



**BlueCross BlueShield
of Oklahoma**

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Prostate Specific Antigen (PSA) Testing

Policy Number: CPCPLAB006

Version 1.0

Plan Effective Date: Nov. 1, 2022

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Screening for prostate cancer with the total prostate-specific antigen (PSA) test **may be reimbursable** at least once per year for men fifty (50) years or older.
2. Screening for prostate cancer with the total prostate-specific antigen (PSA) test annually **may be reimbursable** for men aged 40-50 years who are at increased risk of developing prostate cancer as determined by a physician.
3. For individuals over 75 years, screening for prostate cancer with a total PSA test **may be reimbursable** only for individuals with little or no comorbidities. (*See Note 1 below)

4. Repeat screening for prostate cancer with a total PSA test **may be reimbursable** for individuals with previous total PSA results with the following frequency:
 - a. For individuals aged <75 years, total PSA <1 ng/ml and DRE normal (if done): Repeat screening at 2-4 year intervals
 - b. For individuals aged <75 years, total PSA 1-3 ng/ml and DRE normal (if done): Repeat screening at 1-2 year intervals
 - c. For individuals aged <75 years, total PSA >3 ng/ml and/or very suspicious DRE: Any one of the following **may be reimbursable**:
 - I. TRUS-guided biopsy
 - II. Follow-up in 6-12 months with total PSA or DRE
 - III. Percent free PSA
 - d. For individuals aged >75 years, total PSA <4 ng/ml and DRE normal (if done) and no other indications for biopsy: Repeat screening in select patients (very healthy individuals with little or no comorbidity) at 1-4 year intervals
 - e. For individuals aged >75 years, total PSA >4 ng/ml or very suspicious DRE: Any one of the following **may be reimbursable** in select patients (very healthy individuals with little or no comorbidity):
 - I. TRUS-guided biopsy
 - II. Follow-up in 6-12 months with total PSA or DRE
 - III. Percent free PSA
5. Follow-up testing with percent free PSA **may be reimbursable** in patients thought to be at a higher risk despite at least one prior negative prostate biopsy.
6. Total PSA testing **may be reimbursable** for initial prostate cancer diagnosis in individuals with signs and symptoms of prostate cancer (See Note 2), for follow-up of individuals with a current or previous diagnosis of prostate cancer, for ongoing monitoring of individuals who have undergone tumor resection or prostatectomy, for monitoring response to therapy, and for detecting disease recurrence.
7. Testing in the following situations **is not reimbursable**:
 - Use of percent free PSA as a first-line screening test for prostate cancer; OR
 - Routine prostate cancer screening using percent free PSA, free-to-total PSA ratio, and complexed 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 screening in this population would substantially increase rates of over detection and is not recommended (NCCN, 2021)." 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 (ACS, 2019)."

Procedure Codes

Codes
84152, 84153, 84154, B0103

References:

AACU. (2018). Retrieved from https://aacuweb.org/docs/position-statements/ps_genomic-testing-in-prostate-cancer.aspx

AAFP. (2018a). American Academy of Family Physicians. Retrieved from <http://www.choosingwisely.org/clinician-lists/american-academy-family-physicians-prostate-cancer-psa-test/>

AAFP. (2018b). Counseling Patients About Prostate Cancer Screening. *Am Fam Physician*, 98(8), 478-483. Retrieved from <https://www.aafp.org/afp/2018/1015/p478.html>

ACS. (2019). Survival Rates for Prostate Cancer. Retrieved from <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/survival-rates.html>

ACS. (2020). American Cancer Society Recommendations for Prostate Cancer Early Detection. Retrieved from <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html>.

Ahlering, T., Huynh, L. M., Kaler, K. S., Williams, S., Osann, K., Joseph, J., . . . Hu, J. C. (2019). Unintended consequences of decreased PSA-based prostate cancer screening. *World J Urol*, 37(3), 489-496. doi:10.1007/s00345-018-2407-3

American_Cancer_Society. (2020). Key Statistics for Prostate Cancer. Retrieved from <https://www.cancer.org/cancer/prostate-cancer/about/key-statistics.html#:~:text=The%20American%20Cancer%20Society's%20estimates,33%2C330%20deaths%20from%20prostate%20cancer>

Balducci, L., Pow-Sang, J., Friedland, J., & Diaz, J. I. (1997). Prostate cancer. *Clin Geriatr Med*, 13(2), 283-306. Retrieved from <http://dx.doi.org/>

Baniak, N., Sholl, L. M., Mata, D. A., D'Amico, A. V., Hirsch, M. S., & Acosta, A. M. (2020). Clinicopathologic and Molecular Characteristics of Prostate Cancer Diagnosed in Young Men Aged up to 45 Years. *Histopathology*. doi:10.1111/his.14315

Bell, Connor Gorber, S., Shane, A., Joffres, M., Singh, H., Dickinson, J., . . . Tonelli, M. (2014). Recommendations on screening for prostate cancer with the prostate-specific antigen test. *Cmaj*, 186(16), 1225-1234. doi:10.1503/cmaj.140703

Bell, K. J., Del Mar, C., Wright, G., Dickinson, J., & Glasziou, P. (2015). Prevalence of incidental prostate cancer: A systematic review of autopsy studies. *Int J Cancer*, 137(7), 1749-1757. doi:10.1002/ijc.29538

- Carter, H. B., Albertsen, P. C., Barry, M. J., Etzioni, R., Freedland, S. J., Greene, K. L., . . . Zietman, A. L. (2013). Early detection of prostate cancer: AUA Guideline. *J Urol*, 190(2), 419-426. doi:10.1016/j.juro.2013.04.119
- CCO. (2017). Cancer Care Ontario Position Statement on Prostate Cancer Screening using the Prostate-Specific Antigen (PSA) Test Retrieved from file:///C:/Users/AHCS6886/OneDrive%20-%20AVALON%20HEALTH%20SERVICES,%20LLC/Downloads/CCOPSAPositionStatement.pdf
- CDC. (2016). Leading Cancer Cases and Deaths, Male, 2016. Retrieved from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
- CDC. (2017). Leading Cancer Cases and Deaths, Male, 2017. Retrieved from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
- CDC. (2020). Should I Get Screened for Prostate Cancer? Retrieved from https://www.cdc.gov/cancer/prostate/basic_info/get-screened.htm
- Chang, S. L., Harshman, L. C., & Presti, J. C., Jr. (2010). Impact of common medications on serum total prostate-specific antigen levels: analysis of the National Health and Nutrition Examination Survey. *J Clin Oncol*, 28(25), 3951-3957. doi:10.1200/jco.2009.27.9406
- Coban, S., Doluoglu, O. G., Keles, I., Demirci, H., Turkoglu, A. R., Guzelsoy, M., . . . Demirbas, M. (2016). Age and total and free prostate-specific antigen levels for predicting prostate volume in patients with benign prostatic hyperplasia. *Aging Male*, 19(2), 124-127. doi:10.3109/13685538.2015.1131260
- FDA. (1986). TANDEM-R PSA IMMUNORADIOMETRIC ASSAY. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=319006>
- FDA. (2012). ACCESS HYBRITECH P2PSA ON THE ACCESS IMMUNOASSAY SYSTEMS. Summary of Safety and Effectiveness Data (SSED). Retrieved from https://www.accessdata.fda.gov/cdrh_docs/pdf9/P090026B.pdf
- Fisher, K. W., Montironi, R., Lopez Beltran, A., Moch, H., Wang, L., Scarpelli, M., . . . Cheng, L. (2015). Molecular foundations for personalized therapy in prostate cancer. *Curr Drug Targets*, 16(2), 103-114. Retrieved from <http://dx.doi.org/>
- Fleshner, K., Carlsson, S. V., & Roobol, M. J. (2017). The effect of the USPSTF PSA screening recommendation on prostate cancer incidence patterns in the USA. *Nat Rev Urol*, 14(1), 26-37. doi:10.1038/nrurol.2016.251
- Freedland, S. (2020). Measurement of prostate-specific antigen. UpToDate. Retrieved from https://www.uptodate.com/contents/measurement-of-prostate-specific-antigen?search=prostate%20specific%20antigen&source=search_result&selectedTitle=1~130&u_sage_type=default&display_rank=1
- Hamilton, R. J., Goldberg, K. C., Platz, E. A., & Freedland, S. J. (2008). The influence of statin medications on prostate-specific antigen levels. *J Natl Cancer Inst*, 100(21), 1511-1518. doi:10.1093/jnci/djn362
- Hoffman, R. (2020). Screening for prostate cancer - UpToDate. Retrieved from https://www.uptodate.com/contents/screening-for-prostate-cancer?source=see_link#H30. Retrieved 12/30/20

Ilic, D., Djulbegovic, M., Jung, J. H., Hwang, E. C., Zhou, Q., Cleves, A., . . . Dahm, P. (2018). Prostate cancer screening with prostate-specific antigen (PSA) test: a systematic review and meta-analysis. *Bmj*, 362, k3519. doi:10.1136/bmj.k3519

LUGPA. (2018). Retrieved from <https://lugpa.org/lugpa-endorses-and-supports-new-cancer-guidelines-from-nccn/>

Magnani, C. J., Bievre, N., Baker, L. C., Brooks, J. D., Blayney, D. W., & Hernandez-Boussard, T. (2021). Real-world Evidence to Estimate Prostate Cancer Costs for First-line Treatment or Active Surveillance. *Eur Urol Open Sci*, 23, 20-29. doi:10.1016/j.euros.2020.11.004

Martin, R. M., Donovan, J. L., Turner, E. L., Metcalfe, C., Young, G. J., Walsh, E. I., . . . Hamdy, F. C. (2018). Effect of a Low-Intensity PSA-Based Screening Intervention on Prostate Cancer Mortality: The CAP Randomized Clinical Trial. *Jama*, 319(9), 883-895. doi:10.1001/jama.2018.0154

Mottet, N., Bellmunt, J., Bolla, M., Briers, E., Cumberbatch, M. G., De Santis, M., . . . Cornford, P. (2020). EAU-EANM-ESTRO-ESUR-SIOG Guidelines on Prostate Cancer—2020 Update. Part 1: Screening, Diagnosis, and Local Treatment with Curative Intent. *Eur Urol*, 71(4), 618-629. doi:10.1016/j.eururo.2016.08.003

NCCN. (2020a). NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf

NCCN. (2020b). NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer, V.3.2020. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf

NCCN. (2021, 1/5/2021). Prostate Cancer Early Detection Version1.2021. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf

NCI. (2017). Prostate-Specific Antigen (PSA) Test. Retrieved from <https://www.cancer.gov/types/prostate/psa-fact-sheet>

NCI. (2020). Prostate Cancer Screening (PDQ®)—Health Professional Version. Retrieved from https://www.cancer.gov/types/prostate/hp/prostate-screening-pdq#_1

Osses, D. F., Remmers, S., Schroder, F. H., van der Kwast, T., & Roobol, M. J. (2019). Results of Prostate Cancer Screening in a Unique Cohort at 19yr of Follow-up. *Eur Urol*, 75(3), 374-377. doi:10.1016/j.eururo.2018.10.053

Parker, C., on behalf of the, E. G. C., Gillissen, S., on behalf of the, E. G. C., Heidenreich, A., on behalf of the, E. G. C., . . . on behalf of the, E. G. C. (2015). Retrieved from <https://www.esmo.org/Guidelines/Genitourinary-Cancers/Cancer-of-the-Prostate>

Parker, C., on behalf of the, E. G. C., Gillissen, S., on behalf of the, E. G. C., Heidenreich, A., on behalf of the, E. G. C., . . . on behalf of the, E. G. C. (2020a). Retrieved from <https://www.annalsofoncology.org/action/showPdf?pii=S0923-7534%2820%2939898-7>

Parker, C., on behalf of the, E. G. C., Gillissen, S., on behalf of the, E. G. C., Heidenreich, A., on behalf of the, E. G. C., . . . on behalf of the, E. G. C. (2020b). Prostate cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Retrieved from <https://www.annalsofoncology.org/action/showPdf?pii=S0923-7534%2820%2939898-7>

Prcic, A., Begic, E., & Hiros, M. (2016). Actual Contribution of Free to Total PSA Ratio in Prostate Diseases Differentiation. *Med Arch*, 70(4), 288-292. doi:10.5455/medarh.2016.70.288-292

Qaseem, A., Barry, M. J., Denberg, T. D., Owens, D. K., & Shekelle, P. (2013). Screening for prostate cancer: a guidance statement from the Clinical Guidelines Committee of the American College of Physicians. *Ann Intern Med*, 158(10), 761-769. doi:10.7326/0003-4819-158-10-201305210-00633

Rendon, R. A., Ross J. Mason, M., Karim Marzouk, M., Antonio Finelli, M., Fred Saad, M., Alan So, M., . . . Rodney H. Breau, M. (2017). Canadian Urological Association recommendations on prostate cancer screening and early diagnosis. *CUAJ*, 11(10), 298-309. Retrieved from <https://www.cua.org/themes/web/assets/files/4888.pdf>

Rodrigues, D. N., Butler, L. M., Estelles, D. L., & de Bono, J. S. (2014). Molecular pathology and prostate cancer therapeutics: from biology to bedside. *J Pathol*, 232(2), 178-184. doi:10.1002/path.4272

Saini, S. (2016). PSA and beyond: alternative prostate cancer biomarkers. *Cell Oncol (Dordr)*, 39(2), 97-106. doi:10.1007/s13402-016-0268-6

Singer, E. A., Palapattu, G. S., & van Wijngaarden, E. (2008). Prostate-specific antigen levels in relation to consumption of nonsteroidal anti-inflammatory drugs and acetaminophen: results from the 2001-2002 National Health and Nutrition Examination Survey. *Cancer*, 113(8), 2053-2057. doi:10.1002/cncr.23806

Stimac, G., Spajic, B., Reljic, A., Katusic, J., Popovic, A., Grubisic, I., & Tomas, D. (2014). Effect of histological inflammation on total and free serum prostate-specific antigen values in patients without clinically detectable prostate cancer. *Korean J Urol*, 55(8), 527-532. doi:10.4111/kju.2014.55.8.527

Tabayoyong, W., & Abouassaly, R. (2015). Prostate Cancer Screening and the Associated Controversy. *Surg Clin North Am*, 95(5), 1023-1039. doi:10.1016/j.suc.2015.05.001

USPSTF. (2018). Draft Recommendation Statement: Prostate Cancer: Screening - US Preventive Services Task Force. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/prostate-cancer-screening>.

Wang, L. G., Liu, X. M., Kreis, W., & Budman, D. R. (1997). Down-regulation of prostate-specific antigen expression by finasteride through inhibition of complex formation between androgen receptor and steroid receptor-binding consensus in the promoter of the PSA gene in LNCaP cells. *Cancer Res*, 57(4), 714-719.

Wilt, T. J., Harris, R. P., & Qaseem, A. (2015). Screening for cancer: advice for high-value care from the American College of Physicians. *Ann Intern Med*, 162(10), 718-725. doi:10.7326/m14-2326

Policy Update History:

11/1/2022	New policy
-----------	------------