

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



EFFECTIVE DATE: 05|01|1999

POLICY LAST UPDATED: 04|18|2017

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 BlueCHiP for Medicare, refer to the following policies in the related policy section:

- BlueCHiP for Medicare National and Local Coverage Determinations Policy
- Preventive Services for BlueCHiP for Medicare

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.

Rhode Island-mandated benefits generally do not apply to BlueCHiP for Medicare, however Blue Cross & Blue Shield of Rhode Island follows this mandate for all products.

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

Rhode Island General Law § 27-20-44 **Prostate and colorectal examinations – Coverage mandated.** – *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 guidelines.*

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.

American Cancer Society Recommendations for Prostate Cancer Early Detection

The American Cancer Society recommends that men have a chance to make an informed decision with their healthcare provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen blood test. The digital rectal exam (DRE) may also be done as a part of screening. If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5 ng/ml, may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/ml or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening. Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values, and preferences.

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

BlueCHiP for Medicare National and Local Coverage Determinations Policy

Preventive Services for Commercial Members

Preventive Services for BlueCHiP for Medicare

PUBLISHED

Provider Update, June 2017

Provider Update, June 2016

Provider Update, October 2015

Provider Update, September 2014

Provider Update, May 2012

Provider Update, May 2011

Provider Update, June 2010

REFERENCES

1. American Cancer Society. Prostate Cancer Prevention and Early Detection. Last Medical Review: 10/17/2014. Last Revised: 1/6/2015. 2014 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>

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