ARUP LABORATORIES

MEDICARE COVERAGE OF LABORATORY TESTING

Please remember when ordering laboratory tests that are billed to Medicare/Medicaid or other federally funded programs, the following requirements apply:

1. Only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening tests except for certain specifically approved procedures and may not pay for non-FDA approved tests or those tests considered experimental.
2. If there is reason to believe that Medicare will not pay for a test, the patient should be informed. The patient should then sign an Advance Beneficiary Notice (ABN) to indicate that he or she is responsible for the cost of the test if Medicare denies payment.
3. The ordering physician must provide an ICD-10 diagnosis code or narrative description, if required by the fiscal intermediary or carrier.
4. Organ- or disease-related panels should be billed only when all components of the panel are medically necessary.
5. Both ARUP- and client-customized panels should be billed to Medicare only when every component of the customized panel is medically necessary.
6. Medicare National Limitation Amounts for CPT codes are available through the Centers for Medicare & Medicaid Services (CMS) or its intermediaries. Medicaid reimbursement will be equal to or less than the amount of Medicare reimbursement.

The CPT Code(s) for test(s) profiled in this bulletin are for informational purposes only. The codes reflect our interpretation of CPT coding requirements, based upon AMA guidelines published annually. CPT codes are provided only as guidance to assist you in billing. ARUP strongly recommends that clients reconfirm CPT code information with their local intermediary or carrier. CPT coding is the sole responsibility of the billing party.

The regulations described above are only guidelines. Additional procedures may be required by your fiscal intermediary or carrier.

Hotline Page #	Test Number	Summary of Changes by Test Name	Name Change	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	Interpretive Data	Note	CPT Code	Component Change	Other Interface Change	New Test	Inactive
2	2009206	Antimicrobial Level - Isoniazid by HPLC, Serum or Plasma												x
2	0098819	Melanocyte Stimulation Hormone, Alpha (a-MSH)			x									
2	2004115	PTEN by Immunohistochemistry												x
2	2007031	PTEN with Interpretation by Immunohistochemistry												x
2	3000472	*Toxocara* Antibody by ELISA											x	
2	0099090	*Toxocara* Antibody IgG by ELISA												x

0098819   **Melanocyte Stimulation Hormone, Alpha (a-MSH)**   **MSH ALPHA**

Performed: Varies
Reported: 1-2 weeks

New Test   3000472   ***Toxocara* Antibody by ELISA**   **TOXOCA AB**

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Varies
Reported: 3-11 days

Specimen Required: Collect: Plain Red or Serum Separator Tube (SST).
Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

CPT Code(s):   86682

New York DOH Approved.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.

The following will be discontinued from ARUP's test menu on April 2, 2018.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
2009206	Antimicrobial Level - Isoniazid by HPLC, Serum or Plasma	
2004115	PTEN by Immunohistochemistry	
2007031	PTEN with Interpretation by Immunohistochemistry	
0099090	*Toxocara* Antibody IgG by ELISA	Toxocara Antibody by ELISA (3000472)