## 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

