CLINICAL PAYMENT AND CODING POLICY

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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: 5/1/2022

Description

BCBSTX 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** for average-risk individuals aged 45-75 years.

2. Screening for prostate cancer with the total prostate-specific antigen (PSA) test annually **may be reimbursable** for individuals aged 40-75 years with:
    a. African ancestry
    b. Germline mutations that increase risk for prostate cancer
    c. Suspicious family history

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

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Policy Update History:

5/1/2022	New policy