ARUP LABORATORIES

Quarterly HOTLINE: Effective November 6, 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.

0091278 Beryllium, Serum or Plasma **BERYLLIUM**

Specimen Required: Collect: Royal blue (no additive) or royal blue (EDTA).
Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116) 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: Frozen.
Unacceptable Conditions: Serum separator tubes.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 6 months

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0091116 Flunitrazepam and Metabolites, Serum or Plasma, Screen with Reflex to Confirmation/Quantitation **FLUNITR SP**

Specimen Required: Collect: Plain Red, Lavender (EDTA), or Pink (K_2EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.4 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months

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Delete **0091163 Flunitrazepam and Metabolites, Urine - Screen with Reflex to Confirmation/Quantitation** **FLUNITR UR**

HOTLINE NOTE: Delete this test and refer to Flunitrazepam and Metabolites, Urine Screen with Reflex to Confirmation/Quantitation (3000183).

New Test **3000183** **Flunitrazepam and Metabolites, Urine Screen with Reflex to Confirmation/Quantitation** **FLUNI URN**

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed: Varies
Reported: 3-9 days

Specimen Required: Collect: Random urine.
Specimen Preparation: Transfer 3 mL urine to an ARUP Standard Transport Tube. (Min: 1.4 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 3 months

Reference Interval: By report

Note: If screen is positive, then confirmation will be added. Additional charges apply.

CPT Code(s): 80307; if positive add 80346 (Alt code: if positive add G0480)

New York DOH Approved.

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

0091193 **Gamma-Hydroxybutyric Acid (GHB), Serum or Plasma - Screen with Reflex to Confirmation/Quantitation** **GHB SP**

Performed: Varies
Reported: 4-11 days

Specimen Required: Collect: Plain Red, Lavender (EDTA), or Pink (K_2EDTA). Also acceptable: Gray (Sodium Fluoride/Potassium Oxalate) or Green (Sodium Heparin).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 2.4 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions: Separator tubes or citrate buffered tubes.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: 2 months

0091161 **Gamma-Hydroxybutyric Acid (GHB), Urine - Screen with Reflex to Confirmation/Quantitation** **GHB U**

Specimen Required: Collect: Random urine.
Specimen Preparation: Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 2.4 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: 3 weeks

Delete **0091442** **Pseudoephedrine, Urine** **PSEUDO UR**

HOTLINE NOTE: Delete this test.