Summary: Prostate Specific Antigen (PSA) Testing

NCD 190.31

The terms of Medicare National Coverage Determinations (NCDs) are binding on all fee-for-service (Part A/B) Medicare Administrative Contractors (MACs) and Medicare Advantage (MA) plans. NCDs are not binding, however, on Medicaid and other governmental payers, nor are they binding on commercial payers in their non-MA lines of business.

Item/Service Description*

Prostate Specific Antigen (PSA), a tumor marker for adenocarcinoma of the prostate, can predict residual tumor in the post-operative phase of prostate cancer. Three to six months after radical prostatectomy, PSA is reported to provide a sensitive indicator of persistent disease. Six months following introduction of antiandrogen therapy, PSA is reported as capable of distinguishing patients with favorable response from those in whom limited response is anticipated.

PSA when used in conjunction with other prostate cancer tests, such as digital rectal examination, may assist in the decision making process for diagnosing prostate cancer. PSA also, serves as a marker in following the progress of most prostate tumors once a diagnosis has been established. This test is also an aid in the management of prostate cancer patients and in detecting metastatic or persistent disease in patients following treatment.

Indications*

PSA is of proven value in differentiating benign from malignant disease in men with lower urinary tract signs and symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia and incontinence) as well as with patients with palpably abnormal prostate glands on physician exam, and in patients with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder. PSA is also a marker used to follow the progress of prostate cancer once a diagnosis has been established, such as in detecting metastatic or persistent disease in patients who may require additional treatment. PSA testing may also be useful in the differential diagnosis of men presenting with as yet undiagnosed disseminated metastatic disease.

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.

Representative List of Covered ICD-10-CM Diagnosis Codes

The following diagnosis codes are among those identified as "ICD-10-CM Codes Covered by Medicare Program" in the CMS "Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)" section that identifies covered diagnosis codes for the above-described NCD.

ICD-10 Code	Description
C61	Malignant neoplasm of prostate
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, unspecified
N42.9	Disorder of prostate, unspecified
R31.0	Gross hematuria
R31.21	Asymptomatic microscopic hematuria

ICD-10 Code	Description
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R39.12	Poor urinary stream
R39.15	Urgency of urination
R97.20	Elevated prostate specific antigen [PSA]
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

To view a full list of codes covered by Medicare and the complete NCD, please refer to the CMS website reference, www.cms.gov.

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*This language is a direct quote from the NCD.