If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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 Testing

Policy Number: CPCPLAB006

Version 1.0

Approval Date: April 28, 2025

Plan Effective Date: September 5, 2025

Description

The plan 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. For average-risk individuals 45 years of age and older (see **Note 1**), screening for prostate cancer with the total prostate-specific antigen/PSA test **may be reimbursable.**

2. For individuals 40 years of age and older (see **Note 1**), annual screening for prostate cancer with the total prostate-specific antigen/PSA test **may be reimbursable** when one of the following conditions is met:
    a. Individual is of African ancestry;
    b. Individual has germline mutations that increase risk for prostate cancer;
    c. Individual has a suspicious family history.

3. For individuals with previous total PSA results, repeat screening for prostate cancer with a total PSA test **may be reimbursable** with the following frequency:
    a. For individuals less than 76 years of age when total PSA is <1 ng/ml and digital rectal exam/DRE is normal (if done): Repeat screening at 2-4 year intervals;
    b. For individuals less than 76 years of age when total PSA is 1-3 ng/ml and DRE is normal (if done): Repeat screening at 1-2 year intervals;
    c. For individuals greater than 75 years of age when total PSA is <4 ng/ml and DRE is normal (if done) and no other indications for biopsy: Repeat screening in select patients (see **Note 1**) at 1-3 year intervals.

4. A percent free PSA, or a follow-up in 6-12 months with total PSA **may be reimbursable** when any of the following conditions are met:
    a. For individuals less than 76 years of age with a total PSA >3 ng/ml and/or a very suspicious DRE;
    b. For select individuals greater than 75 years of age (see **Note 1**) with a total PSA >4 ng/ml or a very suspicious DRE.

5. For individuals thought to be at a higher risk despite at least one prior negative prostate biopsy, follow-up testing with percent free PSA **may be reimbursable**.

6. Total PSA testing **may be reimbursable** in any of the following situations:
    a. For initial prostate cancer diagnosis in individuals with signs and symptoms of prostate cancer (See **Note 2**);
    b. For follow-up of individuals with a current or previous diagnosis of prostate cancer;

c. For ongoing monitoring of individuals who have undergone tumor resection or prostatectomy;
d. For monitoring response to prostate cancer therapy;
e. For detecting disease recurrence.

7. The following testing **is not reimbursable**:
    a. Percent free PSA as a first-line screening test for prostate cancer; OR
    b. Percent free PSA, free-to-total PSA ratio, and/or complexed PSA tests for the routine screening of prostate cancer.

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 testing in this population would substantially increase rates of over detection and is not recommended." (2) 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." (3)

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
84152, 84153, 84154, G0103

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
04/28/2025	09/05/2025; Document updated with literature review. The following changes were made to Reimbursement Information: 1 and #2 replaced "-75" with "and older (see Note 1). Those changes resulted in removal of #3. Now 3c and 4b edited for clarity, replacing mention of "little to no comorbidities" with "(see Note 1).' Now 3c updated interval from "1-4 year" to "1-3 year." References revised.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information revised for clarity. Removed TRUS-guided biopsy and DRE from statement #5; added prostate cancer to #7d. References revised.
06/15/2023	06/15/2023: Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/1/2022	11/01/2022: New policy