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	**0093490**	**Allergen, Food, Fennel, Fresh IgE Name**	**FENNEL FR**

HOT LINE NOTE: Delete this test.

Delete	**2012460**	**Febrile Seizures Panel, Females**	**FEB PAN**

HOT LINE NOTE: Delete this test.

Delete	**2006069**	**Febrile Seizures Panel, Males**	**FEBRIL PAN**

HOT LINE NOTE: Delete this test.

Delete	**0099484**	**Gastric Inhibitory Polypeptide**	**GIP**

HOT LINE NOTE: Delete this test.

Delete	**0050994**	***Helicobacter pylori* Antibodies, IgG & IgA**	**PYLORI PAN**

This test performed at ARUP Laboratories.
Inactivation due to limited diagnostic value.

HOT LINE NOTE: Delete this test and refer to *Helicobacter pylori* Breath Test, Adult (2010476), *Helicobacter pylori* Breath Test, Pediatric (2010925), or *Helicobacter pylori* Antigen, Fecal by EIA (0065147).

Delete 0050995 *Helicobacter pylori* Antibody, IgA A PYLORI

This test performed at ARUP Laboratories.
Inactivation due to limited diagnostic value.

HOT LINE NOTE: Delete this test and refer to *Helicobacter pylori* Breath Test, Adult (2010476), *Helicobacter pylori* Breath Test, Pediatric (2010925), or *Helicobacter pylori* Antigen, Fecal by EIA (0065147).

Delete 0099359 *Helicobacter pylori* Antibody, IgG G PYLORI

This test performed at ARUP Laboratories.
Inactivation due to limited diagnostic value.

HOT LINE NOTE: Delete this test and refer to *Helicobacter pylori Breath* Test, Adult (2010476), *Helicobacter pylori* Breath Test, Pediatric (2010925), or *Helicobacter pylori* Antigen, Fecal by EIA (0065147).

Delete 0098392 *Helicobacter pylori* Antibody, IgM M PYLORI

This test performed at ARUP Laboratories.
Inactivation due to limited diagnostic value.

HOT LINE NOTE: Delete this test and refer to *Helicobacter pylori* Breath Test, Adult (2010476), *Helicobacter pylori* Breath Test, Pediatric (2010925), or *Helicobacter pylori* Antigen, Fecal by EIA (0065147).

New Test 2012521 Liver Fibrosis, Non-Alcoholic Fatty Liver Disease (Echosens FibroMeter) FIBRO NAFL

Available June 6, 2016

This test performed at ARUP Laboratories.

Methodology: Quantitative Enzymatic/Quantitative Spectrophotometry/Automated Cell Count/Quantitative Chemiluminescent Immunoassay
Performed: Tue, Thu
Reported: 1-5 days

Specimen Required: Patient Prep: Overnight fasting specimen is required.
Collect: Lavender (EDTA) or Pink (K_2EDTA) for platelet count **AND** Serum Separator Tube (SST).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1.2 mL)
Storage/Transport Temperature: **Serum:** Frozen. **Do not send the EDTA whole blood to ARUP.**
Remarks: **This test requires an automated platelet count performed on the EDTA whole blood sample at the client site.** Include the platelet count with the patient test submission information. This test requires the patient's weight (in pounds). Include the patient's weight with the sample submission.
Unacceptable Conditions: Hemolyzed specimens. All required specimens not received. No platelet count received. No weight received.
Stability (collection to initiation of testing): **Serum:** Ambient: 8 hours; Refrigerated: 48 hours; Frozen: 2 weeks

Reference Interval: By report

Interpretive Data: Refer to report.
See Compliance Statement B: www.aruplab.com/CS

Note: This test requires an automated platelet count performed on the EDTA whole blood sample at the client site. Include the platelet count with the patient test submission information. This test requires the patient's weight (in pounds). Include the patient's weight with the sample submission.

CPT Code(s): (84450, 84460, 82728, 82947) or 81599*
***The 2016 AMA CPT manual contains the component CPT Codes and the new MAAA codes.**
Please direct any questions regarding CPT coding to the payer being billed.

New York DOH approval.

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

0098818 **Melanocyte Stimulating Hormone, Beta (b-MSH)** **MSH BETA**

Performed: Varies
Reported: 3-28 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 (EDTA) or pink (K_2EDTA).
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.**
Remarks:
Unacceptable Conditions:
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: 3-28 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 (EDTA) or pink (K_2EDTA).
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.**
Remarks:
Unacceptable Conditions:
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months

0098817 **Melanocyte Stimulation Hormone, Gamma (g-MSH)** **MSH GAMMA**

Performed: Varies
Reported: 3-28 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 (EDTA) or pink (K_2EDTA).
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.**
Remarks:
Unacceptable Conditions: Serum.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months

Delete **0098195** **Neopterin, Serum** **NEO LEVEL**

This test performed at ARUP Laboratories.
Kits are no longer available.

HOT LINE NOTE: Delete this test.

Delete **2005898** **Protocadherin 19 (*PCDH19*) Sequencing** **PCDH19**

HOT LINE NOTE: Delete this test.

Delete **2005896** ***SCN1A*-Related Seizure Disorders (*SCN1A*), Sequencing and Deletion/Duplication** **SCN1A COM**

HOT LINE NOTE: Delete this test.

0080389 Vitamin B_1 (Thiamine), Plasma VIT B1 P

This test performed at ARUP Laboratories.
Thiamine monophosphate (TMP) is no longer resulted.

Reference Interval: 4-15 nmol/L

Interpretive Data: Thiamine (vitamin B1) is reported. However, thiamine diphosphate (TDP), the biologically active form of thiamine, is not found in measurable concentration in plasma, and is best determined in whole blood specimens. Plasma thiamine concentration reflects recent intake rather than body stores.

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