ARUP LABORATORIES

IMMEDIATE CHANGE HOTLINE: Effective May 7, 2018

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	0091341	Fluoride Quantitative, Serum or Plasma		x		x								
2	2010359	Mycophenolic Acid and Metabolites					x	x			x			
2	3000508	Synthetic Cannabinoid Metabolites, Qualitative, Urine											x	
2	2008091	Synthetic Cannabinoid Metabolites, Screen with Reflex to Confirmation, Urine												x

0091341 Fluoride Quantitative, Serum or Plasma — FLUORIDE

Methodology: Quantitative Ion-Specific Electrode

Specimen Required: Collect: Plain Red, Lavender (EDTA), or Pink (K_2EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions: Gray (potassium oxalate/sodium fluoride) or separator tubes.
Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 1 month; Frozen: 15 months

2010359 Mycophenolic Acid and Metabolites — MPA MET

Reference Interval:

Available Separately	Component	Therapeutic Range	Toxic
No	Mycophenolic Acid	1.0 - 3.5 µg/mL	Greater than 25.0 µg/mL
No	Mycophenolic Acid Glucuronide	35.0-100.0 µg/mL	Not well established

Interpretive Data:
The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. A proposed therapeutic range is 1.0-3.5 µg/mL for a 2 g/day dose. A 3 g/day dose may have plasma concentrations up to 5.0 µg/mL. Trough concentrations between 2.0 and 4.0 µg/mL have been suggested to maximize efficacy and minimize adverse effects. Mycophenolic acid glucuronide is an inactive metabolite and a range of 35.0-100.0 µg/mL indicates normal metabolism. During the first two weeks of transplantation, mycophenolic acid glucuronide concentrations are typically 100 - 250 µg/mL. Adverse effects of toxicity include abdominal pain, peripheral edema, cardiac abnormalities, hypertension and electrolyte disturbances.

See Compliance Statement B: www.aruplab.com/CS

HOTLINE NOTE: There is a component change associated with this test. Remove information found in the Reference Interval table for Mycophenolic Acid acyl-glucuronide.
Remove component Mycophenolic Acid acyl-glucuronide 2010111.

New Test 3000508 Synthetic Cannabinoid Metabolites, Qualitative, Urine — SYN CAN U

Methodology: Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Performed: Varies
Reported: 3-10 days

Specimen Required: Collect: Random urine.
Specimen Preparation: Transfer 3 mL urine with no additives or preservatives to an ARUP Standard Transport Tube. (Min: 1.2 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 1 month, Refrigerated: 1 month, Frozen: 1 month

Reference Interval: By report

CPT Code(s): 80352 (Alt code: G0480)

New York DOH Approved.

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

The following will be discontinued from ARUP's test menu on May 7, 2018.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
2008091	Synthetic Cannabinoid Metabolites, Screen with Reflex to Confirmation, Urine	Synthetic Cannabinoid Metabolites, Qualitative, Urine (3000508)