

# NCD - Prostate Specific Antigen (190.31)

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## Tracking Information

**Publication Number**

100-3

**Manual Section Number**

190.31

**Manual Section Title**

Prostate Specific Antigen

**Version Number**

1

**Effective Date of this Version**

11/25/2002

**Implementation Date**

01/01/2003

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## Description Information

**Benefit Category**

Diagnostic Laboratory Tests

**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.

Note: Scroll down for links to the quarterly Covered Code Lists (including narrative).

## Cross Reference

Also see the [Medicare Claims Processing Manual](#), Chapter 120, Clinical Laboratory Services Based on Negotiated Rulemaking.

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# Transmittal Information

## Transmittal Number

17

## Coverage Transmittal Link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R17NCD.pdf>

## Revision History

07/2002 - Implemented NCD. Effective date 11/25/02. Implementation date 1/01/03. ([TN AB-02-110](#)) (CR 2130)

07/2004 - Published NCD in the NCD Manual without change to narrative contained in PM AB-02-110. Coding guidance now published in Medicare Lab NCD Manual. Effective and Implementation dates NA. ([TN 17](#)) (CR 2130)

## Other

## Covered Code Lists (including narrative)

July 2022 (PDF) ([ICD-10](#))

April 2022 (PDF) ([ICD-10](#))

January 2022 (PDF) ([ICD-10](#))

October 2021 (PDF) ([ICD-10](#))

July 2021 (PDF) ([ICD-10](#))

April 2021 (PDF) ([ICD-10](#))

January 2021 (PDF) ([ICD-10](#))  
October 2020 (PDF) ([ICD-10](#))  
July 2020 (PDF) ([ICD-10](#))  
April 2020 (PDF) ([ICD-10](#))  
January 2020 (PDF) ([ICD-10](#))  
October 2019 (PDF) ([ICD-10](#))  
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October 2017 ([ICD-10](#))  
July 2017 ([ICD-10](#))  
April 2017 ([ICD-10](#))  
January 2017 ([ICD-10](#))  
October 2016 ([ICD-10](#))  
January 2016 ([ICD-10](#))  
October 2015 ([ICD-10](#), [ICD-9](#))  
October 2014 ([ICD-10](#), [ICD-9](#))

## Changes to Lab NCD Edit Software

[April 2022](#)  
[January 2022](#)  
[October 2021](#)  
[July 2021](#)  
[October 2020](#)  
[April 2020](#)  
[January 2020](#)  
[October 2019](#)  
[July 2019](#)  
[January 2019](#)  
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[April 2018](#)  
[January 2018](#)  
[July 2017](#)  
[April 2017](#)  
[January 2017](#)  
[January 2016](#)  
[October 2014](#)

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## Coding Analyses for Labs (CALs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with CALs, from the Coding Analyses for Labs database.

- Original Consideration for Prostate Specific Antigen (Inclusion of ICD-9-CM Code 600.01 for BPH with Urine

Obstruction) (CAG-00232N)

- Original Consideration for Codes That Are Not Covered by Medicare (Removal of ICD-9-CM Code V76.44, Prostate Cancer Screening, From the List) (CAG-00297N)
- Original Consideration for Prostate Specific Antigen (Addition of ICD-9-CM 600.00, Hypertrophy (benign) of Prostate Without Urinary Obstruction, as a covered indication) (CAG-00326N)
- Original Consideration for PSA (Addition of ICD-9-CM 600.10, Nodular prostate without urinary obstruction and 600.11, with urinary obstruction, as covered indications) (CAG-00331N)
- Original Consideration for PSA (Addition of ICD-9-CM 600.21, Benign localized hyperplasia of prostate with urinary obstruction as a covered indication) (CAG-00332N)

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## Additional Information

### Other Versions

Title	Version	Effective Between
Prostate Specific Antigen	1	11/25/2002 - N/A