

## 190.31 - Prostate Specific Antigen

*Previously Listed as Edit 20*

### **Other Names/Abbreviations**

Total PSA

### **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 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.

### **HCPCS Codes (Alphanumeric, CPT<sup>®</sup> AMA)**

Code	Description
84153	Prostate Specific Antigen (PSA), total

### **ICD-9-CM Codes Covered by Medicare Program**

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.hhs.gov/CoverageGenInfo>

Code	Description
185	Malignant neoplasm of prostate
188.5	Malignant neoplasm of bladder neck
196.5	Secondary malignant neoplasm, lymph nodes of inguinal region & lower limb
196.6	Secondary malignant neoplasm, intrapelvic lymph nodes
196.8	Secondary malignant neoplasm, lymph nodes of multiple sites
198.5	Secondary malignant neoplasm, bone and bone marrow
198.82	Secondary malignant neoplasm, genital organs
233.4	Carcinoma in situ, prostate
236.5	Neoplasm of uncertain behavior of prostate
239.5	Neoplasm of unspecified nature, other genitourinary organs
596.0	Bladder neck obstruction
599.60, 599.69	Urinary obstruction
599.70	Hematuria, unspecified

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Code	Description
599.71	Gross hematuria
599.72	Microscopic hematuria
600.00	Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract (LUTS)
600.01	Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)
600.10	Nodular prostate without urinary obstruction
600.11	Nodular prostate with urinary obstruction
600.21	Benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)
601.9	Unspecified prostatitis
602.9	Unspecified disorder of prostate
788.20	Retention of urine, unspecified
788.21	Incomplete bladder emptying
788.30	Urinary incontinence, unspecified
788.41	Urinary frequency
788.43	Nocturia
788.62	Slowing of urinary stream
788.63	Urgency of urination
788.64	Urinary hesitancy
788.65	Straining on urination
790.93	Elevated prostate specific antigen (PSA)
793.6	Non-specific (abnormal) findings on radiological and other examination of abdominal area, including retroperitoneum
793.7	Non-specific (abnormal) findings on radiological and other examination of musculoskeletal system
794.9	Bone scan evidence of malignancy
V10.46	Personal history of malignant neoplasm; prostate

### **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.

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### ***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.

### ***ICD-9-CM Codes That Do Not Support Medical Necessity***

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

### ***Sources of Information***

Laboratory Test Handbook, 3rd edition, pp.338-340.

Cooner WH, Mosley BR, Rutherford CL, et al. Prostate Cancer Detection in a Clinical Urological Practice by Ultrasonography, Digital Rectal Examination and Prostate Specific Antigen. J.Urol.1990; 143: 1146-1154.