Prostate Cancer Screening Tests (NCD 210.1)

Guideline Number: MPG262.07
Approval Date: July 14, 2021

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

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.
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.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>G0102</td>
<td>Prostate cancer screening; digital rectal examination</td>
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<tr>
<td>G0103</td>
<td>Prostate cancer screening; prostate specific antigen test (PSA)</td>
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<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
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<tr>
<td>Z12.5</td>
<td>Encounter for screening for malignant neoplasm of prostate</td>
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**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

**MLN Matters**

Article MM6638, Instructions Regarding Processing Claims Rejecting for Gender/Procedure Conflict

**UnitedHealthcare Commercial Policy**

Preventive Care Services

**Other(s)**

Medicare Learning Network, Medicare Preventive Services, MLN 006559  
Preventive Services List: I-Z - JE Part B - Noridian (noridianmedicare.com)
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tr>
<td>7/14/2021</td>
<td>Supporting Information</td>
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<tr>
<td></td>
<td>● Updated References section to reflect the most current information; no change to guidelines</td>
</tr>
<tr>
<td></td>
<td>● Archived previous policy version MPG262.06</td>
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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.

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*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.