

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
2	0070045	Estradiol, Adult Premenopausal Female, Serum or Plasma				x	x							
2	2014523	Purines and Pyrimidines Panel, Urine			x						x			
2	0091434	Titanium Quantitative, Serum or Plasma			x	x								

HOTLINE: Effective November 4, 2019

0070045

Estradiol, Adult Premenopausal Female, Serum or Plasma

ESTRA

Specimen Required: Collect: Serum Separator Tube (SST). Also acceptable: Green (Sodium or Lithium Heparin) or Lavender (K₂ EDTA).
 Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
 Storage/Transport Temperature: Frozen.
 Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.
 Stability (collection to initiation of testing): After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 6 months

Reference Interval: Effective November 4, 2019

Female	
Early Follicular phase	22-115 pg/mL
Mid Follicular phase	25-115 pg/mL
Ovulatory Peak phase	32-517 pg/mL
Mid Luteal Phase	37-246 pg/mL
Post-Menopausal	Less than 25 pg/mL

2014523

Purines and Pyrimidines Panel, Urine

PUPY URN

Performed: Varies
Reported: 7-23 days

HOTLINE NOTE: There is a component change associated with this test.
 Add component 3002243, S-Sulfocysteine

0091434

Titanium Quantitative, Serum or Plasma

TITANIU SP

Performed: Varies
Reported: 5-8 days

Specimen Required: Collect: Royal Blue (No Additive) or Royal Blue (Na₂ or K₂EDTA).
 Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an Acid Washed Transfer Vial (ARUP supply #54350) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 0.6 mL)
 Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
 Unacceptable Conditions: Separator tubes.
 Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month