

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	3002037	Disaccharidase in Tissue											x	
8	2002247	Disaccharidase, Tissue												x
3	2008916	Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF					x							
5	2008915	Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum					x							
6	0050375	Measles (Rubeola) Antibodies, IgG and IgM					x							
6	0050380	Measles (Rubeola) Antibody, IgG					x							

HOTLINE: Effective September 3, 2019

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
6	0054440	Measles (Rubeola) Antibody, IgG, CSF					x							
6	3001907	Myotonic Dystrophy Type 1 (<i>DMPK</i>) CTG Expansion										x		
7	2011375	Occupation Screen - MMR/VZV Antibody Assessment Panel, IgG					x							

New Test [3002037](#) **Disaccharidase in Tissue** **DISACT**
[Click for Pricing](#)

Methodology: Quantitative Spectrophotometry
Performed: Mon, Wed, Fri
Reported: 1-6 days

Specimen Required: Collect: Biopsies of small bowel by endoscopy.
Specimen Preparation: Place two 5 mg biopsies of tissue on the wall of a small, tightly-capped plastic tube without any supporting media or an ARUP Standard Transport Tube and freeze within 2 hours of collection. (Min: 2 (two) 5 mg biopsies)
Storage/Transport Temperature: Frozen. Ship on dry ice.
Unacceptable Conditions: Specimens placed on gauze, filter paper, or any other type of support media. Tissue preserved in formalin.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Reference Interval:

Component	Reference Interval
Lactase	Greater than or equal to 10.0 $\mu\text{mol}/\text{min}/\text{g}$ protein
Maltase	Greater than or equal to 100.0 $\mu\text{mol}/\text{min}/\text{g}$ protein
Palatinase	Greater than or equal to 9.0 $\mu\text{mol}/\text{min}/\text{g}$ protein
Sucrase	Greater than or equal to 25.0 $\mu\text{mol}/\text{min}/\text{g}$ protein

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

CPT Code(s): 82657

New York DOH Approved.

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

HOTLINE: Effective **September 3, 2019**

2008916

**Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2
Glycoprotein G-Specific Antibodies, IgG, CSF**

ENCEPHCSF

Reference Interval:

HOTLINE: Effective September 3, 2019

Test Number	Components	Reference Interval	
0054440	Measles (Rubeola) Antibody, IgG, CSF	Effective September 3, 2019	
		13.4 AU/mL or less	Negative - No significant level of IgG antibody to measles (rubeola) virus detected.
		13.5-16.4 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		16.5 AU/mL or greater	Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past measles (rubeola) infection.
0054441	Measles (Rubeola) Antibody, IgM, CSF	0.79 AU or less	Negative - No significant level of IgM antibodies to measles (rubeola) virus detected.
		0.80-1.20 AU	Equivocal - Repeat testing in 10-14 days may be helpful.
		1.21 AU or greater	Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.
		Effective August 20, 2012	
0054442	Mumps Virus Antibody IgG, CSF	8.9 AU/mL or less	Negative - No significant level of detectable IgG mumps virus antibody.
		9.0-10.9 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		11.0 AU/mL or greater	Positive - IgG antibody to mumps virus detected, which may indicate a current or past mumps virus infection.
		Effective August 20, 2012	
0054443	Mumps Virus Antibody IgM, CSF	0.79 IV or less	Negative - No significant level of detectable IgM antibody to Mumps virus.
		0.80-1.20 IV	Equivocal - Borderline levels of IgM antibody to Mumps virus. Repeat testing in 10-14 days may be helpful.
		1.21 IV or greater	Positive - Presence of IgM antibody to Mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post-infection or immunization.
		Effective August 20, 2012	
0054444	Varicella-Zoster Virus Antibody, IgG, CSF	134 IV or less	Negative - No significant level of IgG antibody to varicella-zoster virus detected.
		135-165 IV	Equivocal - Repeat testing in 10-14 days may be helpful.
		166 IV or greater	Positive - IgG antibody to varicella-zoster virus detected, which may indicate a current or past varicella-zoster infection.
		Effective August 20, 2012	
0054445	Varicella-Zoster Virus Antibody, IgM by ELISA (CSF)	0.90 ISR or less	Negative - No significant level of IgM antibody to varicella-zoster virus detected.
		0.91-1.09 ISR	Equivocal - Repeat testing in 10-14 days may be helpful.
		1.10 ISR or greater	Positive - Significant level of IgM antibody to varicella-zoster virus detected, which may indicate current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
		Effective August 20, 2012	
0050408	Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA, CSF	0.89 IV or less	Negative - No significant level of detectable HSV IgM antibody.
		0.90-1.09 IV	Equivocal - Questionable presence of IgM antibodies. Repeat testing in 10-14 days may be helpful.
		1.10 IV or greater	Positive - IgM antibody to HSV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
		Effective August 20, 2012	
0050394	Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG, CSF	0.89 IV or less	Negative - No significant level of detectable HSV IgG antibody.
		0.90-1.09 IV	Equivocal - Questionable presence of IgG antibodies. Repeat testing in 10-14 days may be helpful.
		1.10 IV or greater	Positive - IgG antibody to HSV detected which may indicate a current or past HSV infection.
		Effective August 20, 2012	
0050379	Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF	0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 1 glycoprotein G.
		0.90-1.10 IV	Equivocal - Questionable presence of IgG antibody to HSV type 1. Repeat testing in 10-14 days may be helpful.
		1.11 IV or greater	Positive - IgG antibody to HSV type 1 glycoprotein G detected, which may indicate a current or past infection.
		Effective August 20, 2012	
0050359	Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF	0.89 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 2 glycoprotein G.
		0.90-1.10 IV	Equivocal - Questionable presence of IgG antibody to HSV type 2. Repeat testing in 10-14 days may be helpful.
		1.11 IV or greater	Positive - IgG antibody to HSV type 2 glycoprotein G detected, which may indicate a current or past HSV infection.
		Effective August 20, 2012	
0050238	West Nile Virus Antibody, IgG by ELISA, CSF	1.29 IV or less	Negative - No significant level of West Nile virus IgG antibody detected.
		1.30-1.49 IV	Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
		1.50 IV or greater	Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
		Effective August 20, 2012	
0050239	West Nile Virus Antibody, IgM by ELISA, CSF	0.89 IV or less	Negative - No significant level of West Nile virus IgM antibody detected.
		0.90-1.10 IV	Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
		1.11 IV or greater	Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.
		Effective August 20, 2012	

2008915

Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum

ENCEPH

Reference Interval:

Test Number	Components	Reference Interval	
0050380	Measles (Rubeola) Antibody, IgG	Effective September 3, 2019	
		13.4 AU/mL or less	Negative - No significant level of detectable measles (rubeola) IgG antibody.
		13.5-16.4 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		16.5 AU/mL or greater	Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
0099597	Measles (Rubeola) Antibody, IgM	0.79 AU or less	Negative - No significant level of IgM antibodies to measles (rubeola) virus detected.
		0.80-1.20 AU	Equivocal - Repeat testing in 10-14 days may be helpful
		1.21 AU or greater	Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.
0050390	Mumps Virus Antibody, IgG	Effective August 20, 2012	
		8.9 AU/mL or less	Negative - No significant level of detectable IgG mumps virus antibody.
		9.0-10.9 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		11.0 AU/mL or greater	Positive - IgG antibody to mumps virus detected, which may indicate a current or past exposure/immunization to mumps virus.
0099589	Mumps Virus Antibody, IgM	0.79 IV or less	Negative - No significant level of detectable IgM antibody to Mumps virus.
		0.80-1.20 IV	Equivocal - Borderline levels of IgM antibody to Mumps virus. Repeat testing in 10-14 days may be helpful.
		1.21 IV or greater	Positive - Presence of IgM antibody to Mumps virus detected, which may indicate a current or recent infection. However, low levels of IgM antibody may occasionally persist for more than 12 months post-infection or immunization
0050167	Varicella-Zoster Virus Antibody, IgG	Effective August 20, 2012	
		134 IV or less	Negative - No significant level of detectable varicella-zoster IgG antibody.
		135-165 IV	Equivocal - Repeat testing in 10-14 days may be helpful.
0099314	Varicella-Zoster Virus Antibody, IgM	0.90 ISR or less	Negative - No significant level of detectable varicella-zoster virus IgM antibody.
		0.91-1.09 ISR	Equivocal - Repeat testing in 10-14 days may be helpful.
		1.10 ISR or greater	Positive - Significant level of detectable varicella-zoster virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.
0050641	Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA	0.89 IV or less	Not Detected.
		0.90-1.09 IV	Indeterminate - Repeat testing in 10-14 days may be helpful.
		1.10 IV or greater	Detected - IgM antibody to HSV detected, which may indicate a current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
0050292	Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by CIA	Effective February 18, 2014	
		0.90 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 1 glycoprotein G.
		0.91-1.09 IV	Equivocal - Questionable presence of IgG antibody to HSV type 1 glycoprotein G. Repeat testing in 10-14 days may be helpful.
0050294	Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by CIA	Effective February 18, 2014	
		0.90 IV or less	Negative - No significant level of detectable IgG antibody to HSV type 2 glycoprotein G.
		0.91-1.09 IV	Equivocal - Questionable presence of IgG antibody to HSV type 2 glycoprotein G. Repeat testing in 10-14 days may be helpful.
0050293	Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG	0.89 IV or less	Not Detected.
		0.90-1.09 IV	Indeterminate - Repeat testing in 10-14 days may be helpful.
		1.10 IV or greater	Detected.
0050234	West Nile Virus Antibody, IgG by ELISA, Serum	1.29 IV or less	Negative - No significant level of West Nile virus IgG antibody detected.
		1.30-1.49 IV	Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful.
		1.50 IV or greater	Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
0050236	West Nile Virus Antibody, IgM by ELISA, Serum	0.89 IV or less	Negative - No significant level of West Nile virus IgM antibody detected.
		0.90-1.10 IV	Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful.
		1.11 IV or greater	Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

HOTLINE: Effective September 3, 2019

0050375

Measles (Rubeola) Antibodies, IgG and IgM

MEASLE PAN

Reference Interval:

Test Number	Components	Reference Interval	
0050380	Measles (Rubeola) Antibody, IgG	Effective September 3, 2019	
		13.4 AU/mL or less	Negative - No significant level of detectable measles (rubeola) IgG antibody.
		13.5-16.4 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		16.5 AU/mL or greater	Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
0099597	Measles (Rubeola) Antibody, IgM	0.79 AU or less	Negative - No significant level of IgM antibodies to measles (rubeola) virus detected.
		0.80-1.20 AU	Equivocal - Repeat testing in 10-14 days may be helpful
		1.21 AU or greater	Positive - IgM antibodies to measles (rubeola) virus detected. Suggestive of current or recent infection or immunization. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

0050380

Measles (Rubeola) Antibody, IgG

MEASLES G

Reference Interval:

Effective September 3, 2019

13.4 AU/mL or less	Negative - No significant level of detectable measles (rubeola) IgG antibody.
13.5-16.4 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
16.5 AU/mL or greater	Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).

0054440

Measles (Rubeola) Antibody, IgG, CSF

MEASLGCSF

Reference Interval:

Effective September 3, 2019

13.4 AU/mL or less	Negative - No significant level of IgG antibody to measles (rubeola) virus detected.
13.5-16.4 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
16.5 AU/mL or greater	Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past measles (rubeola) infection.

3001907

Myotonic Dystrophy Type 1 (DMPK) CTG Expansion

DM1 PCR

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

Change the unit of measure for component 3001909, Myotonic Dystrophy (DM1) - Allele 1 from CGG repeats to **CTG repeats**.

Change the unit of measure for component 3001910, Myotonic Dystrophy (DM1) - Allele 2 from CGG repeats to **CTG repeats**.

HOTLINE: Effective September 3, 2019

2011375

Occupation Screen - MMR/VZV Antibody Assessment Panel, IgG

MMRV PAN

Reference Interval:

Test Number	Components	Reference Interval	
	Measles (Rubeola) Antibody, IgG	Effective September 3, 2019	
		13.4 AU/mL or less	Negative - No significant level of detectable measles (rubeola) IgG antibody.
		13.5-16.4 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		16.5 AU/mL or greater	Positive - IgG antibody to measles (rubeola) detected, which may indicate a current or past exposure/immunization to measles (rubeola).
	Mumps Virus Antibody, IgG	Effective August 20, 2012	
		8.9 AU/mL or less	Negative - No significant level of detectable IgG mumps virus antibody.
		9.0-10.9 AU/mL	Equivocal - Repeat testing in 10-14 days may be helpful.
		11.0 AU/mL or greater	Positive - IgG antibody to mumps virus detected, which may indicate a current or past exposure/immunization to mumps virus.
	Rubella Virus Antibody IgG	Less than 9 IU/mL	Not Detected.
		9-9.9 IU/mL	Indeterminate - Repeat testing in 10-14 days may be helpful.
		10 IU/mL or greater	Detected.
	Varicella-Zoster Virus Antibody, IgG	Effective August 20, 2012	
		134 IV or less	Negative - No significant level of detectable varicella-zoster IgG antibody.
		135-165 IV	Equivocal - Repeat testing in 10-14 days may be helpful.
		166 IV or greater	Positive - IgG antibody to varicella-zoster detected, which may indicate a current or past varicella-zoster infection.

HOTLINE: Effective September 3, 2019

**The following will be discontinued from ARUP's test menu on September 3, 2019.
Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
2002247	Disaccharidase, Tissue	Disaccharidase in Tissue (3002037)