Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Prostate Health Index (PHI) testing is **COVERED** for the screening and detection of prostate cancer, in men 50 years of age and older, with prostate-specific antigen (PSA) results in the range of 4 to 10 ng/mL, and who have a negative digital rectal examination (DRE).

Prostate Health Index (PHI) for the screening and detection of prostate cancer is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

**Note:** See also related Medica coverage policy, *Genetic Testing for Prostate Cancer*

Description

Prostate Health Index (PHI) is an in vitro diagnostic multivariate index calculated by combining laboratory results of three prostate-specific antigen (PSA) forms: total PSA, free PSA and proPSA. It has been suggested that PHI might better distinguish between prostate cancer and benign prostatic conditions in men ages 50 and older, with prostate-specific antigen level of 4 to 10 ng/mL, and who have DRE findings that are not suspicious. The PHI test is intended to help determine whether an individual patient would benefit from a prostate biopsy, and when combined with family and patient history, the PHI results can be used to determine individualized patient management decisions.

FDA Approval

In June 2012, proPSA, a laboratory blood test used to calculate the Prostate Health Index (PHI; Beckman Coulter, Brea, CA) was approved by the FDA through the premarket approval process. This score is calculated in a routine laboratory using Beckman Coulter equipment and software with PHI algorithm incorporated in the software.
Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

86316 – Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each

Original Effective Date: 12/17/2018

Re-Review Date(s): 2/20/2020 – administrative update; format