

Highmark Commercial Medical Policy- DE

Medical Policy: L-260-007008
Topic (or Title): Prostate Specific Antigen
Section: Laboratory
Effective Date: ~~August 18, 2025~~ January 1, 2026
Issued Date: ~~August 18, 2025~~ January 1, 2026
Last Revision Date: ~~June~~ September 2025
Annual Review: June 2025

Prostate Specific Antigen (PSA) testing is utilized to screen for prostate cancer by measuring the amount of protein found in the blood. PSA is produced by cancerous and noncancerous tissue in the prostate. PSA testing may be used as an adjunct to digital rectal examination to aid in the screening of prostate cancer.

Policy Position

Delaware Mandate

18 Del. Code Sections s 3346A and 3552(b)B requires that all individual and group and blanket health insurance policies delivered, ~~or issued for delivery,~~ renewed, extended or modified in Delaware, ~~by any health insurer or health services corporation, and which provide benefits for outpatient services,~~ shall provide to persons residing, or having their principal place of employment in Delaware, and being age 50 or above, a benefit coverage for prostate cancer screenings at no cost to a covered individual (prostatic specific antigen (PSA) test). "Prostate screening" is defined in the mandate as a medically-necessary and clinically-appropriate method for the detection and diagnosis of prostate cancer, including a digital rectal exam and prostate specific antigen test, and associated laboratory work. In accordance with the American Cancer Society guidelines, coverage shall begin at: ~~Such screening shall be deemed a covered service, notwithstanding policy exclusions or services which are part of or related to annual or routine examinations.~~

(1) Age 50 for men at average risk of developing prostate cancer.

(2) Age 45 for men at high risk for developing prostate cancer, including African American men and men who have a first-degree relative diagnosed with prostate cancer.

(3) Age 40 for men at even higher risk for prostate cancer, including men who have more than 1 first-degree relative diagnosed with prostate cancer.

The cost-sharing limitation in the mandate does not apply to catastrophic health plans to the extent it would cause the plan to fail to be treated as a catastrophic plan under § 1302(e) of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18022(e). The cost-sharing limitation in the mandate does not apply to a high deductible health plan to the extent it would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code, 26 U.S.C. § 223(c)(2). If the cost-sharing limitation in the mandate would result in an enrollee becoming ineligible for a health savings account under federal law, this cost-sharing limitation only applies to a qualified high deductible health plan after the enrollee's deductible has been met.

PSA testing may be considered medically necessary for **ANY** of the following:

- Staging prostate cancer; or
- Monitoring response to prostate cancer therapy; or
- Detecting disease recurrence; or
- Individuals with abnormal prostate gland on physical examination; or
- Individuals with lower urinary tract signs and symptoms (i.e. hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia, incontinence).

PSA testing not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

84152	84153	84154	G0103
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Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes 84152 and 84154

C61	N39.0	N39.3	N39.41	N39.42	N39.43	N39.44
N39.45	N39.46	N39.490	N39.491	N39.492	N39.498	N39.8
N39.9	N40.0	N40.1	N40.2	N40.3	N41.9	N42.0
N42.1	N42.30	N42.31	N42.32	N42.39	N42.81	N42.83
N42.89	N42.9	R30.0	R30.9	R31.0	R31.1	R31.21
R31.29	R31.9	R32	R33.9	R35.0	R35.1	R35.81
R35.89	R39.11	R39.12	R39.13	R39.14	R39.15	R39.16
R39.191	R39.192	R39.198	R39.2	R39.81	R39.82	R39.83
R97.20	R97.21	Z08	Z09	Z15.09	Z15.89	Z80.42
Z85.46						

Place of Service: Inpatient/Outpatient

PSA Testing is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

Links

- [Link to Provider Resource Center for the Medical Policy Update](#)
05/2021, Reminder: Laboratory Expansion Program
- [Link to References](#)

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.