



IMMEDIATE HOT LINE: Effective February 6, 2012

This Hot Line is published by ARUP Laboratories to notify clients of updates to our test menu. New tests, inactivated tests, and test changes will be included in the Hot Line, which is published twice monthly, as needed. Hot Lines and the up-to-date [Laboratory Test Directory](#) may also be viewed on our Web site at aruplab.com. For additional information, contact ARUP Client Services at (800) 522-2787.

Changes are indicated by the red type. Note that only amended fields of an assay appear in this publication. All other fields remain the same. A red check mark (✓) indicates changes that also apply to other tests.

Unless otherwise indicated, the tests updated in this Hot Line are referred outside of ARUP Laboratories and reflect the changes made by the laboratory where specimens are sent for testing.

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.

2005763 **Chromosome Analysis, Peripheral Blood, with Reflex to Genomic Microarray** **PB REFLEX**

**This test is performed at ARUP Laboratories.*

New enhanced report component added.

HOT LINE NOTE: There is a component change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

2005762 **Chromosome Analysis, Products of Conception, with Reflex to Genomic Microarray** **POC REFLEX**

**This test is performed at ARUP Laboratories.*

New enhanced report component added.

HOT LINE NOTE: There is a component change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

Delete **0060730** **Histoplasma Antigen by EIA, Urine** **HISTOAGU**

HOT LINE NOTE: Delete this test and refer to Histoplasma Antigen Detection EIA, Urine (2006110).



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New **2006110** **Histoplasma Antigen Detection EIA, Urine**

HISTO AG U

**This test is performed at ARUP Laboratories.*

Recent FDA approval.

Methodology: Qualitative Enzyme Immunoassay
Performed: Sun-Sat
Reported: 1-2 days

Specimen Required: Collect: Random urine.
Specimen Preparation: Transfer 2 mL urine to an ARUP Standard Transport Tube.
Storage/Transport Temperature: Refrigerated.
Submit specimen according to Biological Substance, Category B, shipping guidelines.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 2 weeks

Reference Interval:
Effective February 6, 2012
Negative: less than 2.0 EIA Units
Positive: greater than or equal to 2.0 EIA Units

Interpretive Data: This EIA tests should be used in conjunction with other diagnostic procedures, including microbiological culture, histological examination of biopsy samples, and/or radiographic evidence, to aid in the diagnosis of histoplasmosis. The magnitude of the measured result above the cutoff is not indicative of the total amount of antigen present

CPT Code(s): 87385