

Insurers Review Whether to Still Pay for Routine Screening

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Insurers and clinicians scrambled on Friday to decide whether to continue to offer routine [P.S.A.](#) tests following news that an influential panel of experts no longer recommended them for healthy men.

Some insurers said they intended to continue paying for the test, while others said they would revisit their policies.

Both Aetna and Kaiser Permanente said it was unclear whether they would continue paying for the test. "We are currently reviewing the U.S. [Preventive Services Task Force](#)'s recent announcement on [prostate cancer](#) screening," Jason Allen, a spokesman for Kaiser Permanente, said in an e-mail. "For our members who may have questions about the Task Force's announcement, we encourage them to discuss the matter with their physicians."

Other companies were quick to affirm support for the test — at least for now. United Healthcare said that it planned to continue paying for the test, which typically costs less than \$50. WellPoint also said it would continue to pay for the test.

"Our coverage of P.S.A. testing remains unchanged at this time," said Jill Becher, a spokeswoman for WellPoint. "However, we will be carefully following the American Cancer Society recommendations" in addition to those from the government panel.

The American Cancer Society has recommended against routine screenings since March 2010.

WellPoint and other insurers said that the recommendations would have no effect on payment for prostate biopsies and surgeries, the value of which were not addressed by the task force.

The doctors who must decide whether to continue administering the test may be less swayed by the panel's recommendations, which will be open to public comments before they are finalized next week.

Those who believe in the P.S.A. test's value said the task force's recommendation would do little to shake their faith.

"I think the conclusion is misguided and wrong," said Dr. Peter Carroll, chairman of urology at the University of California, San Francisco. While the P.S.A test should not be used in isolation, he said, "in conjunction with other risk factors like age, ethnicity and family history, it can help you give a man the best information about his personal risk."

Indeed, the risk with the P.S.A. test is that it too often leads men to treat otherwise nonlethal prostate problems with aggressive [chemotherapy](#) or surgery. But some doctors insisted that the test was an important part of the diagnostic process.

Dr. Eric Klein, head of urology at the Cleveland Clinic, said he remained a believer in P.S.A. tests and would still encourage men without symptoms of prostate cancer to get them.

"Their recommendation won't change our practice at all," Dr. Klein said. "We'll still recommend routine screening."

In Dr. Klein's opinion, the panel's decision was based on an incorrect reading of the available data. "There's clear data based on randomized trials, primarily from Europe, that shows P.S.A. testing reduced mortality," he said.

Dr. J. Leonard Lichtenfeld, deputy chief medical officer of the American Cancer Society, said men should consult with their doctors.

"But we are on record as having drawn similar conclusions" as the task force, he noted.

At least one clinician saw an upside to the new recommendations.

"Patients should not be lined up and blindly going and getting these blood tests without knowing the limitations of the test, as well as the benefits," said Dr. Jeff Karnes, a urologist with the Mayo Clinic in Minnesota.

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