Prostate Cancer Treatment and Prognostic Algorithmic Tests

I. The use of a prostate cancer treatment and prognostic algorithmic test (i.e., Genomic Prostate Score Test, Prolaris, Decipher, ArteraAI) is considered **medically necessary** when:

    A. The member has a life expectancy of 10 years or more, **AND**

    B. The member does **not** have either of the following:

        1. Very low-risk prostate cancer, as defined by all of the following characteristics:

            a) cT1c

            b) Grade Group 1

            c) PSA less than 10 mg/nl and density less than 0.15 ng/mL/g

            d) Biopsy shows less than 3 positive cores/fragments and less than or equal to 50% cancer in each core/fragment, **OR**

        2. Very high-risk prostate cancer, as defined by all of the following characteristics:

            a) cT3-cT4

            b) PSA greater than 40 ng/mL

            c) Grade Group 4 or 5.

II. The use of a prostate cancer treatment and prognostic algorithmic test is considered **investigational** for all other indications.

REFERENCES

1. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf
2. Eggener SE, Rumble RB, Armstrong AJ, et al. Molecular Biomarkers in Localized Prostate Cancer: ASCO Guideline. J Clin Oncol. 2020;38(13):1474-1494. doi:10.1200/JCO.19.02768