

## Prostate Specific Antigen

<b>Policy ID:</b>	HHO-DE-MP-1189
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	
<b>Original Effective Date:</b>	N/A
<b>Annual Approval Date:</b>	11/2022
<b>Last Revision Date:</b>	11/24/2021
<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary prostate specific antigen testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Prostate Specific Antigen (PSA) Testing** – Utilized to screen for prostate cancer by measuring the amount of protein found in the blood. PSA is produced by cancerous and noncancerous tissue in the prostate. PSA testing may be used as an adjunct to digital rectal examination to aid in the screening of prostate cancer.

### PROCEDURES

1. A prior authorization is not required.
2. 18 Del. Code Section 3552(b) requires that all group and blanket health insurance policies delivered or issued for delivery in Delaware, by any health insurer or health services corporation,

and which provide benefits for outpatient services, shall provide to persons residing, or having their principle place of employment in Delaware, and being age 50 or above, a benefit for prostate cancer screening (prostatic specific antigen (PSA) test). Such screening shall be deemed a covered service, notwithstanding policy exclusions or services which are part of or related to annual or routine examinations.

PSA testing may be considered medically necessary for ANY of the following:

- Staging prostate cancer; or
- Monitoring response to prostate cancer therapy; or
- Detecting disease recurrence; or
- Individuals with abnormal prostate gland on physical examination; or
- Individuals with lower urinary tract signs and symptoms (i.e., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia, incontinence).

PSA testing for any other condition not stated above is considered not medically necessary.

### 3. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### 4. Place of service: outpatient

PSA Testing is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

## CODING REQUIREMENTS

CPT code	Description
84152	Prostate specific antigen (PSA); complexed (direct measurement).
84153	Prostate specific antigen (PSA); total.
84154	Prostate specific antigen (PSA); free.

## COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 84152 AND 84154

Codes						
C61	C67.5	C77.4	C77.5	C77.8	C79.51	C79.52
C79.82	D07.5	D40.0	D49.511	D49.512	D49.519	D49.59
M33.03	M33.13	M33.93	N13.9	N32.0	N40.0	N40.1
N40.2	N40.3	N41.9	N42.9	R31.0	R31.1	R31.21
R31.29	R31.9	R32	R33.9	R35.0	R35.1	R35.81
R35.89	R39.11	R39.12	R39.14	R39.15	R39.16	R93.5

R93.6	R93.7	R94.8	R97.20	R97.21	Z85.46	
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**REIMBURSEMENT**

Participating facilities will be reimbursed per their Highmark Health Options contract.

**Reference**

American Cancer Society. Tests for prostate cancer. May 15, 2017.

American Urological Association. Clinically localized prostate cancer: American Urological Association (AUA)/American Society for Radiation Oncology (ASTRO)/Society of Urologic Oncology (SUO) guideline, 2017.

Delaware State Mandate; 18 DE Code 3352.

Medicare Internet Only Manual (IOM), Pub. 100-03, National Coverage Determinations (NCD) Manual, Chapter 1, Part 3, Section 190.31. Effective 11/25/2002.

National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology. Prostate cancer. Version 2.2019.

**POLICY UPDATE HISTORY**

<Date>	<Event>
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