

IMMEDIATE HOT LINE: Effective February 2, 2015

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-9 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.

2006450	Hepatitis Delta Antigen by ELISA	HEPD AG
Specimen Required:	<u>Collect:</u> Plain red. <u>Specimen Preparation:</u> Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) <u>Storage/Transport Temperature:</u> Frozen. Also acceptable: Refrigerated. <u>Unacceptable Conditions:</u> Grossly hemolyzed or lipemic specimens. <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: 1 week ; Frozen: 3 months	
0091203	Heroin - Screen with Reflex to Confirmation/Quantitation - Serum or Plasma	HEROIN SP
Performed:	Varies	
Reported:	3-7 days	
Specimen Required:	<u>Collect:</u> Plain red or Gray (sodium fluoride/potassium oxalate) or lavender (EDTA) or pink (K ₂ EDTA). <u>Specimen Preparation:</u> Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week	
0091586	Heroin - Screen with Reflex to Confirmation/Quantitation - Urine	HEROIN URN
Performed:	Varies	
Reported:	3-7 days	
Specimen Required:	<u>Collect:</u> Random urine. <u>Specimen Preparation:</u> Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 0.94 mL) <u>Storage/Transport Temperature:</u> CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week	

HOT LINE NOTE: Remove information found in the Unacceptable Conditions field.