

EFFECTIVE DATE: 07|01|20

POLICY LAST UPDATED: 02|06|20

OVERVIEW

Various genetic and protein biomarkers are associated with prostate cancer. These tests have the potential to improve the accuracy of differentiating which men should undergo prostate biopsy or rebiopsy after a prior negative biopsy.

The following tests are addressed in this policy:

- ProgenSA PCA3 Assay (Hologic)
- 4Kscore (OPKO Health)
- ConfirmMDx (MDx Health)
- ExoDx Prostate IntelliScore (Exosome Diagnostics)
- Apify (Exact Sciences)
- Mi-Prostate (MiPS) (University of Michigan Labs)
- Prostate Health Index (phi) (Innovative Diagnostics)
- SelectMDx (MDx Health)
- Prostate Core Mitomics Test (Mitomics)

MEDICAL CRITERIA

BlueCHiP for Medicare

ProgenSA PCA3

PCA3 testing will be considered medically reasonable and necessary when all the following are met:

- when all biopsies in previous encounter(s) are negative for prostatic cancer
- the subsequent prostate specific antigen (PSA) is rising, and
- when the patient or physician wants to avoid repeat biopsy (“watchful waiting”)

4Kscore

The 4Kscore test will be considered medically reasonable and necessary when all the following are met:

1. When all of the components of the algorithm are present.
2. Testing of men 45 years of age and older, prior to an initial biopsy or following a negative biopsy, who have a confirmed* moderately elevated PSA (greater than 3 and less than 10 ng/mL; greater than or equal to 4 and less than 10 ng/mL in men greater than 75 years of age) when BOTH of the following are present:
 - No other relative indication** for prostate biopsy including ANY of the following: (this may not be an all-inclusive list)
 - DRE suspicious for cancer should be encouraged to undergo biopsy
 - Persistent and significant increase in PSA should be encouraged to undergo biopsy
 - Positive multiparametric magnetic resonance imaging (MRI) (if done)
 - Other major risk factor for prostate cancer including: (this may not be an all inclusive list)
 - Ethnicity at higher risk for prostate cancer
 - First-degree relative with prostate cancer
 - High-penetrance prostate cancer risk gene(s) per the National Comprehensive Cancer Network (NCCN) (if known)
 - No other relative contraindication** for prostate biopsy including ANY of the following:

- Less than a 10 year life expectancy
 - Benign disease not ruled out.
3. Presence of shared decision making between the ordering provider and the beneficiary concerning the 4Kscore testing.

* PSA elevation should be verified after a few weeks under standardized conditions (e.g. no ejaculation, manipulations, and urinary tract infections, no medications such as 5 α -reductase) in the same laboratory or other CLIA approved laboratory before considering a biopsy.

** The relative indications and contraindications are not absolute. When it is determined that the 4Kscore test is medically reasonable and necessary in a beneficiary with one of the relative indications or contraindications for prostate biopsy the medical record must support the medical necessity for the test and there must be documented evidence of shared decision making between the patient and provider. This supporting documentation must be provided to the laboratory at the time of ordering the test.

ConfirmMDx

ConfirmMDx is covered under the following conditions:

1. Males aged 40 to 85 years old that have undergone a previous cancer-negative prostate biopsy within 24 months and are being considered for a repeat biopsy due to persistent or elevated cancer-risk factors, and
2. The previous negative prostate biopsy must have collected a minimum of 8 tissue cores (but not have received a saturation biopsy of > 24 tissue cores) and remaining FFPE tissue from all cores is available for testing, and
3. Minimum tissue volume criteria of 20 microns of prostate biopsy core tissue is available (40 microns preferable), and
4. Previous biopsy histology does not include a prior diagnosis of prostate cancer or cellular atypia suspicious for cancer (but may include the presence of high-grade prostatic intraepithelial neoplasia (HGPIN), proliferative inflammatory atrophy (PIA), or glandular inflammation), and
5. Patient is not being managed by active surveillance for low stage prostate cancer, and
6. Tissue was extracted using standard patterned biopsy core extraction (and not transurethral resection of the prostate (TURP)), and
7. Patient has not been previously tested by ConfirmMDx from the same biopsy samples or similar molecular test.

ExoDx Prostate IntelliScore (EPI)

EPI is covered ONCE in men \geq 50 years old prior to initial biopsy, with confirmed* moderately elevated PSA (>3 and <10 ng/mL; \geq 4 and <10 ng/mL in men >75 years old) with BOTH the following:

1. No other relative indication for prostate biopsy including ANY of the following:
 - a. DRE suspicious for cancer
 - b. Persistently elevated PSA
 - c. Positive multiparametric MRI (if done)
 - d. Other major risk factor for prostate cancer including:
 - i. Ethnicity at higher risk for prostate cancer
 - ii. First-degree relative with prostate cancer
 - iii. High-penetrance prostate cancer risk gene(s) per NCCN (if known)
2. No other relative contraindication for prostate biopsy including ANY of the following:
 - a. <10 year life expectancy
 - b. Benign disease not ruled out

*PSA elevation should be confirmed after a few weeks under standardized conditions (i.e., no ejaculation, manipulations, and urinary tract infections) in the same laboratory before considering a biopsy.

Apify and Mi-Prostate

Apify and Mi-Prostate may be considered medically necessary when the BlueCHiP for Medicare medical necessity criteria is used for review, found in the Medical Necessity policy. Please see Related Policies section.

Commercial Products

Unless otherwise noted, for any test filed with an Unlisted CPT code, the medical necessity criteria in the Genetic Testing Services policy would be used. Please see the Related Policies section.

PRIOR AUTHORIZATION

BlueCHiP for Medicare

Prior authorization is required for the following tests:

- PCA3 testing (eg, ProgenSA PCA3 Assay)
- 4Kscore
- ConfirmMDx
- ExoDx Prostate IntelliScore
- Apify
- Mi-Prostate

BlueCHiP for Medicare and Commercial Products

There is no specific CPT coding for some of the services referenced in this policy. Therefore, an Unlisted CPT code should be used (see Coding Section for details). All Unlisted genetic testing CPT codes require prior authorization to determine what service is being rendered and if the service is covered or not medically necessary. See the Related Policies section.

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial Products and is obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare

The following test is covered without a prior authorization requirement:

- Prostate Health Index (phi)

The following tests are considered medically necessary when the medical criteria above are met:

- PCA3 testing (eg, ProgenSA PCA3 Assay)
- 4Kscore
- ConfirmMDx
- ExoDx Prostate IntelliScore

The following tests may be considered medically necessary when the medical criteria in the Medical Necessity policy are met:

- Apify
- Mi-Prostate

The following genetic and protein biomarkers for the diagnosis of prostate cancer are not covered as the evidence is insufficient to determine the effects of the technology on health outcomes:

- HOXC6 and DLX1 testing (eg, SelectMDx)
- Mitochondrial DNA variant testing (eg, Prostate Core Mitomics Test)
- Candidate gene panels

Single nucleotide variant testing for cancer risk assessment of prostate cancer is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

The following test is covered without a prior authorization requirement:

- Prostate Health Index (phi)

The following genetic and protein biomarkers for the diagnosis of prostate cancer are considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes:

- PCA3 testing (eg, ProgenSA PCA3 Assay)
- Kallikrein markers (eg, 4Kscore® Test)
- Gene hypermethylation testing (eg, ConfirmMDx)
- PCA3, ERG, and SPDEF RNA expression in exosomes (eg, ExoDx Prostate IntelliScore)
- Autoantibodies ARF 6, NKX3-1, 5¢-UTR-BMI1, CEP 164, 3¢-UTR-Ropporin, Desmocollin, AURKAIP-1, and CSNK2A2 (eg, Apifyny)
- TMPRSS:ERG fusion genes (eg, Mi-Prostate {MiPS})
- HOXC6 and DLX1 testing (eg, SelectMDx)
- Mitochondrial DNA variant testing (eg, Prostate Core Mitomics Test)
- Candidate gene panels

Single nucleotide variant testing for cancer risk assessment of prostate cancer is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable genetic testing and not medically necessary/not covered benefits/coverage.

BACKGROUND

Prostate cancer is the second most common cancer in men, with a predicted 161,360 incidence cases and 26,730 deaths expected in the United States in 2017.

Prostate cancer is a complex, heterogeneous disease, ranging from microscopic tumors unlikely to be life-threatening to aggressive tumors that can metastasize, leading to morbidity or death. Early localized disease can usually be treated with surgery and radiotherapy, although active surveillance may be adopted in men whose cancer is unlikely to cause major health problems during their lifespan or for whom the treatment might be dangerous. In patients with inoperable or metastatic disease, treatment consists of hormonal therapy and possibly chemotherapy. The lifetime risk of being diagnosed with prostate cancer for men in the United States is approximately 16%, while the risk of dying of prostate cancer is 3%. African-American men have the highest prostate cancer risk in the United States; the incidence of prostate cancer is about 60% higher and the mortality rate is more than 2 to 3 times greater than that of white men. Autopsy results have suggested that about 30% of men age 55 and 60% of men age 80 who die of other causes have incidental prostate cancer, indicating that many cases of cancer are unlikely to pose a threat during a man's life expectancy.

Grading

The most widely used grading scheme for prostate cancer is the Gleason system. It is an architectural grading system ranging from 1 (well differentiated) to 5 (poorly differentiated); the score is the sum of the primary and secondary patterns. A Gleason score of 6 or less is low-grade prostate cancer that usually grows slowly; 7 is an intermediate grade; 8 to 10 is high-grade cancer that grows more quickly. A revised prostate cancer grading system has been adopted by the National Cancer Institute and the World Health Organization.

Numerous genetic alterations associated with development or progression of prostate cancer have been described, with the potential for the use of these molecular markers to improve the selection process of men who should undergo prostate biopsy or rebiopsy after an initial negative biopsy.

Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments. Laboratories that offer laboratory-developed tests must be licensed under the Clinical Laboratory Improvement Amendments for high-complexity testing. The following laboratories are certified under the Clinical Laboratory Improvement Amendments: BioReference Laboratories and GenPath Diagnostics (subsidiaries of OPKO Health; 4Kscore®), ARUP Laboratories, Mayo Medical Laboratories, LabCorp, BioVantra, others (PCA3 assay), Clinical Research Laboratory (Prostate Core Mitomic Test™), MDx Health (SelectMDx, ConfirMDx), Innovative Diagnostics (phi™), and ExoDx® Prostate (Exosome Diagnostics). To date, the U.S. Food and Drug Administration (FDA) has chosen not to require any regulatory review of this test.

In February 2012, the Progenesa® PCA3 Assay (Gen-Probe; now Hologic) was approved by the FDA through the premarket approval process. The Progenesa PCA3 Assay (Hologic Gen-Probe) has been approved by the FDA to aid in the decision for repeat biopsy in men 50 years or older who have had one or more negative prostate biopsies and for whom a repeat biopsy would be recommended based on current standard of care. The Progenesa PCA3 Assay should not be used for men with atypical small acinar proliferation on their most recent biopsy.

In June 2012, proPSA, a blood test used to calculate the Prostate Health Index (phi; Beckman Coulter) was approved by the FDA through the premarket approval process. The phi test is indicated as an aid to distinguish prostate cancer from a benign prostatic condition in men ages 50 and older with prostatespecific antigen levels of 4 to 10 ng/mL and with digital rectal exam findings that are not suspicious. According to the manufacturer, the test reduces the number of prostate biopsies.

For individuals who are being considered for an initial prostate biopsy who receive testing for genetic and protein biomarkers of prostate cancer (eg, kallikreins biomarkers and 4Kscore Test, proPSA and Prostate Health Index, TMPRSS fusion genes and Mi-Prostate Score, SelectMDx for Prostate Cancer, ExoDx Prostate, Apifiny, PCA3 score), the evidence includes systematic reviews, meta-analyses, and primarily observational studies. Relevant outcomes are overall survival, disease-specific survival, test validity, resource utilization, and quality of life. The evidence supporting clinical utility varies by test but has not been directly shown for any biomarker test. Absent direct evidence of clinical utility, a chain of evidence might be constructed. However, the performance of biomarker testing for directing biopsy referrals is uncertain. While some studies have shown a reduction or delay in biopsy based on testing, a chain of evidence for clinical utility cannot be constructed due to limitations in clinical validity. Test validation populations have included men with a positive digital rectal exam, a prostate-specific antigen level outside of the gray zone (between 3 or 4 ng/mL and 10 ng/mL), or older men for whom the information from test results are less likely to be informative. Many biomarker tests do not have standardized cutoffs to recommend a biopsy. In addition, comparative studies of the many biomarkers are lacking. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who are being considered for repeat biopsy who receive testing for genetic and protein biomarkers of prostate cancer (eg, Gene Hypermethylation and ConfirmMDx test, Prostate Core Mitomics Test), the evidence includes systematic reviews and meta-analyses and primarily observational studies. Relevant outcomes are overall survival, disease-specific survival, test validity, resource utilization, and quality of life. The performance of biomarker testing for guiding rebiopsy decisions is lacking. The tests are associated with a diagnosis of prostate cancer and aggressive prostate cancer, but studies on clinical validity are limited and did not compare performance characteristics with standard risk prediction models. Direct evidence supporting clinical utility has not been shown. No data are currently available on physician decisions on rebiopsy or on the longer-term clinical outcomes of men who did not have biopsy based on test results. The evidence is insufficient to determine the effects of the technology on health outcomes.

BlueCHiP for Medicare

ProgenSA PCA3 Assay, an FDA approved test by Gen-Probe Incorporated, is an mRNA expression assay used alone or in combination with other molecular tests for prostate cancer determination to identify patients with increased risk of prostate cancer. PCA3 may help to improve the specificity of prostate cancer detection providing additional information about the risk of prostate cancer over the use of the PSA test alone. Based on the ratio of PCA3 mRNA/PSA mRNA x1000, the PCA3 assay is performed on the first urine collected following an attentive digital rectal examination.

The 4Kscore combines data from serum levels of four kallikrein proteins (fPSA, tPSA, iPSA, human kallikrein 2 (hK2)), along with clinical information (age, DRE, prior negative biopsy) to estimate the percent likelihood of HGPCa on biopsy using a proprietary algorithm. The 4K score is not FDA approved, but rather a Laboratory Developed Test (LDT) through one CLIA-accredited testing laboratory in Nashville, TN.

The Prostate Health Index (phi; Beckman Coulter) is an assay that combines results of 3 blood serum immunoassays (total PSA, free PSA, [-2]proPSA [p2PSA]) numerically to produce a “phi score.” This score is calculated with the phi algorithm using the following formula: $([-2]proPSA/free PSA) \times \sqrt{total PSA}$. The phi score is indicated for men 50 years and older with above-normal total PSA readings between 4.0 ng/mL and 10 ng/mL who have had a negative DRE in order to distinguish prostate cancer from benign prostatic conditions.

CODING

The following CPT codes are covered for BlueCHiP for Medicare when medical criteria above are met and are not medically necessary for Commercial Products.

CPT code 81313 is generally used to represent the ProgenSA® PCA3 Assay but can also be used for non-brand name testing.

81313 PCA3/KLK3 (prostate specific antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)

This code can be used for 4Kscore® Test:

81539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (total PSA, free PSA, intact PSA and human kallikrein 2 [hK2]) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score

This code can be used for the ConfirmMDx® gene hypermethylation test.

81551 Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy

This code can be used for ExoDx Prostate IntelliScore:

0005U Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score

The following CPT codes are covered for BlueCHiP for Medicare when medical criteria found in the Medical Necessity policy are met and are not medically necessary for Commercial Products.

This code can be used for Apifyny:

0021U Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score

This code can be used for Mi-Prostate (MiPS):

0113U Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as

risk score

The following Unlisted CPT code requires prior authorization for BlueCHIP for Medicare and Commercial Products. The code can be used for any test identified in this policy that does not have a specific CPT code.
81479 Unlisted molecular pathology procedure

RELATED POLICIES

Genetic Testing Services

Medical Necessity

Proprietary Laboratory Analyses (PLA)

PUBLISHED

Provider Update, May 2020

Provider Update, August 2019

Provider Update, April 2019

Provider Update, February 2019

Provider Update, May 2017

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): 4Kscore Test Algorithm (L37798)
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Billing and Coding: 4Kscore Test Algorithm (A56287)
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis (L37733)
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Billing and Coding: Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis (A56609)
5. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): MolDX: ConfirmMDx Epigenetic Molecular Assay (L36327)
6. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Billing and Coding: MolDX: ConfirmMDx Epigenetic Molecular Assay (A57605)
7. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000)
8. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Billing and Coding: Molecular Pathology Procedures (A56199)
9. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: prostate cancer early detection.
http://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for NCCN clinical practice guidelines in oncology: prostate cancer early detection V.2.2019. © National Comprehensive Cancer Network rights reserved. Accessed October 14, 2019. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
10. Howlader N, Noone AM, Krapcho M, et al. SEER Cancer Statistics Review, 1975-2014. Bethesda, MD: National Cancer Institute; 2017.
11. Odedina FT, Akinremi TO, Chinegwundoh F, et al. Prostate cancer disparities in Black men of African descent: a comparative literature review of prostate cancer burden among Black men in the United States, Caribbean, United Kingdom, and West Africa. *Infect Agent Cancer*. Feb 10 2009;4 Suppl 1:S2. PMID 19208207.
12. Bell KJ, Del Mar C, Wright G, et al. Prevalence of incidental prostate cancer: A systematic review of autopsy studies. *Int J Cancer*. Oct 1 2015;137(7):1749-1757. PMID 25821151.

13. Gleason DF. Classification of prostatic carcinomas. *Cancer Chemother Rep*. Mar 1966;50(3):125-128. PMID 5948714.
14. National Cancer Institute. SEER Database. 2018; <https://seer.cancer.gov/seerinqury/index.php?page=view&id=20170036&type=q>. Accessed October 26, 2018.
15. Blue Cross and Blue Shield Technology Evaluation Center (TEC). Special report: recent developments in prostate cancer genetics and genetic testing. *TEC Assessments*. 2008;Volume 23:Tab 7. PMID.
16. Hoogendam A, Buntinx F, de Vet HC. The diagnostic value of digital rectal examination in primary care screening for prostate cancer: a meta-analysis. *Fam Pract*. Dec 1999;16(6):621-626. PMID 10625141.
17. Gosselaar C, Roobol MJ, Roemeling S, et al. The role of the digital rectal examination in subsequent screening visits in the European Randomized Study of Screening for Prostate Cancer (ERSPC), Rotterdam. *Eur Urol*. Sep 2008;54(3):581-588. PMID 18423977.
18. Thompson IM, Pauler DK, Goodman PJ, et al. Prevalence of prostate cancer among men with a prostate-specific antigen level \leq 4.0 ng per milliliter. *N Engl J Med*. May 27 2004;350(22):2239-2246. PMID 15163773.
19. Catalona WJ, Smith DS, Ratliff TL, et al. Measurement of prostate-specific antigen in serum as a screening test for prostate cancer. *N Engl J Med*. Apr 25 1991;324(17):1156-1161. PMID 1707140.
20. Aus G, Bergdahl S, Lodding P, et al. Prostate cancer screening decreases the absolute risk of being diagnosed with advanced prostate cancer--results from a prospective, population-based randomized controlled trial. *Eur Urol*. Mar 2007;51(3):659-664. PMID 16934392.
21. Buzzoni C, Auvinen A, Roobol MJ, et al. Metastatic prostate cancer incidence and prostate-specific antigen testing: new insights from the European randomized study of screening for prostate cancer. *Eur Urol*. Nov 2015;68(5):885-890. PMID 25791513.
22. Arnsrud Godtman R, Holmberg E, Lilja H, et al. Opportunistic testing versus organized prostate-specific antigen screening: outcome after 18 years in the Goteborg randomized population-based prostate cancer screening trial. *Eur Urol*. Sep 2015;68(3):354-360. PMID 25556937.
23. Hugosson J, Carlsson S, Aus G, et al. Mortality results from the Goteborg randomised population-based prostate-cancer screening trial. *Lancet Oncol*. Aug 2010;11(8):725-732. PMID 20598634.
24. Schroder FH, Hugosson J, Roobol MJ, et al. Screening and prostate-cancer mortality in a randomized European study. *N Engl J Med*. Mar 26 2009;360(13):1320-1328. PMID 19297566.
25. Wolf AM, Wender RC, Etzioni RB, et al. American Cancer Society guideline for the early detection of prostate cancer: update 2010. *CA Cancer J Clin*. Mar-Apr 2010;60(2):70-98. PMID 20200110.
26. Rosario DJ, Lane JA, Metcalfe C, et al. Short term outcomes of prostate biopsy in men tested for cancer by prostate specific antigen: prospective evaluation within ProtecT study. *BMJ*. Jan 09 2012;344:d7894. PMID 22232535.
27. Liss M, Ehdaie B, Loeb S, et al. The Prevention and Treatment of the More Common Complications Related to Prostate Biopsy Update. 2012; updated 2016; <https://www.auanet.org/guidelines/prostate-needle-biopsy-complications>. Accessed October 23, 2017.
28. Lavalley LT, Binette A, Witiuk K, et al. Reducing the harm of prostate cancer screening: repeated prostate-specific antigen testing. *Mayo Clin Proc*. Jan 2016;91(1):17-22. PMID 26688045.
29. Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2017. *CA Cancer J Clin*. Jan 2017;67(1):7-30. PMID 28055103.
30. Ruiz-Aragon J, Marquez-Pelaez S. [Assessment of the PCA3 test for prostate cancer diagnosis: a systematic review and meta-analysis]. *Actas Urol Esp*. Apr 2010;34(4):346-355. PMID 20470697.
31. Mackinnon AC, Yan BC, Joseph LJ, et al. Molecular biology underlying the clinical heterogeneity of prostate cancer: an update. *Arch Pathol Lab Med*. Jul 2009;133(7):1033-1040. PMID 19642730.
32. Partin AW, Brawer MK, Subong EN, et al. Prospective evaluation of percent free-PSA and complexed-PSA for early detection of prostate cancer. *Prostate Cancer Prostatic Dis*. Jun 1998;1(4):197-203. PMID 12496895.
33. Thompson IM, Ankerst DP, Chi C, et al. Assessing prostate cancer risk: results from the Prostate Cancer Prevention Trial. *J Natl Cancer Inst*. Apr 19 2006;98(8):529-534. PMID 16622122.

DRAFT

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

