

MEDICARE NATIONAL COVERAGE DETERMINATION POLICY

PROSTATIC SPECIFIC ANTIGEN (PSA) [POLICY 190.31]



CPT Code: 84153

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 Specific Antigen visit the following website: [National Coverage Determination \(NCD\) for Prostate Specific Antigen \(190.31\) \(cms.gov\)](#)
- 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.

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 and Limitations of Coverage

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.

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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)

Please note: There is a frequency associated with this test.

CODE	DESCRIPTION
C61	Malignant neoplasm of prostate
C79.51	Secondary malignant neoplasm of bone
D40.0	Neoplasm of uncertain behavior of prostate
N13.9	Obstructive and reflux uropathy, unspecified
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
N41.9	Inflammatory disease of prostate, unspecified
N42.9	Disorder of prostate, unspecified
R31.0	Gross hematuria
R31.9	Hematuria, unspecified
R32	Unspecified urinary incontinence
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R39.12	Poor urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.15	Urination urgency
R97.20	Elevated prostate specific antigen [PSA]
R97.21	Increasing PSA following treatment for malignant neoplasm of prostate
Z12.5	Screening for malignant neoplasm of prostate
Z85.46	History of malignant neoplasm of prostate