Prostate Specific Antigen

MEDICAL POLICY NUMBER: 319

Effective Date: 11/1/2026

Last Review Date: 10/2026

Next Annual Review: 10/2027

COVERAGE CRITERIA 2
POLICY CROSS REFERENCES 3
POLICY GUIDELINES 3
HEALTH EQUITY CONSIDERATIONS 3
BILLING GUIDELINES AND CODING 4
REFERENCES 5
POLICY REVISION HISTORY 5

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☐ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Prostate Specific Antigen: Guideline Note D1

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Note: *Screening* prostate specific antigen (PSA) tests are not addressed by this medical policy or the NCD discussed in Policy Guidelines. They also should **not** be reported using CPT code 84153.

I. Prostate specific antigen testing may be considered **medically necessary** when any of the following criteria are met (A.-D.):

   A. To differentiate 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); **or**
   B. For the evaluation of patients with palpably abnormal prostate glands on physician exam; **or**
   C. For the evaluation of patients with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder; **or**
   D. To follow the progress of prostate cancer once a diagnosis has been established (e.g. detecting metastatic or persistent disease in patients who may require additional treatment; **or**
   E. For the differential diagnosis of patients presenting with as yet undiagnosed disseminated metastatic disease.

II. Prostate specific antigen testing is considered **not medically necessary** when criterion I. above is not met, including but not limited to either of the following (A.-B.):
   A. More than one test per year for patients with lower urinary tract signs or symptoms unless there is a change in the patient's medical condition;

B. More than one test with a diagnosis of in situ carcinoma, unless the result is abnormal.

Link to Evidence Summary

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidances:

- Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Prostate Specific Antigen (190.31)[1] and the Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM).[2]

BACKGROUND

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.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online here.

BILLING GUIDELINES AND CODING

The following CPT/HCPCS codes may be covered when billed with one of the ICD-10 codes that Medicare has included as medically necessary in the most recent *Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)*. Available for download at: Lab NCDs – ICD-10.[2] Select the "Lab Code List ICD10 (ZIP)" file option that aligns with the date services were or will be rendered from the Downloads section. Open a spreadsheet and look for NCD 190.31 in column A. This resource can also be accessed directly from the NCD noted above, under "Revision History" and by selecting the applicable "Covered Code List" version. While these services do not require prior authorization, utilization may be subject to audit and all criteria from NCD 190.31 must be met. Thus, inclusion of a diagnosis (ICD-10) code on this list may not warrant automatic coverage.

Prostate specific antigen testing (CPT 84153) may only be considered medically necessary when billed with one of the diagnosis codes with one of the ICD-10 codes included in the most recent "Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)," available for download at "Lab NCDs – ICD-10."[2] Diagnosis codes listed below are current as of 9/10/2025:

C61	**M3393**	**R3911-R3912**
C675	N139	R3914-R3916
C774-C775	N320	R935-R937
C778	N400-N403	R948
C7951-C7952	N419	R9720-R9721
C7982	N429	Z79810
D075	R310-R311	Z79811
D400	R3121	Z79818
D49511-D49512	R3129	Z79890
D49519	R319	Z79899
D4959	R32	Z8546
M3303	R339	
M3313	R350-R351	

CODES*		
CPT	84153	Prostate Specific Antigen (PSA), total
HCPCS	None	

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD: Prostate Specific Antigen (190.31) https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=152&ncdver=1&bc=0. Published 2003. Accessed 9/10/2026.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10. Published 2021. Accessed 9/10/2026.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
11/2023	Annual update. No changes to criteria or coding.
12/2024	Annual update. Code configuration changes.
11/2025	Annual update. No changes to criteria or coding.
11/2026	Annual update. No changes to criteria or coding.