

Internal Medicine Coding Alert

You Be the Coder: Consider Other Factors Besides ICD-9 and CPT In Case of Denial

Question: A patient undergoes prostate cancer screening in my practice. On the claim, I reported V76.44 for diagnosis, and G0103 for the screening service. Yet, I got denied. Why?

Tennessee Subscriber

Answer: Code V76.44 (Special screening for malignant neoplasms, prostate) supports G0103 (Prostate cancer screening; prostate specific antigen test [PSA]). Go back and check your HCPCS code. Remember, the two most common screenings used by physicians to detect prostate cancer are DRE and PSA blood tests. They are represented with G0102 (Prostate cancer screening; digital rectal examination) and G0103.

A payer may deny coverage of the annual preventive prostate cancer screening services for several reasons:

- The patient is not at least age 50 (coverage begins the day after the beneficiary's 50th birthday).
- The patient has received a covered Digital Rectal Examination (DRE), or Prostate Specific Antigen (PSA) during the past year.
- The beneficiary received a covered E/M service on the same day as the DRE from the physician (carrier/AB MAC only).