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 **2013375** **Allergen, Food, Milk (Sheep), IgE** **MILK SHEEP**

Methodology: Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay
Performed: Varies
Reported: 3-6 days

Specimen Required: Collect: Plain red or serum separator tube.
Specimen Preparation: Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL/allergen)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated or frozen.
Unacceptable Conditions: Lipemic specimens
Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

CPT Code(s): 86003

New York DOH Approved.

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

2009359 **Antimicrobial Level - Azithromycin by HPLC, Serum or Plasma** **AZITHRO**

HOT LINE NOTE: There is a component change associated with this test that affects interface clients only.

2011411 **Bath Salts Panel, Serum or Plasma** **BATHSLT SP**

Specimen Required: Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks

HOT LINE NOTE: Remove information found in the Note field.

2008650 **Bath Salts Panel, Urine** **BATH SALTS**

Specimen Required: Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

2007545 **Childhood-Onset Epilepsy Panel, Sequencing and Deletion/Duplication** **CHILD EPIL**

HOT LINE NOTES: Remove information found in the Note field. There is a clinically significant charting name change associated with this test.

Delete **0093167** **Colorado Tick Fever Antibodies, IgG and IgM, IFA** **COLOR TICK**

HOT LINE NOTE: Delete this test.

New Test **2013386** **Congenital Adrenal Hyperplasia (CAH) (21-Hydroxylase Deficiency) Common Mutations** **CAH**

Methodology: Electrophoresis/Sequencing/Polymerase Chain Reaction
Performed: Varies
Reported: 7-14 days

Specimen Required: Collect: Lavender (EDTA), royal blue (EDTA), or yellow (ACD Solution A or B).
Specimen Preparation: Transport 5 mL whole blood. (Min: 3 mL)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Unacceptable Conditions: Heparinized and frozen specimens.
Stability (collection to initiation of testing): Ambient: 8 days; Refrigerated: 8 days; Frozen: Unacceptable

CPT Code(s): 81402

New York DOH Approved.

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

2007535 **Infantile Epilepsy Panel, Sequence Analysis and Exon-Level Deletion/Duplication** **INFAN EPIL**

HOT LINE NOTES: Remove information found in the Note field. There is a clinically significant charting name change associated with this test.

Delete **0050786** **Leptospira Antibody** **LEPTO IHA**

*This test performed at ARUP Laboratories.
Assay reagents are no longer available from any vendor.

HOT LINE NOTE: Delete this test.

Delete **2012918** **PD-1 and PD-L1 by Immunohistochemistry with Interpretation** **PD1L1PANEL**

*This test performed at ARUP Laboratories.
The FDA-approved test has higher clinical relevance
for KEYTRUDA eligibility.

HOT LINE NOTE: Delete this test and refer to PD-L1 22C3 pharmDx by Immunohistochemistry with Interpretation, pembrolizumab (KEYTRUDA) (2013284).

Delete **2012105** **PD-L1 by Immunohistochemistry with Interpretation** **PDL1 IP**

*This test performed at ARUP Laboratories.
The FDA-approved test has higher clinical relevance
for KEYTRUDA eligibility.

HOT LINE NOTE: Delete this test and refer to PD-L1 22C3 pharmDx by Immunohistochemistry with Interpretation, pembrolizumab (KEYTRUDA) (2013284).

2007533 **Progressive Myoclonic Epilepsy (PME) Panel, Sequence Analysis and Exon-Level Deletion/Duplication** **PROG EPIL**

HOT LINE NOTE: Remove information found in the Note field.

2008789 **Spinal Muscular Atrophy (SMA) Carrier Screening** **SMA SCRN**

Specimen Required: Collect: Lavender (EDTA).

0098359 ***Sporothrix* Antibody, Serum** **SPORO AB**

Performed: Varies
Reported: 3-8 days

Specimen Required: Collect: Serum Separator Tube (SST). Also acceptable: Plain red.
Specimen Preparation: Transport 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks