



Evidence Based Guideline

Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer

File Name: gene_based_tests_for_screening_detection_or_management_of_prostate_cancer
Guideline Number: EBG.MED1486
Origination: 4/2009
Last CAP Review: 8/2009
Next CAP Review: 8/2011
Last Review: 8/2009

Description of Procedure or Service

Prostate cancer is the most frequent cancer and the third leading cause of cancer death in men, surpassed only by lung and colon cancer. Screening methods for prostate cancer include digital rectal examination and measurements of serum levels of prostate specific antigen. Recently, a novel prostate cancer specific gene, PCA3, has been investigated as a possible additional tool in the screening, detection, and management of prostate cancer. The PCA3 gene (may also be referred to as DD3) is markedly upregulated in cancerous prostate cells and is not expressed, or expressed only at very low levels in normal or hyperplastic prostatic tissue. The identification of the PCA gene relies on detection of the overexpression of the associated mRNA in blood or urine after a digital rectal examination.

*****Note: The Evidence Based Guideline on gene-based tests for screening, detection, and/or management of prostate cancer is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Evidence Based Guideline for Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer

The available evidence does not permit conclusions regarding the clinical utility of gene-based tests for the screening, detection, and management of prostate cancer, therefore this test is not recommended.

Medical Evidence regarding Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer indicates it is not recommended in the following situations:

Gene-based tests for screening, detection, and/or management of prostate cancer is not recommended.

Studies have only involved small numbers of patients continue to be published, demonstrating encouraging preliminary results (improved predictive values) for potential use of the PCA2 test, alone or in combination with other prostate-related transcripts, in screening for prostate cancer. However, no studies were found in which the PCA3 test was used to direct patient management. Therefore, gene-based tests for the screening, detection, and management of prostate cancer is not recommended.

Policy: Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: There are no specific CPT or HCPCS codes for this service.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.04.33, 2/15/2007.

Senior Medical Director - 2/2009

Specialty Matched Consultant Advisory Panel - 8/2009

Policy Implementation/Update Information

4/13/09 Evidence based guideline adopted from the BCBS Association. Reviewed with the Senior Medical Director 3/16/2009. "The available evidence does not permit conclusions regarding the clinical utility of gene-based tests for the screening, detection, and management of prostate cancer, therefore this test is not recommended." (btw)

10/12/09 Specialty Matched Consultant Advisory Panel review 8/28/09. No changes to evidence based guideline. (btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.