



# 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 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 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

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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

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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 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 prostate cancer therapy;

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- 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 or free-to-total PSA ratio for the routine screening of prostate cancer.
- c. 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 apply 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

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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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1. Freedland S. Measurement of prostate-specific antigen. Updated May 30, 2025. <https://www.uptodate.com/contents/measurement-of-prostate-specific-antigen>
2. NCCN. Prostate Cancer Early Detection Version 1.2026. Updated November 25, 2025. [https://www.nccn.org/professionals/physician\\_gls/pdf/prostate\\_detection.pdf](https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf)
3. ACS. Signs and Symptoms of Prostate Cancer. Updated November 22, 2023. <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/signs-symptoms.html>
4. CDC. U.S. Cancer Statistics Data Visualizations Tool. Updated June 2025. <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>
5. ACS. Key Statistics for Prostate Cancer. Updated January 16, 2025. <https://www.cancer.org/cancer/types/prostate-cancer/about/key-statistics.html>
6. ACS. Survival Rates for Prostate Cancer. Updated January 17, 2025. <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/survival-rates.html>
7. Preston MA. Screening for prostate cancer. Updated February 23, 2026. <https://www.uptodate.com/contents/screening-for-prostate-cancer>
8. Bell KJ, Del Mar C, Wright G, Dickinson J, Glasziou P. Prevalence of incidental prostate cancer: A systematic review of autopsy studies. *International journal of cancer*. Oct 01 2015;137(7):1749-57. doi:10.1002/ijc.29538
9. Fisher KW, Montironi R, Lopez Beltran A, et al. Molecular foundations for personalized therapy in prostate cancer. *Current drug targets*. 2015;16(2):103-14. doi:10.2174/1389450115666141229154500
10. Rodrigues DN, Butler LM, Estelles DL, de Bono JS. Molecular pathology and prostate cancer therapeutics: from biology to bedside. *The Journal of pathology*. Jan 2014;232(2):178-84. doi:10.1002/path.4272
11. NCI. Prostate-Specific Antigen (PSA) Test. Updated January 31, 2025. <https://www.cancer.gov/types/prostate/psa-fact-sheet>
12. Prcic A, Begic E, Hiros M. Actual Contribution of Free to Total PSA Ratio in Prostate Diseases Differentiation. *Med Arch*. Jul 27 2016;70(4):288-292. doi:10.5455/medarh.2016.70.288-292
13. Coban S, Doluoglu OG, Keles I, et al. Age and total and free prostate-specific antigen levels for predicting prostate volume in patients with benign prostatic hyperplasia. *Aging Male*. Jun 2016;19(2):124-7. doi:10.3109/13685538.2015.1131260
14. Brawley S, Mohan R, Nein C. Localized Prostate Cancer: Treatment Options. *American Family Physician*. 2018;97(12):798-805. <https://www.aafp.org/pubs/afp/issues/2018/0615/p798.html>
15. Fleshner K, Carlsson SV, Roobol MJ. The effect of the USPSTF PSA screening recommendation on prostate cancer incidence patterns in the USA. *Nature reviews Urology*. Jan 2017;14(1):26-37. doi:10.1038/nrurol.2016.251
16. Ilic D, Djulbegovic M, Jung JH, et al. Prostate cancer screening with prostate-specific antigen (PSA) test: a systematic review and meta-analysis. *Bmj*. Sep 5 2018;362:k3519. doi:10.1136/bmj.k3519
17. Saini S. PSA and beyond: alternative prostate cancer biomarkers. *Cell Oncol (Dordr)*. Apr 2016;39(2):97-106. doi:10.1007/s13402-016-0268-6

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18. Stimac G, Spajic B, Reljic A, et al. Effect of histological inflammation on total and free serum prostate-specific antigen values in patients without clinically detectable prostate cancer. *Korean journal of urology*. Aug 2014;55(8):527-32. doi:10.4111/kju.2014.55.8.527
  19. Wang LG, Liu XM, Kreis W, Budman DR. Down-regulation of prostate-specific antigen expression by finasteride through inhibition of complex formation between androgen receptor and steroid receptor-binding consensus in the promoter of the PSA gene in LNCaP cells. *Cancer research*. 1997;57(4):714-9. <https://pubmed.ncbi.nlm.nih.gov/9044850/>
  20. Singer EA, Palapattu GS, van Wijngaarden E. Prostate-specific antigen levels in relation to consumption of nonsteroidal anti-inflammatory drugs and acetaminophen: results from the 2001-2002 National Health and Nutrition Examination Survey. *Cancer*. Oct 15 2008;113(8):2053-7. doi:10.1002/cncr.23806
  21. Hamilton RJ, Goldberg KC, Platz EA, Freedland SJ. The influence of statin medications on prostate-specific antigen levels. *Journal of the National Cancer Institute*. Nov 5 2008;100(21):1511-8. doi:10.1093/jnci/djn362
  22. Chang SL, Harshman LC, Presti JC, Jr. Impact of common medications on serum total prostate-specific antigen levels: analysis of the National Health and Nutrition Examination Survey. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*. Sep 1 2010;28(25):3951-7. doi:10.1200/jco.2009.27.9406
  23. Martin RM, Donovan JL, Turner EL, et al. Effect of a Low-Intensity PSA-Based Screening Intervention on Prostate Cancer Mortality: The CAP Randomized Clinical Trial. *Jama*. Mar 6 2018;319(9):883-895. doi:10.1001/jama.2018.0154
  24. Ahlering T, Huynh LM, Kaler KS, et al. Unintended consequences of decreased PSA-based prostate cancer screening. *World J Urol*. Mar 2019;37(3):489-496. doi:10.1007/s00345-018-2407-3
  25. USPSTF. Draft Recommendation Statement: Prostate Cancer: Screening - US Preventive Services Task Force. Updated May 8, 2018. <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/prostate-cancer-screening>
  26. Osses DF, Remmers S, Schroder FH, van der Kwast T, Roobol MJ. Results of Prostate Cancer Screening in a Unique Cohort at 19yr of Follow-up. *Eur Urol*. Mar 2019;75(3):374-377. doi:10.1016/j.eururo.2018.10.053
  27. Magnani CJ, Bievre N, Baker LC, Brooks JD, Blayney DW, Hernandez-Boussard T. Real-world Evidence to Estimate Prostate Cancer Costs for First-line Treatment or Active Surveillance. *Eur Urol Open Sci*. Jan 2021;23:20-29. doi:10.1016/j.euro.2020.11.004
  28. Baniak N, Sholl LM, Mata DA, D'Amico AV, Hirsch MS, Acosta AM. Clinicopathologic and Molecular Characteristics of Prostate Cancer Diagnosed in Young Men Aged up to 45 Years. *Histopathology*. Dec 11 2020;doi:10.1111/his.14315
  29. AAFP. Counseling Patients About Prostate Cancer Screening. *Am Fam Physician*. 2018;98(8):478-483. <https://www.aafp.org/afp/2018/1015/p478.html>
  30. AAFP. Screening for Prostate Cancer: Recommendation Statement. *Am Fam Physician*. 2018;98(8):Online. <https://www.aafp.org/pubs/afp/issues/2018/1015/od1.html>
  31. CDC. Should I Get Screened for Prostate Cancer? Updated February 11, 2025. <https://www.cdc.gov/prostate-cancer/screening/get-screened.html>

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32. Memorial Sloan Kettering Cancer Center. Prostate Cancer Screening Guidelines. <https://www.mskcc.org/cancer-care/types/prostate/screening/screening-guidelines-prostate>
  33. NCCN. NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer Version 4.2026. Updated December 4, 2025. [https://www.nccn.org/professionals/physician\\_gls/pdf/prostate.pdf](https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf)
  34. ACS. American Cancer Society Recommendations for Prostate Cancer Early Detection. Updated November 22, 2023. <https://www.cancer.org/cancer/types/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html>
  35. NCI. Prostate Cancer Screening (PDQ®)–Health Professional Version. Updated April 8, 2025. <https://www.cancer.gov/types/prostate/hp/prostate-screening-pdq>
  36. Wilt TJ, Harris RP, Qaseem A. Screening for cancer: advice for high-value care from the American College of Physicians. *Ann Intern Med*. May 19 2015;162(10):718-25. doi:10.7326/m14-2326
  37. Qaseem A, Barry MJ, Denberg TD, Owens DK, Shekelle P. Screening for prostate cancer: a guidance statement from the Clinical Guidelines Committee of the American College of Physicians. *Ann Intern Med*. May 21 2013;158(10):761-769. doi:10.7326/0003-4819-158-10-201305210-00633
  38. Wei JT, Barocas D, Carlsson S, et al. Early Detection of Prostate Cancer: AUA/SUO Guideline Part I: Prostate Cancer Screening. *J Urol*. Jul 2023;210(1):46-53. doi:10.1097/ju.00000000000003491
  39. Lowrance WT, Breau RH, Chou R, et al. Advanced Prostate Cancer: AUA/ASTRO/SUO Guideline PART I. *J Urol*. Jan 2021;205(1):14-21. doi:10.1097/ju.0000000000001375
  40. Parker C, on behalf of the EGC, Gillessen S, et al. Prostate cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. 2020;doi:10.1016/j.annonc.2020.06.011
  41. AACU. Genomic testing in prostate cancer. 2018. <https://aacuweb.org/wp-content/uploads/2022/02/Position-Statement-Tissue-based-genetic-testing-in-prostate-cancer-Endorsement-02-26-18.pdf>
  42. Van Poppel H, Roobol MJ, Chapple CR, et al. Prostate-specific Antigen Testing as Part of a Risk-Adapted Early Detection Strategy for Prostate Cancer: European Association of Urology Position and Recommendations for 2021. *European Urology*. 2021;80(6):703-711. doi:10.1016/j.eururo.2021.07.024
  43. Cornford P, van den Bergh RCN, Briers E, et al. EAU-EANM-ESTRO-ESUR-ISUP-SIOG Guidelines on Prostate Cancer-2024 Update. Part I: Screening, Diagnosis, and Local Treatment with Curative Intent. *Eur Urol*. Aug 2024;86(2):148-163. doi:10.1016/j.eururo.2024.03.027
  44. FDA. TANDEM-R PSA IMMUNORADIOMETRIC ASSAY. <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=319006>
  45. FDA. Access Hybritech p2PSA on the Access Immunoassay Systems. [https://www.accessdata.fda.gov/cdrh\\_docs/pdf9/P090026B.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf9/P090026B.pdf)

## 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.
04/28/2026	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