

LCD for Free Prostate Specific Antigen (Free PSA) (L26612)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05101, 05201, 05301, 05401

Contractor Type

MAC - Part A

LCD Information

LCD ID Number

L26612

LCD Title

Free Prostate Specific Antigen (Free PSA)

Contractor's Determination Number

AMA CPT / ADA CDT Copyright Statement

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862 (a) (1) (A) - This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1862 (a) (7) - This section excludes routine physical examinations.

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 03/01/2008

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

High total prostate specific antigen (PSA) levels are good indicators of the presence of prostate cancer. However, there is a need for improving the differentiation between benign prostatic hypertrophy (BPH) and prostate cancer (PC).

Percent free prostate specific antigen (free PSA) is the ratio of non-complexed low molecular weight prostate specific antigen and total PSA. The test is a diagnostic aid for discrimination between BPH and PC. Increased values of free/total PSA ratios are intrinsic features of "benign" prostate disease.

Percentage of free PSA may be used as follows:

- A single cut-off to determine whether biopsy is necessary.
- A patient risk factor or independent predictor of prostate cancer (i.e., base biopsy decisions on each patient's risk of cancer).
- Approximately twenty percent of cancer is missed on the first biopsy, so factors like being of African-American descent with two or more affected first-degree relatives (father, brother) or having a low percentage of free PSA will help determine those men who may be advised to have a second biopsy.

Reasons for Denial

Medicare will not pay for the free PSA test if any of the following conditions exist:

- Documentation does not support that the test was done as billed.
- Documentation does not support the medical necessity of performing the free PSA.
- The test is done more frequently than is clinically indicated.
- The test is done solely for screening purposes.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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030X	Laboratory-general classification
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CPT/HCPCS Codes

84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE
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ICD-9 Codes that Support Medical Necessity

185	MALIGNANT NEOPLASM OF PROSTATE
222.2	BENIGN NEOPLASM OF PROSTATE
236.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE
790.93	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

A patient's medical record should reflect the reason for percent free PSA testing. If the test is performed twice or more in a twelve-month period, there should be documentation in the medical record to support the reason for this. Note that a total PSA rise of 0.75 ng/ml in twelve months is significant. One medically necessary indication to perform a percent free PSA is if a patient has a rising trend of total PSA values (i.e., 2, 4, and 6 ng/ml) or a falling trend of percent free PSA values (i.e., 28%, 26.5%, and 25.5%).

The percent free PSA has not been studied as a screening test for prostate cancer.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

This LCD is a compilation of language from the existing LCDs on the topic from the preceding Medicare Fiscal Intermediaries. Quoted below are the related bibliographies listed by prior contractor.

Blue Cross and Blue Shield of Nebraska (L2281) Free Prostate Specific Antigen (Free PSA)

Medicare Part B Medical Policy Manual for Kansas, Nebraska, and Western Missouri, which contains the following references:

Bangmar H, Rietbergen JB, Kranse R. The free-to-total prostate-specific antigen ratio improves the specificity of prostate-specific antigen in screening for prostate cancer in a general population, *J Urol* 1997 June; 157(6): 12191-6.

Catalona WM, Beiser JA, Smith DS. Serum free prostate-specific antigen and prostate-specific antigen density measurements for predicting cancer in men with prior negative prostatic biopsies, *J Urol* 1997 Dec; 158 (6): 2162-7.

Catalona WJ, Partin AW, Shawin KM, et al. Use of percentage of free prostate-specific antigen to enhance differentiation of prostate cancer from benign prostatic disease: a prospective multicenter clinical trial, *JAMA* 1998 May 20; 279 (19): 1542-7.

Oesterling JE, Cooper WH, Jacobsen SJ, et al. Influence of patient age on the serum PSA concentration, *Urol Clin North Am* 20; 671: 1993.

Reiter W, Stieber P, Schmeller N. Is free prostate-specific antigen helpful in the differential diagnosis of benign hyperplasia and cancer of the prostate?, *Tumor Biol* 1997; 18(2): 80-7.

Ruckle HC, Klee GC, Oesterling JE. Prostate-specific antigen: critical issues for the practicing physician, *Mayo Clin Proc* 1994; 69: 59-68.

Stein A, Barak M, Mecz Y et al. Serum free/total prostatic-specific antigen in cancer patients treated with LH-RH agonists, Eur Urol 1997; 32(1): 64-8.

Wheatlands Administrative Services, Inc. (L22330) Percent Free Prostate - Specific Antigen (Free PSA)

1. Bangmar H, Rietbergen JB, Kranse R. The free-to-total prostate-specific antigen ratio improves the specificity of prostate-specific antigen in screening for prostate cancer in a general population. J Urol 1997 June : 157(6): 12191-6
 2. Catalona WM, Beiser JA, Smith DS. Serum free prostate-specific antigen and prostate-specific antigen density measurements for predicting cancer in men with prior negative prostatic biopsies. J Urol 1997 Dec; 158(6) 2162-7
 3. Catalona WJ, Partin AW, Shawin KM, et al. Use of percentage of free prostate-specific antigen to enhance differentiation of prostate cancer from benign prostatic disease: a prospective multicenter clinical trial. JAMA 1998 May 20; 279(19): 1542-7
 4. Oesterling JE, Cooper WH, Jacobsen SJ, et al. Influence of patient age on the serum PSA concentration. Urol Clin North Am 20; 671 1993
 5. Reiter W, Stieber P, Schmeller N. Is free prostate-specific antigen helpful in the differential diagnosis of benign hyperplasia and cancer of the prostate? Tumor Biol 1997; 18(2) 80-7
 6. Ruckle HC, Klee GC, Oesterling JE. Prostate-specific antigen: critical issues for the practicing physician. Mayo Clin Proc 1994: 69:59-68
 7. Stein A, Barak M, Mecz Y et al. Serum free/total prostatic-specific antigen in cancer patient's treated with LH-RH agonists. Eur Urol 1997; 32 (1): 64-8
- Advisory Committee Meeting Notes back to top This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which include representatives from the medical community.

Advisory Committee Meeting Notes

In the MMA legislation, Congress mandated the CMS transformation of the current system of separate Medicare contractors for administering Medicare Parts A and B into regional combined contractors which are referred to as the A/B Medicare Administrative Contractor (AB MAC).

As a part of the AB MAC (A/B Medicare Administrative Contractor) Jurisdiction 5 LCD Consolidation process, the Part A policies for the affected contractors in KS, IA, MO and NE for Free Prostate Specific Antigen (Free PSA) and/or related topics are combined into this single LCD. The codes were combined, and the preceding LCD narratives were reviewed and combined to form the most clinically appropriate LCD for the new AB MAC jurisdiction.

This policy does not reflect the sole opinion of the contractor or contractor medical director (CMD). Although the final decision rests with the contractor, this policy was developed in consideration of all of the active LCDs on this subject maintained by the preceding Medicare Part A contractors for the AB MAC jurisdiction 5 (J5) (Iowa, Kansas, Missouri, and Nebraska). The applicable LCDs were analyzed for coverage criteria, technical composition, and CMS regulation considerations. Based on that analysis, the WPS Policy Group recommended three courses of action: post, eliminate, or combine. Those recommendations were presented to CMS AB MAC oversight staff, who further studied the policies and approved or modified those recommendations. Input from the preceding contractors was elicited and reviewed. This LCD represents a collation of pertinent LCD language and coverage criteria from J5 according to the CMS AB MAC J5 statement of work.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

1

Revision History Explanation

added Kansas

Reason for Change

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 05/22/2008 with effective dates 03/01/2008 - N/A