Medical Coverage Policy

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

SHP MCP-019 Proprietary Laboratory Analyses	**Effective Date: 01/01/2019**
	Last Revision/Review Date: 10/10/2018
	Dissemination Date: 10/22/2018
	Required Review Date: 10/10/2020

DISCLAIMER

This Samaritan Health Plans (SHP) Medical Coverage Policy is intended to facilitate the Utilization Management process. It expresses Samaritan Health Plan's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Samaritan Health Plans) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Samaritan Health Plans Medical Coverage Policy (SHPMCP) document and provide the directive for all Medicare members.

Samaritan Health Plan Medical Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Samaritan Health Plans reserves the right to conduct retrospective review for medical necessity, medical appropriateness and/or potential fraud, waste and abuse. Claims may be reviewed for medical appropriateness for the services.

BACKGROUND:

Proprietary Laboratory Analyses (PLA) codes are a new addition to the CPT® code set approved by the 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.

<table>
<tr><td> </td><td colspan="2">Medical Coverage Policy</td></tr>
<tr><td></td><td colspan="2">

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

</td></tr>
<tr><td rowspan="4">SHP MCP-019 Proprietary Laboratory Analyses</td><td>Effective Date: 01/01/2019</td></tr>
<tr><td>Last Revision/Review Date: 10/10/2018</td></tr>
<tr><td>Dissemination Date: 10/22/2018</td></tr>
<tr><td>Required Review Date: 10/10/2020</td></tr>
</table>

This policy governs all Proprietary Laboratory Analyses codes that require/recommend preauthorization, including analyses that are not medically necessary / medically appropriate, are not covered, are covered, and are medically necessary/medically appropriate.

POLICY

Important Note regarding what types of providers may request prior authorization for Proprietary Laboratory Tests:

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, Samaritan Health Plans will deem the action a violation of this policy and severe action will be taken up to and including termination from the Samaritan Health Plans 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.

Samaritan Health Plans uses nationally recognized evidence based guidelines when making determinations regarding the medical appropriateness of laboratory testing.

Evidence based guidelines used by Samaritan Health Plans include:

1. MCG Ambulatory Care Guidelines

2. Applicable Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) developed by the Centers for Medicare and Medicaid Services (CMS) as well as Medicare Administrative Contractors (MAC) with oversight of geographic regions in which Samaritan Health Plans does business and/or Samaritan Health Plan members reside.

3. Guideline Notes concerning Genetic testing developed by the Health Evidence Review Commission (HERC) of the Oregon Health Authority that govern medical appropriateness for Medicaid Beneficiaries in the state of Oregon.

4. Samaritan Health Plan Medical Coverage Policies. Please refer to SHP MCP- 008 Genetic Testing when appropriate.

With regard to guidelines developed by MCG:

1. Samaritan Health Plans shall consider laboratory testing to be medically appropriate when the applicable MCG guideline contains evidence based clinical indications (also known as "criteria") and clinical indications are met.
2. Samaritan Health Plans shall consider laboratory testing to be experimental and investigational when the applicable MCG guideline states the Current Role Remains Uncertain (CRRU) indicating that there are no current evidence based clinical indications for this technology.

REFERENCES

1. MCG Health
2. Oregon Prioritized List
3. Medicare NCD, LCD, Coverage Articles
4. Samaritan Health Plans Medical Coverage Policy 008 – Genetic Testing

Required Review Date:			
Revision #	Approved By / Date	Policy Owner Approved / Date	Revision Description
1	01/01/2019	Quality Improvement Committee	New Medical Coverage Policy
2			