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MCG Health
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RMHP Proprietary Laboratory Analyses (PLA) Outliers

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Description

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Proprietary Laboratory Analyses (PLAs) are proprietary clinical laboratory analyses and can be provided either by a single, sole source laboratory or licensed or marketed to multiple providing laboratories cleared or approved by the Food and Drug Administration (FDA).

These include advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs) as defined under the Protecting Access to Medicare Act (PAMA) of 2014. (Current Procedural Terminology Professional Edition). CPT codes describing PLAs are listed and defined at the end of the Pathology and Laboratory Section of the Current Procedural Terminology book.

All PLA CPT codes consist of four numeric digits followed by and ending with the letter U.

RMHP generally delegates to eviCore Healthcare the review of PLA test requests that are genetic or molecular in nature. Some tests, however are out-of-scope for eviCore or for other reasons are not managed by eviCore for prior authorization. RMHP conducts the review for all outlier PLA tests that require prior authorization that are not reviewed by eviCore. See Reviewer Guidance section.

Definitions

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The RMHP Prior Authorization Lists delineate PLAs into: 1) genetic or molecular tests that eviCore Healthcare reviews for prior authorization, 2) PLAs that are out of scope for eviCore and require prior authorization are reviewed by RMHP. Note: Not all PLAs are covered. Not all PLAs require prior authorization. Some PLAs are non-covered for some plans. Some PLAs may not require prior auth for some plans.

GENETIC/MOLECULAR reviewed by eviCore: Most genetic or molecular tests requiring prior authorization by RMHP are reviewed by eviCore Healthcare on behalf of RMHP. RMHP contracts with eviCore to manage the prior authorization process for most genetic or molecular tests via the eviCore website provider portal. This policy addresses outlier codes that require prior authorization and are not reviewed by eviCore. See Reviewer Guidance section.

PLA OUTLIERS: This policy provides guidance for addressing PLAs that require prior authorization and are outliers in some way. The tests in this policy are reviewed by RMHP, not by eviCore. Some of the tests are neither genetic nor molecular tests.

Clinical Indications for Procedure

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- The member has RMHP plan coverage and **ALL** of the following
 - The request is for a PLA test that requires prior authorization and is not reviewed by eviCore for RMHP **1 or more** of the following
 - The case will be pended. The nurse will apply the Reviewer Guidance, forwarding to a Medical Director to determine medical necessity when appropriate. The requesting provider will be notified of the determination per protocol.

Reviewer Guidance

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This policy does NOT address most genetic or molecular testing PLAs. Check code placement on RMHP Prior Authorization List sections to determine how to process requested code(s). Most genetic or molecular testing PLAs should be re-directed to Evicore for review. Only outliers are reviewed by RMHP. Note: Some PLAs are non-covered for some plans. Some PLAs do not require prior authorization for some plans.

The reviewer should check the plan's associated fee schedule for updates or changes when completing the literature review. For Medicare plans, check the CMS Medicare Clinical Diagnostic Laboratory Fee Schedule. For CHP Plus plans, check the CHP Plus Clinical Lab Fee Schedule. For CO RAE Prime (Medicaid) Plans, use the Health First Colorado Fee Schedule(s). Send all IFP/Commercial requests to Medical Director for review.

If no pricing exists on the fee schedule associated with the plan, the nurse will deny the PLA as not a covered service, not a benefit of the plan.

If pricing exists on the fee schedule associated with the plan, the Nurse Reviewer will forward to a Medical Director for review.

The medical director will review the information submitted by the requesting provider, along with the current scientific literature for the PLA test.

The review may include research of relevant scholarly articles, guidelines from professional societies, health utilization management organizations (e.g. MCG) parallel and parent organization(s), government program bulletins, articles, coverage determinations and fee schedules, including the Health First Colorado Fee Schedule for Medicaid (RAE Prime plans), the CHP Plus Fee Schedule for CHP Plus plans and the Clinical Diagnostic Laboratory Fee Schedule for Medicare plans, and information from the manufacturer.

Following the review described above, the medical director will make a determination as to whether the test is medically necessary. If the test is denied, the medical director will cite literature references in the denial letter.

As of 3/18/2023, only eight PLAs are listed on the Health First Colorado Fee Schedule were 0202U, 0223U, 0224U, 0225U, 0226U, (0230U priced at zero), 0240U, 0241U. No other PLAs are listed.

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CMS Medicare Clinical Diagnostic Laboratory Fee Schedule

Health First Colorado Fee Schedule

CHP Plus Clinical Lab Fee Schedule

Health First Colorado Clinical Diagnostic Laboratory Test, Upper Payment Limit Schedule

The Pathology and Laboratory Section of the AMA Current Procedural Terminology Book.

Ongoing updates from eviCore Healthcare

American Medical Association Proprietary Laboratory Analyses CPT Code Updates published quarterly.

United Healthcare Commercial Medical Policy Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing for Infectious Diarrhea Policy Number: 2021T0604C Effective Date: March 1, 2021, reviewed 6/15/2021.

Quarterly updates from eviCore Healthcare for codes out of scope.

Policy History

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Policy created May 2019 with quarterly code updates, annual reviews thereafter. 3/18/2023 annual review and code updates through effective date 4/1/2023.

Codes

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CPT® : 0002U, 0003U, 0007U, 0008U, 0009U, 0010U, 0011U, 0016U, 0017U, 0023U, 0024U, 0025U, 0027U, 0035U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0046U, 0049U, 0051U, 0052U, 0054U, 0058U, 0059U, 0061U, 0105U, 0106U, 0107U, 0108U, 0110U, 0116U, 0117U, 0119U, 0121U, 0122U, 0123U, 0140U, 0141U, 0142U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0163U, 0164U, 0165U, 0166U, 0167U, 0168U, 0174U, 0176U, 0177U, 0178U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0206U, 0207U, 0210U, 0219U, 0221U, 0222U, 0224U, 0226U, 0227U, 0242U, 0247U, 0248U, 0249U, 0251U, 0256U, 0257U, 0275U, 0279U, 0280U, 0281U, 0283U, 0284U, 0295U, 0302U, 0303U, 0304U, 0305U, 0308U, 0309U, 0310U, 0312U, 0316U, 0322U, 0324U, 0325U, 0327U, 0328U, 0337U, 0338U, 0342U, 0344U, 0346U, 0351U, 0352U, 0353U, 0354U, 0357U, 0358U, 0359U, 0360U, 0361U, 0365U, 0366U, 0367U, 0375U, 0376U, 0377U, 0381U, 0382U, 0383U, 0384U, 0385U

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