

J6-NGS BIOMARKER TESTING (PRIOR TO INITIAL BIOPSY) FOR PROSTATE CANCER DIAGNOSIS (A56609)

CPT: 84154,86316

CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive
ICD Codes are listed
on subsequent page(s)
of this document.

Coverage Indications, Limitations, and/or Medical Necessity

ONE biomarker test (%fPSA, PHI, or 4Kscore) is covered ONCE in men \geq 45 years old, prior to initial biopsy, with confirmed* moderately elevated PSA (>3 and <10 ng/mL; ≥ 4 and <10 ng/mL in men >75 years old) with BOTH the following:

- 1.No other relative indication for prostate biopsy including ANY of the following:
 - a.DRE suspicious for cancer
 - b.Persistently elevated PSA
 - c.Positive multiparametric MRI (if done)
 - d.Other major risk factor for prostate cancer including:
 - i.Ethnicity at higher risk for prostate cancer
 - ii. First-degree relative with prostate cancer
 - iii. High-penetrance prostate cancer risk gene(s) per NCCN (if known)
- 2.No other relative contraindication for prostate biopsy including ANY of the following:
 - a. <10 year life expectancy
 - b. Benign disease not ruled out

*PSA elevation should be confirmed after a few weeks under standardized conditions (i.e., no ejaculation, manipulations, and urinary tract infections) in the same laboratory before considering a biopsy (1).

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov ►

J6-NGS BIOMARKER TESTING (PRIOR TO INITIAL BIOPSY) FOR PROSTATE J6-NGS Vitamin D Assay Testing (L37535)

CPT: 84254,86316

CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare’s limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

Code	Description
R79.20	Elevated prostate specific antigen [PSA]

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Last updated: 11/17/20

Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient’s symptoms or conditions and must be consistent with documentation in the patient’s medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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