Aetna Better Health® of Illinois

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number
06/01/2026	03/15/2027	ABHIL-RP-0026

Policy Name	Department
Prostate Cancer Screening	Claims Operations Medical Payment

Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

CONTENTS OF POLICY:

Aetna Better Health® of Illinois

A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of prostate cancer screenings. This policy aligns with guidance from Illinois Department of Health Care and Family Services (HFS) as well as Healthcare Common Procedure Coding System (HCPCS) coding and reporting guidelines.

B. Overview

This policy outlines the coding and editing guidelines for reporting prostate cancer screenings. Prostate cancer screening is intended to identify prostate cancer in individuals who do not have signs or symptoms of disease. The most common method is a prostate- specific antigen (PSA) blood test. Screening aims to detect clinically significant prostate cancer at an earlier stage, when treatment options and outcomes may be improved for some individuals. This policy applies to all professional and facility claim types.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children's Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT code set. Examples include ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Level II HCPCS codes were established to allow these products, supplies and services to be reported for reimbursement.

Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

D. Reimbursement Guidelines

ABH IL will only reimburse for prostate cancer screening when appropriately reported.
Appropriate reporting includes

- Reporting the appropriate screening HCPCS code no more than once per year
- Reporting screening for patients 40 years of age or older

Claims that are submitted will be denied when

- Screening services are reported more than once per year
- Screening services are reported for patients 39 years of age or younger

The medical record documentation is expected to support the specific CPT, HCPCS code(s), ICD-10-CM codes and modifiers reported.

E. Codes/Condition of Coverage

HCPCS Codes

G0102	Prostate cancer screening; digital rectal examination
G0103	Prostate cancer screening; prostate specific antigen test (PSA)

F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Effective Date	06/01/2026	

H. Resources

1. American Medical Association. *HCPCS Level II Professional 2026, AMA;* 2025.