Proprietary Laboratory Analyses (PLA) Codes

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Proprietary Laboratory Analyses (PLA) codes are a part of the overall code sets developed and released by the American Medical Association – Current Procedural Terminology (AMACPT) Editorial Panel. They are alpha-numeric codes consisting of four numbers ending in a capital "U" established for labs or manufacturers who apply for specific consideration of their unique test(s). PLA codes are not required to fulfill all Category I CPT criteria and often do not yet have completely established scientific evidence to support clinical efficacy.

The PLA code set includes:

- Advanced Diagnostic Laboratory Tests (ADLTs)
- Clinical Diagnostic Laboratory Tests (CDLTs)
- Multianalyte Assays with Algorithmic Analyses (MAAA)
- Genomic Sequencing Procedures

PLA codes describe proprietary clinical laboratory analyses from one clinical laboratory ("sole source"), or multiple approved laboratories may provide PLA testing.

When a PLA code is available to report a given proprietary laboratory service, that PLA code takes precedence. The service shall not be reported with any other CPT code(s) that represent part of the

analysis or panel. PLA codes encompass all analytical services required for the analysis (e.g., cell lysis, nucleic acid stabilization, extraction, digestion, amplification, hybridization, and detection).

Criteria/Procedure

Commercial

All PLA codes are considered experimental or investigational and not eligible for reimbursement unless clearly identified as an exception by PacificSource Health Plans.

Any exceptions of coverage will be specifically identified on a related PacificSource policy, external clinical criteria (e.g., MCG, Carelon), federal or state regulatory requirement or guidance. Follow PacificSource Authorization Grid for coverage guidance.

Medicaid

PacificSource Community Solutions follows the diagnostic and general coverage requirements, limitations, and exclusions outlined in OARs 410-141-3820 and 410-141-3825 in conjunction the criteria below to determine whether PLA codes are medically appropriate and necessary to diagnose a member's presenting condition or assist in guiding management of a condition:

- HERC Prioritized List of Health Services including relevant Guideline Notes or Diagnostic Guideline Notes
- OHP's Diagnostic Procedure Code Group 1119
- In the absence of OHA criteria, PCS follows the hierarchy of evidenced-based criteria outlined in the "Clinical Criteria Used in UM Decisions" policy

PacificSource Community Solutions (PCS) follows the "Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for members under the age of 21 and Young Adults with Special Health Care Needs (YSHCN). A case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001 is required prior to a determination of non-coverage.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow the PacificSource commercial criteria above for determination of coverage and medical necessity coverage of proprietary laboratory analyses (PLA) codes.

Definitions

MAC – Medicare Administrative Contractor.

NCD – National Coverage Determination.

Proprietary – owned by an individual or business.

Related Policies

Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

References

American Medical Association. (Jan 12, 2024). CPT® PLA Codes. https://www.ama-assn.org/practice-management/cpt/cpt-pla-codes

American Medical Association. (July 1, 2024). CPT® Proprietary Laboratory Analyses (PLA) Codes: Long Descriptors. https://www.ama-assn.org/system/files/cpt-pla-codes-long.pdf.

CMS Manual System. (June 15, 2021). Pub 100-04 Medicare Claims Processing. Transmittal 10853.

Nordley, B. (Jan 30, 2020). Making Sense of Proprietary Laboratory Analyses (PLA) Codes. Medlearn Publishing. https://medlearn.com/making-sense-of-proprietary-laboratory-analyses-pla-codes/?srsltid=AfmBOorI7DopHAGmNR-oJjJ9LobI49cDoIlyACPvZW1Pw5rV6ubWiosK

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410 https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Oregon Health Authority. Group 1119: Diagnostic Procedure Codes. https://data.oregon.gov/Health-Human-Services/Group-1119-Diagnostic-Procedure-Codes/74vi-r5ii/data_preview

Oregon. The Health Evidence Review Commission (HERC). Prioritized List of Health Services https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx

Appendix

Policy Number:

Effective: 10/10/2024 **Next review:** 9/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): Social Security Act § 1833(h)(8), §1834A(c) and §1834(A)(f); OARs 410-141-3820 through 3825, 410-151-0001 through 0004.

External entities affected:

OPs Approval: 7/2026