Prostate Specific Antigen

PSA

CPT: 84153

CMS National Coverage Policy

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

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 6 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 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 & symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia & 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 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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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

Code	Description
C61	**Malignant neoplasm of prostate**
C79.51	Secondary malignant neoplasm of bone
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
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
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	Urgency of urination
R97.20	**Elevated prostate specific antigen [PSA]**
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z12.5	Encounter for screening for malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

Visit https://www.synergylaboratories.com/coverageguidance to view current limited coverage tests, reference guides, and policy information. To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf

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