

Date:

Regarding: Letter of Medical Necessity for the Pigmented Lesion Assay

Patient Name:

Date of Birth [MM/DD/YYYY]:

Member ID:

Dear Health Plan Representative:

I am writing on behalf of the patient referenced above to document the medical necessity of the Pigmented Lesion Assay (PLA) (Current Procedural Terminology [CPT®] Code 0089U).

I have ordered the PLA following visual assessment and prior to biopsy. The PLA is used to determine (ie, rule out) whether a biopsy is necessary in the assessment of pigmented skin lesions for which melanoma cannot be excluded by visual examination alone.

Clinical Justification

The PLA is indicated for use and medically necessary when the lesion in question has one or more clinical or historical characteristics suggestive of melanoma, including one or more of the Asymmetry, Border, Color, Diameter, and Evolving (ABCDE) criteria, and the initial diagnosis following visual assessment is D48.5: “neoplasm of uncertain behavior of skin.”

Please see the attached medical records.

Pigmented Lesion Management Plan

The PLA is an actionable and binary assay. PLA positive lesions (LINC and/or PRAME detected) should be considered for biopsy. PLA-negative lesions should be clinically followed and monitored for visual changes. The genomic information provided by the PLA is one element of the overall clinical assessment that I intend to use in combination with clinical and historical evidence of melanoma to determine whether the lesion(s) of interest need to be surgically biopsied.

Additional notes (optional): _____

My use of the PLA is medically justified to objectively inform my biopsy decision prior to subjecting my patient to a series of potentially avoidable surgical procedures. Please feel free to contact me with any questions concerning the medical justification for ordering the PLA.

Sincerely,

Provider Signature