

Medicare National Coverage Determination Policy (210.1)



Prostate Cancer SCREENING: Prostate Specific Antigen

HCPCS: GO103

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD)

The list of ICD codes provided below consists of *commonly utilized diagnosis codes*.

- This is not a full list of ICD codes for this test. The complete CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS National Coverage Determination for Prostate Cancer Screening Tests visit the following website: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=268&ncdver=2&chapter=all&sortBy=title&bc=18>
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.
- If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Screening Prostate Specific Antigen Tests: Screening prostate specific antigen tests are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening prostate specific antigen test was performed). Screening prostate specific antigen tests (PSA) means a test to detect the marker for adenocarcinoma of prostate. PSA is a reliable immunocytochemical marker for primary and metastatic adenocarcinoma of prostate. This screening must be ordered by the beneficiary's physician or by the beneficiary's physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (the term "attending physician" is defined in §1861(r)(1) of the Act to mean a doctor of medicine or osteopathy and the terms "physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife" are defined in §1861(aa) and §1861(gg) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible for using the results of any examination (test) performed in the overall management of the beneficiary's specific medical problem.

REMINDER: The ordering provider is solely responsible for assigning diagnosis (codes) for Prostate Specific Antigen Testing (PSA). PDL does not – through this Reference Guide or otherwise – recommend any particular diagnosis codes. PDL will submit to Medicare only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff.

ICD-10-CM Codes commonly used for Prostatic Specific Antigen (PSA)

Frequency: ANNUAL (12-month) frequency. Sex/Age: Male 50 years of age or older.

CODE	DESCRIPTION
Z12.5	Encounter for screening for malignant neoplasm of prostate