HIGHMARK WHOLECARE

CLINICAL MEDICAL POLICY	
Policy Name:	4Kscore Test Algorithm (L37792)
Policy Number:	MP-090-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	02/01/2024; 03/01/2023; 03/01/2022; 02/13/2021; 02/17/2020
Effective Date:	03/01/2024; 04/01/2023; 04/01/2022; 03/15/2021; 03/16/2020
Next Annual Review:	01/2025
Revision Date:	01/17/2024; 01/18/2023; 01/19/2022; 01/20/2021
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
Page Number(s):	1 of 3

Policy History

Date	Activity
03/01/2024	Provider Effective date
01/17/2024	QI/UM Committee review
01/17/2024	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
04/01/2023	Provider Effective date
01/18/2023	QI/UM Committee review
01/18/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' sections.
04/01/2022	Provider Effective date
01/19/2022	QI/UM Committee review
01/19/2022	Annual Review: No changes to clinical criteria. Updated Reference Sources section. Updated code description for CPT code 81539 per AMA guidelines.
03/15/2021	Provider Effective Date
01/20/2021	Annual Review: Implemented new Medicare Policy format. Verified coding.
01/20/2021	QI/UM Committee Review
03/16/2020	Provider effective date
01/15/2020	QI/UM Committee review
12/30/2019	Initial policy developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary 4Kscore test algorithm.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD) and the Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.

2. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

3. Place of Service
   Please refer to the NCD, LCD, LCA or CMS guidelines for the place of service for 4Kscore testing.

Coverage Determination and Links

Highmark Wholecare℠ follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link
- CMS Website

NCD/LCD Links
- NCD: There are no current NCDs related to this topic. There are two related NCDs:
    - Prostate Cancer Screening Tests (210.1)
    - Prostate Specific Antigen (190.31)

- LCD: 4Kscore Test Algorithm (L37792)

Article Link
- [LCA: Billing and Coding: 4Kscore Test Algorithm (A56653)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Prostate Cancer Screening Tests (210.1). Effective date June 19, 2006. Implementation date June 19, 2006. Accessed on December 26, 2023.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Prostate Specific Antigen (190.31). Effective date November 25, 2002. Implementation date January 1, 2003. Accessed on December 26, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) 4Kscore Test Algorithm (L37792). Original Effective date March 21, 2019. Revision Effective date December 30, 2019. Accessed on December 26, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: 4Kscore Test Algorithm (A56653). Original Effective date December 30, 2019. Revision Effective date December 30, 2019. Accessed on December 26, 2023.

Coding Requirements

Procedure Code

CPT Code	Description
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score

Diagnosis Code

ICD-10 Code	Description
R97.20	Elevated prostate specific antigen (PSA)

Reimbursement
Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.