

IMMEDIATE CHANGE HOTLINE: Effective July 3, 2017

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.

Delete	2003999	Muc-5AC by Immunohistochemistry	MUC5AC IHC
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HOTLINE NOTE: Delete this test.

2014041	Potassium, RBC	K RBC
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Performed: Varies
Reported: 3-9 days

Specimen Required: Patient Prep:

Collect: Green (Lithium Heparin).

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. **Leave RBCs in the original container and replace stopper. Transport 2 mL RBCs in the original collection tube.** (Min: 0.7 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.

Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 1 month

HOTLINE NOTE: Remove information found in the Unacceptable Conditions field.

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2008095

14-3-3 Protein Tau/Theta, CSF

14-3-3 CSF

Specimen Required: Collect: CSF.

Specimen Preparation: The first 2 mL of CSF that flows from the tap should be discarded. Transfer 5 mL CSF to an ARUP Standard Transport Tube and freeze immediately. (Min: 2 mL)

Storage/Transport Temperature: Frozen.

Remarks: Completed requisition form required.

Unacceptable Conditions: Specimens exposed to more than one freeze/thaw cycle.

Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Indefinitely (Avoid repeated freeze/thaw cycles)

CPT Code(s): 86317; 84182; 87798

HOTLINE NOTE: The reflexive pattern for this test is being removed.

Remove reflex to 2010491, 14-3-3 Protein Tau/Theta Reflex to RT-QuIC Analysis