

Prostate Specific Antigen – **Diagnostic Testing (84153)** – NCD 190.31

NOTE: Medicare has different criteria for *Screening PSA Testing

Indications:
PSA is of proven value for: <ol style="list-style-type: none"> 1. Differentiating benign from malignant disease in men with lower urinary tract signs & symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia & incontinence); 2. Patients with palpably abnormal prostate glands on physician exam; 3. Patients with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder; 4. A marker used to follow the progress of prostate cancer once a diagnosis has been established, such as detecting metastatic or persistent disease in patients who may require additional treatment; and 5. Differential diagnosis of men presenting with a yet undiagnosed disseminated metastatic disease.
Note: A <u>diagnostic</u> PSA should be ordered when a patient has a specific sign, symptom, or prostate-related diagnosis, including a history of prostate cancer (no longer being treated).

Limitations:
Generally, for patients with lower urinary tract signs or symptoms , the test is performed only once per year unless there is a change in the patient's medical condition .
Testing with a diagnosis of in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.

Most Common Diagnoses (which meet medical necessity) *	
C61	Malignant neoplasm of prostate
C77.4	Secondary malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary malignant neoplasm of intrapelvic lymph nodes
C79.51	Secondary malignant neoplasm of bone
N13.9	Obstructive and reflux uropathy
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N41.9	Inflammatory disease of prostate
N42.9	Disorder of prostate
R31.0	Gross hematuria
R31.9	Hematuria
R32	Urinary incontinence
R33.9	Retention of urine
R35.0	Frequency of micturition
R35.1	Nocturia
R39.11	Hesitancy of micturition
R39.12	Poor urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R97.20	Elevated prostate specific antigen [PSA]
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z79.810	Long term (current) use of selective estrogen receptor modulators (SERMs) *Newly covered diagnosis as of 7/1/24

Z79.811	Long term (current) use of aromatase inhibitors *Newly covered diagnosis as of 7/1/24
Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels *Newly covered diagnosis as of 7/1/24
Z79.890	Hormone replacement therapy *Newly covered diagnosis as of 7/1/24
Z79.899	Other long term (current) drug therapy *Newly covered diagnosis as of 7/1/24
Z85.46	Personal history of malignant neoplasm of prostate

*For the full list of diagnoses that meet medical necessity see the Prostate Specific Antigen – Diagnostic Testing National Coverage Documentation 190.31 document.

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.