

**CPT® codes: 84152, 84153, 84154, G0103**

Patient Status	Meets Coverage Criteria in the Following Situations	Does Not Meet Coverage Criteria in the Following Situations
<b>Average-Risk Screening</b>	For average-risk individuals 45 years of age and older ( <b>see Note 1 for NCCN Guidelines®</b> ), screening for prostate cancer with the total prostate-specific antigen (PSA) test	—
<b>Individuals 40+ With Additional Risk Factors</b>	For individuals 40 years of age and older ( <b>see Note 1 for NCCN Guidelines®</b> ), annual screening for prostate cancer with the total PSA test when one of the following conditions is met: a) individual is of African ancestry b) individual has germline mutations that increase risk for prostate cancer c) individual has a suspicious family history	—
<b>Repeat PSA Screening</b>	For individuals with previous total PSA results, repeat screening for prostate cancer with a total PSA with the following frequency: a) for individuals less than 76 years of age, when total PSA is <1 ng/ml and digital rectal exam (DRE) is normal (if done): Repeat screening at 2- to 4-year intervals b) for individuals less than 76 years of age, when total PSA is 1-3 ng/ml and DRE is normal (if done): Repeat screening at 1- to 2-year intervals c) for individuals greater than 75 years of age, when total PSA is <4 ng/ml and DRE is normal (if done) and no other indications for biopsy: Repeat screening in select patients ( <b>see Note 1 for NCCN Guidelines®</b> ) at 1- to 3-year intervals	—
<b>Percent Free PSA</b>	A percent free PSA or a follow-up in 6–12 months with total PSA when any of the following conditions are met: a) for individuals less than 76 years of age with a total PSA >3 ng/ml and/or a very suspicious DRE b) for select individuals greater than 75 years of age ( <b>see Note 1 for NCCN Guidelines®</b> ) with a total PSA >4 ng/ml or a very suspicious DRE	Percent free PSA as a first-line screening test for prostate cancer; Percent free PSA, free-to-total PSA ratio, and/or complexed PSA tests for the routine screening of prostate cancer
<b>Prior Negative Biopsy Thought to be at Risk</b>	For individuals thought to be at a higher risk despite at least one prior negative prostate biopsy, follow-up testing with percent free PSA	—
<b>Initial Diagnosis</b>	Total PSA in any of the following situations: a) For initial prostate cancer diagnosis in individuals with signs and symptoms of prostate cancer ( <b>see Note 2 for list of symptoms</b> )	—
<b>Follow-Up of Known Prostate Cancer</b>	For follow-up of individuals with a current or previous diagnosis of prostate cancer	—

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Patient Status	Meets Coverage Criteria in the Following Situations	Does Not Meet Coverage Criteria in the Following Situations
<b>Monitoring After Surgery</b>	For ongoing monitoring of individuals who have undergone tumor resection or prostatectomy	—
<b>Monitoring Therapy Response</b>	For monitoring response to prostate cancer therapy	—
<b>Detecting Recurrence</b>	For detecting disease recurrence	—
<b>Other PSA Testing</b>	—	For all other situations not mentioned above, measurement of PSA tests

**Note 1:** According to the NCCN Guidelines®, “Testing after 75 years of age should be done only in very healthy men with little or no comorbidity (especially if they have never undergone PSA testing or have a rising PSA) to detect the small number of aggressive cancers that pose a significant risk if left undetected until signs or symptoms develop. Widespread testing in this population would substantially increase rates of over-detection and is not recommended. Additionally, the term “individuals” in this policy apply to individuals who have a prostate or were born with a prostate.

**Note 2:** According to ACS, 2019: “Most prostate cancers are found early, through screening. Early prostate cancer usually causes no symptoms. More advanced prostate cancers can sometimes cause symptoms, such as:

- problems urinating, including a slow or weak urinary stream or the need to urinate more often, especially at night
- blood in the urine or semen
- trouble getting an erection (erectile dysfunction or ED)
- pain in the hips, back (spine), chest (ribs), or other areas from cancer that has spread to bones
- weakness or numbness in the legs or feet, or even loss of bladder or bowel control from cancer pressing on the spinal cord

To view the complete policy, please refer to the Presbyterian Health Plan policy document referenced below:

[https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000028393](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000028393)

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