IMMEDIATE CHANGE HOTLINE: Effective October 2, 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.

Delete **0091435** **Aromatic Solvents Quantitative Panel, Whole Blood** **AROMATIC B**

HOTLINE NOTE: Delete this test.

New Test **3000136** **Benzene Quantitative - Whole Blood** **BENZE BLD**
Available Now

Methodology: Quantitative Gas Chromatography
Performed: Varies
Reported: 3-10 days

Specimen Required: Collect: Gray (Potassium Oxalate/Sodium Fluoride) or Lavender (EDTA).
Specimen Preparation: Transport 2 mL whole blood in the original collection tube. (Min: 0.7 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 2 months; Frozen: 3 weeks

Reference Interval: By report

CPT Code(s): 84600

New York DOH Approved.

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

Delete 0091201 Benzene Quantitative, Whole Blood BENZ BLD

HOTLINE NOTE: Delete this test and refer to Benzene Quantitative - Whole Blood (3000136).

2011812 Chikungunya Antibodies, IgG and IgM CHIKPAN

Reference Interval:
Effective October 2, 2017

Test Code	Component	Reference Interval	
2011808	Chikungunya Antibody, IgG	0.79 Index or less	Negative: No significant level of Chikungunya IgG antibody detected.
		0.80-1.09 Index	Equivocal: Questionable presence of Chikungunya IgG antibody detected. Repeat testing in 10-14 days may be helpful.
		1.10 Index or greater	Positive: Chikungunya IgG antibody detected; suggests current or past infection.
2011810	Chikungunya Antibody, IgM	0.79 Index or less	Negative: No significant level of Chikungunya IgM antibody detected.
		0.80-1.09 Index	Equivocal: Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.
		1.10 Index or greater	Positive: Chikungunya IgM antibody detected.

2011808 Chikungunya Antibody, IgG CHIKG

Reference Interval:
Effective October 2, 2017

0.79 Index or less	Negative: No significant level of Chikungunya IgG antibody detected.
0.80-1.09 Index	Equivocal: Questionable presence of Chikungunya IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 Index or greater	Positive: Chikungunya IgG antibody detected; suggests current or past infection.

2011810 Chikungunya Antibody, IgM CHIKM

Reference Interval:
Effective Date October 2, 2017

0.79 Index or less	Negative: No significant level of Chikungunya IgM antibody detected.
0.80-1.09 Index	Equivocal: Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 Index or greater	Positive: Chikungunya IgM antibody detected.

2007220 *Echinococcus* Antibody, IgG ECHINO IGG

Reference Interval:
Effective September 18, 2017

0.0-0.8 IV	Negative - No significant level of Echinococcus IgG antibody detected.
0.9-1.1 IV	Equivocal - Questionable presence of Echinococcus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.2 IV or greater	Positive - Presence of IgG antibody to Echinococcus detected, suggestive of current or past infection.

HOTLINE NOTE: There is a numeric map change associated with this test.
Change the numeric map for component 2007221, Echinococcus Antibody IgG from XX.XX to XXX.X.

Delete 2003944 Herpes Simplex Virus Type 1 (HSV 1) by Immunohistochemistry HSV I IHC

HOTLINE NOTE: Delete this test and refer to Herpes Simplex Virus (HSV) Types I/II by Immunohistochemistry (3000101).

Delete 2003954 Herpes Simplex Virus Type 2 (HSV 2) by Immunohistochemistry HSV II IHC

HOTLINE NOTE: Delete this test and refer to Herpes Simplex Virus (HSV) Types I/II by Immunohistochemistry (3000101).

Delete 0091128 Hydrocarbon and Oxygenated Volatiles Quantitative Panel, Urine HYDR OX UR

HOTLINE NOTE: Delete this test.

Delete	**0091449**	**Paraldehyde and Metabolite, Serum or Plasma**	**PARALDEHY**

HOTLINE NOTE: Delete this test.

Delete	**0091535**	**Toluene Quantitative, Blood**	**TOLUEN BLD**

HOTLINE NOTE: Delete this test.

Delete	**0091536**	**Toluene Quantitative, Serum or Plasma**	**TOLUENE SP**

HOTLINE NOTE: Delete this test.

Delete	**0091230**	**Warfarin, Urine**	**WARFARIN U**

HOTLINE NOTE: Delete this test.