



EFFECTIVE DATE: 07|01|2018
POLICY LAST UPDATED: 04|03|2018

OVERVIEW

Proprietary Laboratory Analyses (PLA) codes are a new addition to the CPT® code set approved by the American Medical Association (AMA) CPT Editorial Panel. They are alpha-numeric CPT codes with a corresponding descriptor for labs or manufacturers that want to more specifically identify their test. 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.

This policy indicates Proprietary Laboratory Analyses codes that:

- Require/recommend preauthorization via the Clear Coverage online tool or the traditional fax method
- Are not medically necessary
- Are not covered
- Are covered
- Are not separately reimbursed

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial Products

For services that require prior authorization, please refer to the Related Policies identified in the Code and Coverage Grid found in the Coding Section of this policy for appropriate medical criteria.

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial Products

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POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Coverage determinations vary by code. Please refer to the grid in the Coding Section for the coverage determination for the service being rendered.

NOTE: Laboratories are not allowed to obtain clinical authorization on behalf of the ordering physician. In no circumstance shall a physician/provider use a representative of a laboratory or anyone with a relationship to a laboratory, to facilitate any portion of the authorization process, including any element of the preparation of necessary documentation of clinical appropriateness. If a laboratory is found to be supporting any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a physician/provider provides a laboratory service that has not been authorized, the service will be denied as the financial liability of the laboratory and may not be billed to the member.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable testing coverage/benefits.

BACKGROUND

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 new category of CPT codes, known as Proprietary Laboratory Analyses (PLA), which will be released on a quarterly basis.

PLA codes are alpha-numeric CPT codes with a corresponding descriptor, for labs or manufacturers to more specifically identify their test. Tests with PLA codes must be performed on human specimens and must be requested by the clinical laboratory or manufacturer that offers the test.

PLA codes are contained in a non-Category I subsection of the Pathology/Laboratory CPT codes. When a specific PLA code is not listed, the test must be reported using either a CPT Category I laboratory code or an Administrative MAAA code, the later separately listed in Appendix O.

When a PLA code is available to report a given proprietary laboratory service, that PLA code takes precedence. The service should not be reported with any other CPT code(s) and other CPT code(s) should not be used to report services that may be reported with that specific PLA code

PLA 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]). These codes include advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs) as defined under the Protecting Access to Medicare Act (PAMA) of 2014.

CODING

See the attached grid for BlueCHiP for Medicare and Commercial Products coverage of PLA codes.



Grid of PLA codes
Coverage.xlsx

RELATED POLICIES

BlueCHiP for Medicare National and Local Coverage Determinations
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies
Genetic Testing Services
Medical Necessity
Molecular Markers in Fine Needle Aspirates of the Thyroid
Multimarker Serum Testing Related to Ovarian Cancer
Non-Reimbursable Health Service Codes

PUBLISHED

Provider Update, June 2018
Provider Update, October 2017

REFERENCES

Not applicable

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