Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Prostate Specific Antigen (PSA) Testing

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

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. 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.

Indications and/or Limitations of Coverage

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

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 **MEETS COVERAGE CRITERIA**.
2. For individuals 40 years of age and older (see Note 1), annual screening for prostate cancer with the total PSA test **MEETS COVERAGE CRITERIA** 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 **MEETS COVERAGE CRITERIA** 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- to 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- to 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- to 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 **MEETS COVERAGE CRITERIA**.
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 **MEETS COVERAGE CRITERIA**.
6. Total PSA testing **MEETS COVERAGE CRITERIA** 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.
e. For detecting disease recurrence.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

7. The following testing **DOES NOT MEET COVERAGE CRITERIA**:
   a. Percent free PSA as a first-line screening test for prostate cancer.
   b. Percent free PSA- or free-to-total PSA ratio, for the routine screening of prostate cancer.
   c. Complexed PSA testing.

NOTES:
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 overdetection and is not recommended." 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.

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."

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

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)

Evidence-based Scientific References

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Publication History

08/01/2026: Administrative edits for clarity
03/01/2026: Annual review; administrative changes
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.