

IMMEDIATE CHANGE HOTLINE: Effective February 5, 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.

2008597

Clobazam Quantitative, Serum or Plasma

CLOBA SP

Performed: Varies
Reported: 7-10 days

Specimen Required: Collect: Plain Red, Lavender (EDTA), or Pink (K₂EDTA).
Specimen Preparation: Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.3 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

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New Test **3000202** **5-Hydroxyindoleacetic acid (5-HIAA), Plasma** **5 HIAA PLA**
 Available Now

Methodology: Quantitative Gas Chromatography/Mass Spectrometry (GC/MS)
Performed: Varies
Reported: Within 1 month

Specimen Required: Patient Prep: Fast overnight prior to collection.
Collect: **Z plasma** preservative tube (ARUP supply #40874) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.
Specimen Preparation: Separate from cells within 10 minutes. Transfer 4 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions: Specimens not collected in a **Z plasma** preservative tube. Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

CPT Code(s): 82542

New York DOH Approved.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information. This test was originally published in the February 2018 Quarterly Hotline notification on January 5, 2018. A correction to the collection container prompted an immediate update in this publication.

2014683 **LeukoStrat CDx FLT3 Mutation Detection by PCR** **FLT3 CDX**

Specimen Required: Collect: Green (**Sodium Heparin**).
Specimen Preparation: Transport 5 mL whole blood. (Min: 5 mL) **OR** Transport 3 mL bone marrow. (Min: 3 mL) **Separate specimens must be submitted when multiple tests are ordered.**
Storage/Transport Temperature: Refrigerated.
Remarks: Specimen type required.
Unacceptable Conditions: Grossly hemolyzed or clotted specimens.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

New Test **3000221** **Neurokinin A (Substance K), Plasma** **NEURO A**
 Available Now

Methodology: Quantitative Radioimmunoassay
Performed: Varies
Reported: 5-9 days

Specimen Required: Patient Prep: Pain medication, medications that affect hypertension or intestinal motility should be discontinued, if possible, at least 48 hours prior to collection.
Collect: **Z plasma** preservative tube (ARUP supply #40874) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.
Specimen Preparation: Separate from cells within 10 minutes. Transfer 4 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)
Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions: Specimens not collected in a **Z plasma** preservative tube. Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Reference Interval: By Report

CPT Code(s): 83519

New York DOH Approved.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information. This test was originally published in the February 2018 Quarterly Hotline notification on January 5, 2018. A correction to the collection container prompted an immediate update in this publication.

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2007190 Occult Blood, Fecal by Immunoassay

FOB IA

Methodology: Qualitative Immunoassay
Performed: Sun-Sat
Reported: 2-3 days

Reference Interval: Negative

CPT Code(s): 82274

HOTLINE NOTE: There is a component change associated with this test.
 Add component 3000417, Occult Blood, Fecal Immunoassay Interp

**The following will be discontinued from ARUP's test menu on February 5, 2018.
 Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
0098645	Allergen, Food, Sugar Beet IgE	
2010722	Allergen, Fungi and Molds, Bermuda Grass Smut IgE	
2010730	Allergen, Fungi and Molds, Johnson Grass Smut IgE	
2010736	Allergen, Fungi and Molds, Oat Smut IgE	
3000027	Bone Marrow Failure Region of Interest Analysis - Add-on Parent	
3000028	Bone Marrow Failure Region of Interest Analysis - Proband	
3000030	Bone Marrow Failure Region of Interest Analysis - Trio	
3000029	Bone Marrow Failure Region of Interest Analysis with Deletion/Duplication - Proband	
3000031	Bone Marrow Failure Region of Interest Analysis with Deletion/Duplication - Trio	
2005749	Chromosome Analysis - Breakage, Ataxia Telangiectasia, Whole Blood	
3000032	Pediatric Neurology Region of Interest Analysis - Add-on Parent	
3000033	Pediatric Neurology Region of Interest Analysis - Proband	
3000035	Pediatric Neurology Region of Interest Analysis - Trio	
3000034	Pediatric Neurology Region of Interest Analysis with Deletion/Duplication - Proband	
3000036	Pediatric Neurology Region of Interest Analysis with Deletion/Duplication - Trio	