

IMMEDIATE CHANGE HOTLINE: Effective August 7, 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.

| | | | |
|---------------|---------|---|------------------|
| <i>Delete</i> | 2003478 | Cancer Antigen 125 by Immunohistochemistry | CA125 IHC |
|---------------|---------|---|------------------|

HOTLINE NOTE: Delete this test.

| | | | |
|-----------------|---------|--|----------------|
| New Test | 2014680 | Expanded Carrier Screen by Next Generation Sequencing | ECS SEQ |
|-----------------|---------|--|----------------|



Patient History for Expanded Carrier Screening



Additional Technical Information

Methodology: Massively Parallel Sequencing/Polymerase Chain Reaction

Performed: Varies

Reported: Within 3 weeks

Specimen Required: Collect: Lavender (EDTA).

Specimen Preparation: Transport 4 mL whole blood. (Min: 1 mL)

Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.

Remarks: Patient History form required.

Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 81479

New York DOH Approved.

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

New Test **2014677** **Expanded Carrier Screen by Next Generation Sequencing with Fragile X** **ECS SEQ FX**



Patient History for Expanded Carrier Screening



Additional Technical Information

Methodology: Massively Parallel Sequencing/Polymerase Chain Reaction
Performed: Varies
Reported: Within 3 weeks

Specimen Required: Collect: Lavender (EDTA).
Specimen Preparation: Transport 4 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Remarks: Patient History form required.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 81479

New York DOH Approved.

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

New Test **2014674** **Expanded Carrier Screen, Genotyping** **ECS GENO**



Patient History for Expanded Carrier Screening



Additional Technical Information

Methodology: Massively Parallel Sequencing/Polymerase Chain Reaction
Performed: Varies
Reported: Within 3 weeks

Specimen Required: Collect: Lavender (EDTA).
Specimen Preparation: Transport 4 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Remarks: Patient History form required.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 81479

New York DOH Approved.

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

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New Test **2014671** **Expanded Carrier Screen, Genotyping with Fragile X** **ECS GEN FX**



Patient History for Expanded Carrier Screening



Additional Technical Information

Methodology: Massively Parallel Sequencing/Polymerase Chain Reaction
Performed: Varies
Reported: Within 3 weeks

Specimen Required: Collect: Lavender (EDTA).
Specimen Preparation: Transport 4 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Remarks: Patient History form required.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 81479

New York DOH Approved.

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

Delete **2014000** **Expanded Carrier Screening Next Generation Sequencing** **ECS NGS**

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen by Next Generation Sequencing (2014680).

Delete **2008701** **Expanded Carrier Screening Next Generation Sequencing, 100-Plus Disorders with Fragile X** **ECS NGSFGX**

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen by Next Generation Sequencing with Fragile X (2014677).

Delete **2007543** **Expanded Carrier Screening Panel Targeted Mutation, 100-Plus Disorders** **ECS PANEL**

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen, Genotyping (2014674).

Delete **2007531** **Expanded Carrier Screening Panel Targeted Mutation, 100-Plus Disorders with Fragile X** **ECS PANFGX**

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen, Genotyping with Fragile X (2014671).

Delete **2009077** **Non-Invasive Prenatal Testing for RhD Genotyping, Fetal** **NIPT RHD**

HOTLINE NOTE: Delete this test.

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0080526 Pancreatic Elastase, Fecal by ELISA PAN-ELAST

Specimen Required: Collect: Stool.

Specimen Preparation: Transfer 5 g stool to an unpreserved stool transport vial (ARUP supply #40910). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 1 g)

Storage/Transport Temperature: Frozen.

Unacceptable Conditions: Stool in media or preservative. Swabs.

Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 year

Reference Interval:

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| | |
|-----------------------|--|
| Greater than 200 µg/g | Normal |
| 100-200 µg/g | Moderate to mild exocrine pancreatic insufficiency |
| Less than 100 µg/g | Severe exocrine pancreatic insufficiency |

Interpretive Data: Reference range does not apply for infants less than one month old.

Note: Enzyme substitution therapy does not influence the determination of pancreatic elastase 1.

HOTLINE NOTE: Remove information found in the Patient Prep field.

Delete 2006291 PAX2 by Immunohistochemistry PAX2 IHC

HOTLINE NOTE: Delete this test.

Delete 2008704 Prenatal Carrier Screening Next Generation Sequencing, 85 Disorders with Fragile X PCS NGSFGX

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen by Next Generation Sequencing with Fragile X (2014677).

Delete 2013849 Prenatal Carrier Screening Panel by Next Generation Sequencing PCS NGS

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen by Next Generation Sequencing (2014680).

Delete 2007539 Prenatal Carrier Screening Targeted Mutation Panel, 85 Disorders PCS PANEL

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen, Genotyping (2014674).

Delete 2007541 Prenatal Carrier Screening Targeted Mutation Panel, 85 Disorders with Fragile X PCS PANFGX

HOTLINE NOTE: Delete this test and refer to Expanded Carrier Screen, Genotyping with Fragile X (2014671).