

Prostate Specific Antigen - **Screening PSA*** (G0103) – 210.1

***NOTE:** Medicare has different criteria for *Diagnostic PSA Testing*

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| Indications: |
| A PSA Screening test is covered for the early detection of cancer, when no specific sign, symptom, or prostate-related diagnosis is present |

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| Limitations: |
| Screening PSA tests (HCPCS code G0103) are covered at a frequency of once every 12 months for men who have attained the age of 50. |
| If testing is indicated to rule out or to confirm a suspected diagnosis because of a sign and/or symptom then a Diagnostic test should be ordered, not a Screening test. |

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| Diagnoses (which meets medical necessity) * | |
| Z12.5 | Encounter for screening for malignant neoplasm of prostate |

***Note: This is the only diagnosis which meets medical necessity for a screening PSA.**

See the full National Coverage Determination 210.1: [NCD Manual 210.1 Prostate Cancer Screening Tests](#)

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