

Prostate Specific Antigen Testing

Section 4103 of the Balanced Budget Act of 1997 provides for coverage of certain prostate cancer screening tests subject to certain coverage frequency and payment limitations. Medicare will cover prostate cancer screening tests/procedures for the early detection of prostate cancer. Coverage of prostate cancer screening tests includes screening prostate specific antigen blood test.

Below are The Centers for Medicare and Medicaid Services (CMS) guidelines for the screening prostate specific antigen blood test:

Screening prostate specific antigen tests are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening prostate specific antigen test was performed). Screening prostate specific antigen tests (PSA) means a test to detect the marker for adenocarcinoma of prostate. PSA is a reliable immunocytochemical marker for primary and metastatic adenocarcinoma of prostate. This screening must be ordered by the beneficiary's physician who is fully knowledgeable about the beneficiary's medical condition and who would be responsible for using the results of any examination (test) performed in the overall management of the beneficiary's specific medical problem.

The type of PSA test must be appropriately indicated on the request form.

PSAG for routine testing; please note that any routine PSA testing must have a diagnosis code that meets medical necessity; see NCD's.

PSAGS for screening testing (must meet the above guidelines in order to qualify)

The CPT code for PSA routine is 84153.

The CPT code for PSA screen is G0103.