

PCA3 / MPS (MYPROSTATESCORE) PATIENT BILLING GUIDELINES



How much does the PCA3 or MPS test cost?

The cost of the PCA3 is currently \$3,171.00 and the cost of the MPS is currently \$3,254.00 with an additional \$85.00 professional fee for each test (1/1/2020) when billed to the patient's insurance by Michigan Medicine. The MPS includes individually running PCA3 (ProgenSA) and T2:ERG which is combined with serum PSA in a risk model that generates a MPS score.

Will my insurance pay for the test?

Every insurance plan is different; your insurance may pay for some of the cost, but possibly not all. You (the patient) will be financially responsible for the remaining balance. Most insurance carriers require prior authorization for payment of PCA3 or MPS testing. Benefits, copays, referral, and prior authorization requirements vary by individual policy. Michigan Medicine Laboratories (MLabs) recommends that you contact your insurance provider for specific details regarding coverage for this testing PCA3 CPT code 81313 or MPS PCA3 + T2ERG CPT code. 0113U. Patients are responsible for any expenses not covered by insurance.

Will Medicare pay for the MPS test?

Medicare may pay for a portion of the testing but not the total cost. You (the patient) will be responsible for any remaining balances. You will be asked to sign a ABN (Advance Beneficiary Notice). This is a document that states the actual cost you agree to pay if Medicare does not pay for the testing.

How will I know if MLabs can bill Medicare for my MPS test?

This can be difficult to answer, below are questions to ask the physician that is collecting your PCA3 or MPS sample.

Speak with your Physician: Is your facility part of a hospital or health system that is billing the patient's insurance for an office visit?

IF YES: Medicare patients are considered registered Out Patients and MLabs cannot bill Medicare for PCA3 or MPS laboratory testing. In these cases, MLabs can bill either your physician office or you the patient directly for the testing. To bill you the patient directly a Medicare ABN (Advance Beneficiary Notice) must be signed by the patient. This document is included in the collection kit and must be returned with your sample to MLabs.

IF NO: Medicare can be billed and you will be asked to sign a ABN (Advance Beneficiary Notice). This is a document that states the actual cost of the PCA3 or MPS test and that you agree to pay whatever portion Medicare does not pay.

Questions

Call **800.862.7284** or **mlabs.umich.edu**