Evidence-Based Prostate Cancer Risk Assessment and Diagnostic Algorithmic Tests

- I. Prostate cancer risk assessment and diagnostic algorithmic tests with sufficient evidence of clinical validity and utility are considered **medically necessary** when:
 - A. The member meets all of the following:
 - 1. The member has not had a prostate biopsy, AND
 - 2. The member has at least one of the following:
 - a) Prostate specific antigen (PSA) greater than 3 ng/ml, OR
 - b) A digital rectal exam (DRE) that is suspicious for cancer, **AND**
 - 3. The test is one of the following:
 - a) Prostate Health Index (PHI), OR
 - b) SelectMDx, **OR**
 - c) 4Kscore, OR
 - d) ExoDx Prostate Test, OR
 - e) MyProstateScore 2.0 (MPS2), OR
 - f) IsoPSA, OR
 - B. The member meets all of the following:
 - 1. The member has had a prostate biopsy, AND
 - 2. The result is one of the following:
 - a) Atypia, suspicious for cancer, OR
 - b) High-grade prostatic intraepithelial neoplasia (PIN), OR
 - c) Benign, AND



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- 3. The test is one of the following:
 - a) Prostate Health Index (PHI), OR
 - b) 4Kscore, OR
 - c) ExoDx Prostate Test, OR
 - d) MyProstateScore 2.0 (MPS2), OR
 - e) IsoPSA, OR
 - f) ConfirmMDx, **OR**
 - g) PCA3.
- II. The use of prostate cancer risk assessment and diagnostic algorithmic tests with sufficient evidence of clinical validity and utility are considered **investigational** for all other indications where clinical validity and utility have not been demonstrated.

REFERENCES

- 1. Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline: prostate cancer screening. J Urol. 2023;210(1):45-63.
- 2. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer Early Detection. Version 2.2024. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf

