

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	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	Interpretive Data	Note	CPT Code	Component Change	Other Interface Change	New Test	Inactive
3	0099635	Allergen, Epidermals and Animal Proteins, Australian Parrot Droppings IgE												x
2	0055284	Cysticercosis Antibody, IgG by ELISA			x		x					x		
2	2008326	Hydrocarbon and Oxygenated Volatiles Panel, Blood							x		x			
2	3000712	Propafenone Quantitation, Serum or Plasma		x	x	x								
2	3000240	Prostaglandin D2 (PG D2), Urine			x									

HOTLINE: Effective May 6, 2019

0055284

Cysticercosis Antibody, IgG by ELISA

CYST SER

Performed: Sat
Reported: 1-8 days

Reference Interval:

Effective April 3, 2019

0.8 IV or less	Negative - No significant level of cysticercosis IgG antibody detected.
0.9 - 1.1 IV	Equivocal - Questionable presence of cysticercosis IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.2 IV or greater	Positive - IgG antibodies to cysticercosis detected, which may suggest current or past infection.

HOTLINE NOTE: There is a numeric map change associated with this test. There is also a unit of measure change associated with this test.

Change the numeric map for component 0055284, Cysticercosis Ab, IgG by ELISA from XX.XX to XXX.X.

Change the unit of measure for component 0055284, Cysticercosis Ab, IgG by ELISA from OD to IV.

2008326

Hydrocarbon and Oxygenated Volatiles Panel, Blood

HYDRO OX B

Note: Acetaldehyde is an unstable compound post-collection and will both form and degrade under certain sample handling conditions. Even when extreme precautions are taken to maintain the integrity of Acetaldehyde during sample collection, transport and analysis, the results will be affected under typical collection and laboratory procedures.

Test includes: Benzene, Ethylbenzene, Styrene, Toluene, Xylenes (o,m,p), n-Heptane, n-Hexane, Methylpentanes (2- and 3- Isomers), Pentane, n-Butanol, Ethanol, Isopropanol, n-Propanol, Methanol, Acetaldehyde, Acetone, Methyl Ethyl Ketone, Methyl Isobutyl Ketone, Methyl n-Butyl Ketone, Diethyl Ether, and Methyl Tertiary Butyl Ether.

HOTLINE NOTE: There is a component change associated with this test.

Remove component 0091147, Ethyl Acetate

3000712

Propafenone Quantitation, Serum or Plasma

PROPA SP

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed: Varies
Reported: 7-10 days

Specimen Required: Collect: Plain Red, Lavender (K₂ EDTA), Lavender (K₃ EDTA), or Pink (K₂EDTA).

Specimen Preparation: Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.21 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.

Unacceptable Conditions: Separator tubes.

Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 8 months

3000240

Prostaglandin D2 (PG D2), Urine

PROST D2U

Performed: Varies
Reported: 10-17 days

HOTLINE: Effective **May 6, 2019**

**The following will be discontinued from ARUP's test menu on May 6, 2019.
Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
0099635	Allergen, Epidermals and Animal Proteins, Australian Parrot Droppings IgE	Allergen, Epidermals and Animal Proteins, Budgerigar Droppings (Parakeet) (0099714)