



PARAMOUNT

HMO & PPO
MARKETPLACE
MEDICARE – ELITE,
MAP

Proprietary Laboratory Analyses (PLA) Codes

Policy Number: PG0417

Last Review: 10/25/2018

GUIDELINES

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE

☒ Professional

☒ Facility

DESCRIPTION

Proprietary Laboratory Analyses (PLA) codes are a new addition to the CPT® code set approved by the AMA CPT® Editorial Panel. In response to the Protecting Access to Medicare Act of 2014 (PAMA), which focuses on payment and coding of clinical laboratory studies paid for under the Medicare Clinical Laboratory Fee Schedule (CLFS), the AMA has developed a category of CPT codes, known as Proprietary Laboratory Analyses (PLA), which are released on a quarterly basis. They are alphanumeric CPT codes with a corresponding descriptor for labs or manufacturers that want to identify their test more specifically. Tests with PLA codes must be performed on human specimens and must be requested by the clinical laboratory or the manufacturer that offers the test.

PLA codes do not require adherence to CPT Category I Code Criteria or American Medical Association (AMA) review for clinical utility. The standards for inclusion in this section are: Tests with PLA codes must be performed on human specimens and must be requested by the clinical laboratory or the manufacturer that offers the test.

PLA codes, which include many types of tests, have been assigned an alphanumeric structure to expand the code number capacity in the CPT code set and to distinguish these codes from other CPT codes. PLAs may be Advanced Diagnostic Laboratory Tests (ADLTs) or Clinical Diagnostic Laboratory Tests (CDLTs) as defined under the Protecting Access to Medicare Act of 2014 (PAMA) These codes describe proprietary clinical laboratory analyses and can be provided either by a single (“sole-source”) laboratory or licensed or marketed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration [FDA]).

POLICY

Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid
Paramount does not cover investigational or experimental medical, surgical or laboratory procedures that are not medically necessary and have not been strongly supported in research and for which there is a safe and medically accepted alternative available.

A provider must refer to the Paramount Prior Authorization list and specific medical policies, paramounthealthcare.com, in reference to specific procedures for coverage determinations (this list may not be all-inclusive).

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Prior authorization is required for Genetic Testing unless otherwise noted in one of Paramount's medical policies. Refer to Medical Policy PG0041 Genetic Testing for Genetic Proprietary Laboratory Analyses (PLA) codes.

Coverage will vary between product lines and may vary between groups/contracts.

COVERAGE CRITERIA

Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid

Coverage will vary between product lines and may vary between groups/contracts. Refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable testing coverage/benefits

- Paramount Advantage Medicaid line: The Ohio Department of Medicaid has listed the Proprietary Laboratory Analyses (PLA) codes as non-covered
- Medicare Advantage Plans and Paramount Commercial Insurance Plans line: will follow the CMS requirements and guidelines.

All Non-Par providers require a prior authorization.

Criteria:

- The test must be FDA approved.
- A test must be accurate, sensitive and specific, based on sufficient, quality scientific evidence to support the claims of the test.
- The tests results are utilized in providing significantly better treatment decision-making for the individual.
- The usefulness of the test is not significantly, offset by negative factors, such as expense, clinical risk, or social or ethical challenges.

Unless indicated otherwise within a Paramount Medical Policy laboratory testing are to be billed with the appropriate 80000 CPT code or assigned HCPCS code.

CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 12/15/2017

Date	Explanation & Changes
04/12/2020	<ul style="list-style-type: none">• Policy updated to establish general expectations, guidelines
12/28/2020	<ul style="list-style-type: none">• Medical policy placed on the new Paramount Medical policy format
03/02/2023	<ul style="list-style-type: none">• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/> .

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

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Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS
Release and Code Sets

U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org/>
Industry Standard Review

Hayes, Inc.

Industry Standard Review