



POLICY INFORMATION			
Policy Number:	POL-PP-305 AHS – G2007 – AHS – G2008 – Prostate Specific Antigen (PSA) Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Prostate-specific antigen (PSA) is a glycoprotein that is produced by both normal and neoplastic prostate tissue. In normal conditions, PSA is produced as a proenzyme in the prostate and secreted into the lumen. The propeptide is removed to activate the proenzyme; from there, it undergoes proteolysis to inactivate it. This inactive form may enter the bloodstream and circulate as “free” PSA. This process differs in prostate cancer; the basal cells that normally regulate this activation process are missing, which allows the secreted PSA direct access into the bloodstream. This increases the PSA concentration in the serum (Freedland, 2024).

Due to these reasons, PSA is often used in assessment of prostate cancer, such as screening, monitoring, diagnosis, and treatment management.

Terms such as male and female are used when necessary to refer to sex assigned at birth.

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

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.

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.

For individuals over 75 years of age who have little or no comorbidities (See Note 1), screening for prostate cancer with a total PSA test **may be reimbursable**.

For individuals with previous total PSA results repeat screening for prostate cancer with a total PSA test **may be reimbursable** with the following frequency:

- 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
- 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
- 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 (very healthy individuals with little or no comorbidity) at 1–4-year intervals.

A present free PSA or a follow-up in 6-12 months with total PSA **may be reimbursable** when any of the following conditions are met:

- For individuals less than 76 years of age with a total PSA>3 ng/ml and/or a very suspicious DRE
- For individuals greater than 75 years of age (very healthy individual with little or no comorbidity) with a total PSA > 4ng/ml or a very suspicious DRE.

For individual 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**.



Total PSA testing **may be reimbursable** in any of the following situations:

- 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 prostate cancer therapy,
- For detecting disease recurrence.

The following testing **may not be reimbursable**:

- Percent free PSA as a first-line screening test for prostate cancer; OR
- 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. 2 Widespread screening in this population would substantially increase rates of over detection and is not recommended (NCCN, 2023b)." 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, 2023b)."

Coding

Code	Description
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	Prostate specific antigen (PSA); total
84154	Prostate specific antigen (PSA); free
G0103	Prostate cancer screening; prostate specific antigen test (PSA)

References and Resources

Avalon Medical Policy AHS – G2007 – AHS – G2008 – Prostate Specific Antigen (PSA) Testing



Related Documents

Policy Number	Policy Title
AHS-	Prostate Biopsy Specimen Analysis
AHS-	Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version