ARUP LABORATORIES

IMMEDICATE CHANGE HOTLINE: Effective JUNE 5, 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 **0093170** ***Borrelia hermsii* Antibody Panel by IFA, Serum** **BORRELIA**

HOTLINE NOTE: Delete this test.

Delete **0093179** **Humoral Immunity Evaluation Panel** **HUM PAN**

HOTLINE NOTE: Delete this test.

Delete **0090695** **Iodide Quantitative, Serum or Plasma** **IODIDE SP**

HOTLINE NOTE: Delete this test.

0099564 ***Strongyloides* Antibody, IgG by ELISA, Serum** **STRONGY**

Reference Interval:
Effective May 16, 2017

0.99 IV or less	Negative - No significant level of *Strongyloides* IgG antibody detected.
1.00 IV or greater	Positive- IgG antibodies to *Strongyloides* detected, which may suggest current or past infection.

HOTLINE NOTE: Remove information found in the Interpretive Data field.

Delete	**2011134**	**Thiopurine Drug Metabolites**	**THIOPMET**

HOTLINE NOTE: Delete this test and refer to Thiopurine Metabolites by LC-MS/MS (2014484).

New Test	**2014484**	**Thiopurine Metabolites by LC-MS/MS**	**THIOPMETAB**

Methodology: Quantitative Liquid Chromatography/Tandem Mass Spectrometry
Performed: Varies
Reported: 2-7 days

Specimen Required: Patient Prep: Trough collection.
Collect: Lavender (EDTA) or Pink (K_2EDTA).
Specimen Preparation: Transport 5 mL whole blood. (Min: 2.5 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Hemolyzed specimens.
Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 5 days; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 80375 (Alt code: G0480)

New York DOH Approved.

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

Delete	**2008722**	**Toxic Shock Syndrome (TSS) Antibodies Panel**	**TSS AB PAN**

HOTLINE NOTE: Delete this test.

Delete	**0096372**	**Toxic-Shock Syndrome Panel, MAID**	**TOXIC SHOC**

HOTLINE NOTE: Delete this test.