

HOTLINE: Effective June 3, 2019

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 | | Performed/Reported Schedule | Specimen Requirements | Reference Interval | Interpretive Data | Note | CPT Code | Component Change | Other Interface Change | New Test | Inactive |
|----------------|-------------------------|---|-------------|---|-----------------------------|-----------------------|--------------------|-------------------|------|----------|------------------|------------------------|----------|----------|
| | | | | | | | | | | | | | | |
| 2 | 3000202 | 5-Hydroxyindoleacetic acid (5-HIAA), Plasma | | | x | x | | | | | | | | |
| 2 | 0098378 | 17-Hydroxyprogesterone, Urine | | | x | x | | | | | | | | |
| 2 | 0098818 | Melanocyte Stimulating Hormone, Beta (b-MSH) | | x | x | x | | | | | | | | |
| 3 | 0098819 | Melanocyte Stimulation Hormone, Alpha (a-MSH) | | | x | x | | | | | | | | |
| 3 | 0098817 | Melanocyte Stimulation Hormone, Gamma (g-MSH) | | x | x | x | | | | | | | | |
| 5 | 2012420 | Muscle-Specific Kinase (MuSK) Antibody by RIA | | | | | | | | | | | | x |
| 3 | 3000221 | Neurokinin A (Substance K), Plasma | | | x | x | | | | | | | | |
| 3 | 0091260 | Phenol Exposure Quantitative, Urine | | | x | | | | | | | | | |

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|----------------|-------------------------|--|-------------|-------------|-----------------------------|-----------------------|--------------------|-------------------|------|----------|------------------|------------------------|----------|----------|
| 3 | 2007237 | Platelet Antibody (Glycoprotein) Plasma/Eluate | | | | X | | | | | | | | |
| 4 | 0099772 | Secretin | | | X | X | | | | | | | | |

3000202

5-Hydroxyindoleacetic acid (5-HIAA), Plasma

5 HIAA PLA

Performed: Varies
Reported: 14-17 days

Specimen Required: Patient Prep: Fast overnight prior to collection.
Collect: Z plasma preservative tube (ARUP supply #40874) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.
Specimen Preparation: Separate from cells within 10 minutes. Transfer 4 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions: Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

0098378

17-Hydroxyprogesterone, Urine

17OHPROGU

Performed: Varies
Reported: 7-10 days

Specimen Required: Patient Prep: Patient should not be on any corticosteroid, ACTH, estrogen, or gonadotropin medications, if possible, for at least 48 hours prior to collection of specimen.
Collect: 24-hour urine. No special preservatives required.
Specimen Preparation: Mix specimen well. Refrigerate during collection. Transfer 10 mL aliquot of urine to ARUP Standard Transport Tubes. (Min: 5 mL) Submit total volume.
Storage/Transport Temperature: Frozen. On dry ice is preferred. Separate specimens must be submitted when multiple tests are ordered.
Stability (collection to initiation of testing): Ambient: 1 hour; Refrigerated: 4 days; Frozen: 6 months

0098818

Melanocyte Stimulating Hormone, Beta (b-MSH)

MSH BETA

Methodology: Quantitative Radioimmunoassay
Performed: Varies
Reported: 14-17 days

Specimen Required: Patient Prep: Patient should not be on any steroid, ACTH, or hypertension medication, if possible, for at least 48 hours prior to specimen collection. Morning fasting specimens are preferred.
Collect: Lavender (K₂ or K₃ EDTA) or pink (K₂EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube. (Min: 1 mL) Freeze immediately.
Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months

[0098819](#)

Melanocyte Stimulation Hormone, Alpha (a-MSH)

MSH ALPHA

Performed: Varies
Reported: 10-13 days

Specimen Required: Patient Prep: Patient should not be on any steroid, ACTH, or hypertension medication, if possible, for at least 48 hours prior to specimen collection. Morning fasting specimens are preferred.
Collect: Lavender (K₂ or K₃ EDTA) or pink (K₂EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube. (Min. 1 mL) Freeze immediately.
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 month

[0098817](#)

Melanocyte Stimulation Hormone, Gamma (g-MSH)

MSH GAMMA

Methodology: Quantitative Radioimmunoassay
Performed: Varies
Reported: 28-31 days

Specimen Required: Patient Prep: Patient should not be on any steroid, ACTH, or hypertension medication if possible, for at least 48 hours prior to specimen collection. Morning fasting specimens are preferred.
Collect: Lavender (K₂ or K₃ EDTA) or Pink (K₂EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube. (Min: 1 mL) Freeze immediately.
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Unacceptable Conditions: Serum.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months

[3000221](#)

Neurokinin A (Substance K), Plasma

NEURO A

Performed: Varies
Reported: 10-13 days

Specimen Required: Patient Prep: Pain medication, medications that affect hypertension or intestinal motility should be discontinued, if possible, at least 48 hours prior to collection.
Collect: Z plasma preservative tube (ARUP supply #40874) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.
Specimen Preparation: Separate from cells within 10 minutes. Transfer 4 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

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

[0091260](#)

Phenol Exposure Quantitative, Urine

PHENOL U

Performed: Varies
Reported: 5-12 days

[2007237](#)

Platelet Antibody (Glycoprotein) Plasma/Euate

PLT AB GP

Specimen Required: Collect: Yellow (ACD Solution A).
Specimen Preparation: Transport 40 mL whole blood if platelet count is less than 100,000 or 10 mL if platelet count is greater than 100,000.
Storage/Transport Temperature: CRITICAL REFRIGERATED.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 4 days; Frozen: Unacceptable

[0099772](#)

Secretin

SECRETIN

Performed: Varies
Reported: 10-13 days

Specimen Required: Patient Prep: Patient should be fasting for 10-12 hours prior to collection of specimen. Medications affecting intestinal motility or insulin levels should be discontinued, if possible 48 hours prior to collection.
Collect: GI preservative tube (ARUP supply #47531). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Tubes for this test are provided at a cost of \$30 each.
Specimen Preparation: Separate from cells within 10 minutes. Transfer 4 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

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

HOTLINE: Effective **June 3, 2019**

**The following will be discontinued from ARUP's test menu on June 3, 2019.
Replacement test options are supplied if applicable.**

| Test Number | Test Name | Refer To Replacement |
|-------------------------|---|---|
| 2012420 | Muscle-Specific Kinase (MuSK) Antibody by RIA | Muscle-Specific Kinase (MuSK) Antibody, IgG (3001576) |