

### CMS Benefit Policy Manual

[Chapter 6: § 10.2 Other Circumstances in Which Payment Cannot Be Made Under Part A](#)

[Chapter 15: § 10 Supplementary Medical Insurance \(SMI\) Provisions, § 250 Medical and Other Health Services Furnished to Inpatients of Hospitals and Skilled Nursing Facilities, § 280 Preventive and Screening Services](#)

[Chapter 16: § 90 Routine Services and Appliances](#)

### CMS Claims Processing Manual

[Chapter 4: § 30 OPPS Coinsurance, § 50.2 Deductible Application](#)

[Chapter 7: § 80.5 Prostate Cancer Screening](#)

[Chapter 16: § 80.1 Screening Services](#)

[Chapter 18: § 50 Prostate Cancer Screening Tests and Procedures](#)

[Chapter 32: § 240.2 Billing Instructions for Physicians and Non-Physician Practitioners](#)

### CMS Transmittal(s)

[Transmittal 48, Change Request 4278, Dated 03/17/2006 \(Technical Corrections to the NCD Manual\)](#)

[Transmittal 864, Change Request 7012, Dated 03/02/2011 \(Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the Patient Protection and Affordable Health Care Act \(the Affordable Care Act\), Removal of Barriers to Preventive Services in Medicare\)](#)

[Transmittal 1165, Change Request 8109, Dated 01/18/2013 \(International Classification of Diseases \(ICD\)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations \(NCDs\) \(CR\)](#)

[Transmittal 1388, Change Request 8691, Dated 05/23/2014 \(ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations \(NCDs\)–Maintenance CR\)](#)

[Transmittal 1801, Change Request 1098, Dated 07/28/2000 \(Prostate Cancer Screening Tests and Procedures\)](#)

[Transmittal 1877, Change Request 6638, Dated 12/18/2009 \(Instructions Regarding Processing Claims Rejecting for Gender/Procedure Conflict\)](#)

## MLN Matters

[Article MM6638, Instructions Regarding Processing Claims Rejecting for Gender/Procedure Conflict](#)

[Article MM7012, Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of the Affordable Care Act, Removal of Barriers to Preventive Services in Medicare](#)

[Article SE0709, Reminder – Medicare Provides Coverage of Prostate Cancer Screening for Eligible Medicare Beneficiaries](#)

## UnitedHealthcare Commercial Policy

[Preventive Care Services](#)

## Other(s)

[Medicare National Coverage Determinations \(NCD\) Coding Policy Manual and Change Report January 2013, CMS Website](#)

[Medicare Learning Network, Medicare Preventive Services, MLN 006559](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
07/08/2020	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG262.05</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).