

Payment Policy | Prostate Specific Antigen (PSA) Screening/Testing Mandate



EFFECTIVE DATE: 01 | 01 | 2022

POLICY LAST UPDATED: 12 | 30 | 2021

OVERVIEW

This policy documents coverage for prostate-specific antigen (PSA) screening and testing services. In accordance with Rhode Island General Law § 27-20-44 Prostate and Colorectal examinations, subscribers to any nonprofit medical service plan shall be afforded coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered under the policy or contract, in accordance with the current American Cancer Society (ACS) guidelines.

This policy is applicable to Commercial Products only.

For coverage of PSA screening and testing services for Medicare Advantage Plans, please refer to the Related Policies section.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Commercial Products

PSA testing and screening is covered for:

- Monitoring response to treatment of prostate cancer when used in disease management
- Screening/diagnostic evaluation for prostate cancer

Screening services are limited to a frequency of once per year. Services occurring with a frequency greater than once per year are inconsistent with preventive screening limits and are considered diagnostic.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence, of Coverage, or Subscriber Agreement for applicable prevention and early detection services, diagnostic imaging, lab, and machine tests and surgical benefits/coverage.

BACKGROUND

27-20-44. Prostate and colorectal examinations -- Coverage mandated.

(a) Subscribers to any nonprofit medical service corporation plan shall be afforded coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered under the policy or plan. The coverage required by this section shall include preventive colorectal cancer screening coverage for all colorectal cancer examinations and laboratory tests in accordance with American Cancer Society Guidelines, including for colorectal cancer screening of average risk individuals, including an initial colonoscopy or other medical test or procedure for colorectal cancer screening and a follow-up colonoscopy if the results of the initial medical test or procedure are abnormal.

(b) An insurer or the corporation may not impose cost sharing on the coverage required by subsection (a) of this section when the services are delivered within the health insurer's provider network.

Prostate-specific antigen is a substance made by cells in the prostate gland (both normal cells and cancer cells). Most healthy men have levels under 4 nanograms per milliliter (ng/mL) of blood. The chance of

having prostate cancer goes up as the PSA level goes up. When prostate cancer develops, the PSA level usually goes above 4. Still, a level below 4 does not guarantee that a man doesn't have cancer – about 15% of men with a PSA below 4 will have prostate cancer on a biopsy. Men with borderline PSA level between 4 and 10 have about a 1 in 4 chance of having prostate cancer. If the PSA is more than 10, the chance of having prostate cancer is over 50%.

If a PSA level is high, a doctor may advise either waiting a while and repeating the test, or getting a prostate biopsy to find out if cancer is present. Not all doctors use the same PSA cutoff point when advising whether to do a biopsy. Some may advise it if the PSA is 4 or higher, while others might recommend it at 2.5 or higher. Other factors, such as age, race, and family history, may also come into play.

PSA levels may be used to monitor the effectiveness of treatment for prostate cancer and to check for recurrence of the disease after treatment. Elevated PSA levels following treatment may be the first sign of recurrence and typically precedes clinical relapse by months or years.

Refer to the most current American Cancer Society Guideline for Prostate Cancer Early Detection:
[American Cancer Society Recommendations for Prostate Cancer Early Detection](#)

CODING

Commercial Products

The following codes are covered:

The following codes are used for screening:

84153 Prostate specific antigen (PSA); total

G0103 Prostate cancer screening; prostate specific antigen test (PSA)

Note: G codes are not applicable to Commercial members; an alternate CPT code should be used.

The following codes are used for testing:

84152 Prostate specific antigen (PSA); complexed (direct measurement)

84154 Prostate specific antigen (PSA); free

RELATED POLICIES

Medicare Advantage Plans National and Local Coverage Determinations Policy

Preventive Services for Commercial Members

Preventive Services for Medicare Advantage Plans

PUBLISHED

Provider Update, October 2021

Provider Update, October 2019

Provider Update, August 2018

Provider Update, June 2017

Provider Update, June 2016

REFERENCES

1. American Cancer Society. Prostate Cancer Prevention and Early Detection. Last Medical Review: April 1, 2016. Last Revised: April 14, 2016. 2019 Copyright American Cancer Society

2. Rhode Island General Law (RIGL). 27-20-44 Prostate and colorectal examinations – Coverage mandated. <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-44.HTM>

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.

