IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

**Overview**

Section 4103 of the Balanced Budget Act of 1997 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

### Reimbursement 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, nurse practitioner, clinical nurse specialist, 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 who 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, nurse practitioner, clinical nurse specialist, 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.
# Prostate Cancer Screening Tests (NCD 210.1)

## CPT/HCPCS Codes

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<td>G0102</td>
<td>Prostate cancer screening; digital rectal examination</td>
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## ICP/PCS Codes

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<th>PCS Code</th>
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<td>89.34</td>
<td>Digital examination of rectum</td>
<td>0DJDXZZ</td>
<td>Inspection of lower intestinal tract, external approach</td>
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## References Included (but not limited to):

### CMS NCD(s)

- NCD 210.1 Prostate Cancer Screening Tests
- Reference NCD: NCD 190.31 Prostate Specific Antigen

### CMS LCD

- 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

### CMS Transmittals

- Transmittal 1801, Change Request 1098, Dated 07/28/2000 (Prostate Cancer Screening Tests and Procedures)

### UnitedHealthcare Medicare Advantage Coverage Summaries

- Preventive Health Services and Procedures

### UnitedHealthcare Reimbursement Policies

- Preventive Lab Services

### UnitedHealthcare Medical Policies

- Preventive Care Services

### MLN Matters

- Article SE070, Reminder – Medicare Provides Coverage of Prostate Cancer Screening for Eligible Medicare Beneficiaries
- 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

### Others

- Preventive Care Services Coding Guideline Summary, UnitedHealthcare Website
- Quick Reference Information: Preventive Services, Article ICN 006559, CMS Website

## History

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<td>07/23/2014</td>
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<td>07/24/2013</td>
<td>• Annual review</td>
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<td>• A reminder will be sent to providers about the screening vs. diagnostic lab benefit</td>
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