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.

New Test **2013449** **Gastrointestinal Hereditary Cancer Panel, Sequencing and Deletion/Duplication, 16 Genes** **GICAN PAN**

*This test performed at ARUP Laboratories.
Includes evaluation of *PMS2* gene related to Lynch syndrome.

Available April 4, 2016

Patient History for Hereditary Gastrointestinal Cancer

Supplemental Resources

Methodology: Massively Parallel Sequencing/Exonic Oligonucleotide-based CGH Microarray/Sequencing/Multiplex Ligation-dependent Probe Amplification
Performed: Varies
Reported: 10-12 weeks

Specimen Required: Patient Prep:
Collect: Lavender (EDTA) or Yellow (ACD Solution A or B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: Refrigerated.
Remarks:
Unacceptable Conditions:
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

Interpretive Data: Refer to report.

See Compliance Statement C: www.aruplab.com/CS

CPT Code(s): 81317 (PMS2); 81319; 81435; 81436

New York DOH approval pending. Call for status update.

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

New Test **2013476** **Hepatitis B Virus (HBV) Drug Resistance, Genotype and BCP/Precore Mutations by Sequencing** **HBVGENOMUT**

Available April 4, 2016

Methodology: Polymerase Chain Reaction/Sequencing
Performed: Varies
Reported: 9-13 days

Specimen Required: Patient Prep:
Collect: Plasma Preparation Tube (PPT). Also acceptable: Lavender (EDTA) or Serum Separator Tube (SST).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Storage/Transport Temperature: Frozen.
Remarks:
Unacceptable Conditions: Thawed specimens.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month

Reference Interval:

Interpretive Data:

Note: Procedure should be used for patients with viral loads greater than 600 IU/mL.

CPT Code(s): 87912

New York DOH Approved.

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

2007254 **Manganese, RBC** **MANG RBC**

Performed: Varies
Reported: 3-6 days

Specimen Required: Patient Prep:
Collect: Royal blue (Trace metal-free EDTA).
Specimen Preparation: Transport 1 mL RBCs in the original collection tube. (Min: 0.4 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Remarks:
Unacceptable Conditions:
Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 1 month; Frozen: Unacceptable