AAVBC

American Academy
of Value Based Care

Prostate Cancer

Quick Reference Guide

2025

AAVBC Prostate Cancer Quick Reference Guide

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1. CLINICAL SNAPSHOT

Definition: Prostate cancer (PCa) is a malignant neoplasm of the prostate gland (usually an adenocarcinoma), often slow-growing, arising primarily from glandular epithelium.[1,2]

ICD-10 codes: **C61** – Prostate cancer (primary malignant neoplasm of prostate)[3]

Use additional codes to capture disease status and complexity: **Z19.1** – Hormone sensitive malignancy status (indicates androgen-dependent disease, typically prior to advanced therapy); **Z19.2** – Castration-resistant malignancy status (indicates progression despite androgen deprivation, i.e. castration-resistant prostate cancer, CRPC); **R97.21** – Elevated PSA following treatment for prostate cancer (biochemical recurrence indicator).

Coding note: If the patient's prostate cancer is in remission after treatment, use **Z85.46** (personal history of malignant neoplasm of prostate) instead of **C61** until recurrence is confirmed. **R97.21** is ICD-10 for rising PSA after treatment and indicates active cancer not in remission

HCC/RAF V28 Mapping: C61 is ICD-10 code for prostate cancer maps to **HCC 23** with a RAF (**0.186); C79.51** is ICD-10 for secondary malignant neoplasm of bone maps to **HCC18** with RAF **(2.341)**[4,5]

Prevalence:

- Most commonly diagnosed non-cutaneous cancer in men; over 60% of cases are diagnosed after age 65
- Estimated 313,780 new cases of prostate cancer in the United States in 2025 or about ~30% of new cancer cases in men[1]
- Second leading cause of male cancer death, over 35,000 deaths in 2025
- Incidence fell nearly 40% from 2007–2014, but has since risen ~3% annually. Reduced PSA screening after the 2012 USPSTF recommendation was followed by an increase in regional and metastatic presentations.
- Large inequities exist in incidence of and mortality from prostate cancer across racial and ethnic groups. The incidence rate in Black individuals is 67% higher than in White individuals and the mortality rate in this population is 2 to 4 times higher than all other racial and ethnic groups.

Cost Burden

- National spending on prostate cancer care exceeds $10 billion annually, including diagnostics, treatment, and long-term management[6]
- **Localized Disease** – Cost Efficiency of Active Surveillance (AS)[1,6,7]
  - Low-risk patients (Grade Group 1) managed with **Active Surveillance** reduce expenditures by **50–70% in the first 2 years** versus immediate prostatectomy or radiation (typical procedure episode cost **$20,000–$30,000**)
  - Correctly identifying Grade Group 1 patients and assigning them to AS can reduce **PMPY costs by $10,000–$15,000** over 10 years
- **Intermediate/High-Risk Localized Disease**[1,6,7]
  - Definitive therapy (radical prostatectomy, external beam radiation, brachytherapy) often exceeds $25,000–$40,000 including hospital, anesthesia, pathology, and follow-up

- Salvage radiation or ADT after recurrence adds substantial long-term expenditures that must be risk-stratified and managed proactively.

- **Metastatic & Advanced Disease (Highest Cost Segment)**[1,6,7]
  - Transition to metastatic hormone-sensitive (mHSPC) or castration-resistant prostate cancer (CRPC) drives the **steepest cost escalation**.
  - Advanced therapy regimens: AR-targeted agents (abiraterone, enzalutamide, apalutamide), docetaxel, PSMA-PET imaging, and bone-targeted therapies—commonly exceed **$100,000 PMPY**

Medicare screenings:[1-5,8]

Test	Clinical need (who/when)	Coverage	CPT Code	Notes
PSA (Prostate-Specific Antigen)	• **Men 55–69:** Individual decision (USPSTF Grade C) after shared decision-making • **Men ≥70:** Not recommended for routine screening (Grade D) • Consider earlier if **high-risk** (family history, BRCA2)	Medicare covers PSA **annually** for men **≥50** when ordered by a clinician.	**84153** (total PSA)	Screening frequency usually every 2 years if chosen. Elevated PSA requires repeat testing + shared decision-making before biopsy
Digital Rectal Exam (DRE)	Assess prostate nodules/asymmetry in symptomatic men or those with abnormal PSA	Covered when part of an evaluation for urinary symptoms or abnormal PSA	**G0102** (screening DRE—Medicare)	AUA/NCCN: DRE is **optional** in screening but recommended during diagnostic workup
Free PSA (% free PSA)	Men with **borderline PSA (4–10 ng/mL)** to assess risk of clinically significant cancer	Covered when ordered to investigate an abnormal CBC or specific clinical signs	**84154**	Lower % free PSA → higher likelihood of prostate cancer; helps determine need for biopsy
4Kscore® (Kallikrein panel)	Adjunct test for men with elevated PSA considering	Coverage varies by MAC; often covered	**Unlisted Lab (varies)**	Improves prediction of high-grade cancer;
4Kscore® (Kallikrein panel)	Adjunct test for men with elevated PSA considering an initial or repeat biopsy	Coverage varies by MAC; often covered with appropriate ICD-10 (e.g., R97.2)	**Unlisted Lab (varies)**	Improves prediction of high-grade cancer; reduces unnecessary biopsies.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]