



Reimbursement Policy

Policy Number: RPLAB006

Policy Title: Prostate Specific Antigen (PSA)
Testing

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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**), initial 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. For individuals who have elevated PSA (See **Note 2**) or a suspicious DRE, a follow-up in 6-12 months with total PSA **may be reimbursable**.
5. For individuals who have elevated total PSA and who had an initial negative biopsy, follow-up testing (no more often than follow-up with total PSA) 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 3**);
 - 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 therapy;
- e. For detecting disease recurrence.

7. Testing in the following situations **is not reimbursable**:

- Percent free PSA as a first-line screening test for prostate cancer; OR
- Percent free PSA or free-to-total PSA ratio, for the routine screening of prostate cancer.
- Complexed PSA testing.

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 applies to individuals who have a prostate or were born with a prostate.

NOTE 2: For individuals less than 76 years of age, elevated PSA requiring further evaluation is defined as a total PSA measurement of greater than 3 ng/mL. For individuals 76 years of age or older, elevated PSA requiring further evaluation is defined as a total PSA measurement of greater than or equal to 4 ng/mL. (2)

NOTE 3: 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.

Code	Description
84152	ASSAY OF PSA COMPLEXED
84153	ASSAY OF PSA TOTAL
84154	ASSAY OF PSA FREE
G0103	PSA screening

References

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Edited #1 for clarity adding "initial" for screening. #4 revised to state: "For individuals who have elevated PSA (see Note 2) or a suspicious DRE, a follow-up in 6-12 months with total PSA may be reimbursable." Revised #5 to state: "For individuals who have elevated total PSA and who had an initial negative biopsy, follow-up testing (no more often than follow-up with total PSA) with percent free PSA may be reimbursable. Revised Note in #6 to be Note 3. Revised #7 to remove "and/or complexed PSA tests" from second bullet; and added new bullet for "Complexed PSA testing." Added new Note 2: "For individuals less than 76 years of age, elevated PSA requiring further evaluation is defined as a total PSA measurement of greater than 3 ng/mL. For individuals 76 years of age or older, elevated PSA requiring further evaluation is defined as a total PSA measurement of greater than or equal to 4 ng/mL." References revised.
09/05/2025	01/01/2026; New policy.