

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Prostate Specific Antigen (PSA) Screening/Testing Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	5/1/1999	Policy Last Updated:	3/15/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Rhode Island General Law (RIGL) 27-20-44, Prostate and Colorectal Examinations, concerns the provision of coverage for prostate and colorectal examinations and laboratory tests for cancer for a nonsymptomatic person. Rhode Island General Laws do not apply to coverage under the Medicare or Rlte Care programs.

RIGL 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 (PSA) is a tumor marker present in low concentrations in the blood of all adult males. PSA is produced by both normal and abnormal prostate cells. Elevated PSA levels may occur in men with benign conditions such as prostatitis and benign prostatic hyperplasia, or may be indicative of a malignant growth in the prostate. PSA levels cannot distinguish between benign conditions and cancer; however, an elevated level or rising level may indicate the need for further testing to determine if prostate cancer is present.

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 the Early Detection of Prostate Cancer:

- Does not support routine testing for prostate cancer at this time.
- 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.
- Believes that health care professionals should discuss the potential benefits and limitations of prostate cancer early detection testing with men before any testing begins.
 - o Men of average risk at age 50 and older; with a minimum life expectancy of 10 years, should be offered testing with the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) yearly.
 - o Men of high risk at age 45 and older; should be offered testing with the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) yearly. High risk indicators include

- o African American men, and those with a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- o Men of highest risk at age 40 and older; should be offered testing with the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) yearly. High risk indicators include African American men, and those with several first-degree relatives (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- 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.

Because prostate cancer grows slowly, those 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.¹

Medical Criteria:

Not applicable.

Policy:

PSA testing is covered for:

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

NOTE:

Some employer contracts label certain services as "preventive" and are exempt from the health plan's deductible. When a PSA is listed as a preventive service, it is limited to one test per year to be exempt from the deductible. Testing frequency greater than once annually is inconsistent with preventive screening.

Coverage:

Benefits may lab testing benefits/coverage.

Coding:

The following codes are used for screening:

84153

G0103

The following codes are used for testing:

84152

84154

Also Known As:

PSA

Free-PSA

Total-PSA

Related Topics:

Not applicable.

Published:

Professionals' Bulletin, June 1990

Policy Update, November 2005
Policy Update, May 2007
Provider Update, July 2009
Provider Update, June 2010
Provider Update, May 2011

References:

¹American Cancer Society. *Guidelines for the Early Detection of Cancer*. Atlanta, GA; American Cancer Society;2010.

American Cancer Society. *Detailed Guide: Prostate Cancer, Can Prostate Cancer be Found Early?*.Atlanta, GA; American Cancer Society; 2008.

Louise C. Walter; Daniel Bertenthal; Karla Lindquist; Badrinath R. Konety. *PSA Screening Among Elderly Men With Limited Life Expectancies*.JAMA;2006;296(19):2336-2342.

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