ARUP LABORATORIES

IMMEDIATE HOT LINE: Effective January 5, 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.

New Test **2011812** **Chikungunya Antibodies, IgG and IgM** **CHIKPAN**

*This test performed at ARUP Laboratories.
Test to diagnose a rapidly spreading, debilitating mosquito-borne disease and to differentiate from other vector-borne diseases with similar symptoms.

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Wed
Reported: 1-8 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. **Mark specimens plainly as "acute or convalescent."**
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

Test Code	Component	Reference	
2011808	Chikungunya Antibody, IgG	0.90 Index or less	Negative: No significant level of Chikungunya IgG antibody detected.
		0.91-1.09 Index	Equivocal: Questionable presence of Chikungunya IgG antibody detected. Repeat testing in 10-14 days may be helpful.
		1.10 Index or greater	Positive: Chikungunya IgG antibody detected; suggests current or past infection.
2011810	Chikungunya Antibody, IgM	0.90 Index or less	Negative: No significant level of Chikungunya IgM antibody detected.
		0.91-1.09 Index	Equivocal: Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.
		1.10 Index or greater	Positive: Chikungunya IgM antibody detected.

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

CPT Code(s): 86790 x2

New York DOH Approved.

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

New Test 2011808 Chikungunya Antibody, IgG CHIKG

*This test performed at ARUP Laboratories.
Test to diagnose a rapidly spreading, debilitating mosquito-borne disease and to differentiate from other vector-borne diseases with similar symptoms..

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Wed
Reported: 1-8 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute specimens. **Mark specimens plainly as "acute or convalescent."**
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

0.90 Index or less	Negative: No significant level of Chikungunya IgG antibody detected.
0.91-1.09 Index	Equivocal: Questionable presence of Chikungunya IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 Index or greater	Positive: Chikungunya IgG antibody detected; suggests current or past infection.

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

CPT Code(s): 86790

New York DOH Approved.

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

New Test 2011810 Chikungunya Antibody, IgM CHIKM

*This test performed at ARUP Laboratories.
Test to diagnose a rapidly spreading, debilitating mosquito-borne disease and to differentiate from other vector-borne diseases with similar symptoms.

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Wed
Reported: 1-8 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute specimens. **Mark specimens plainly as "acute or convalescent."**
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, heat-inactivated, hemolyzed, or severely lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

0.90 Index or less	Negative: No significant level of Chikungunya IgM antibody detected.
0.91-1.09 Index	Equivocal: Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.
1.10 Index or greater	Positive: Chikungunya IgM antibody detected.

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

CPT Code(s): 86790

New York DOH Approved.

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

New Test **2011866** **Integrated BRAC Analysis (*BRCA1* and *BRCA2*)** **INT BRCA**

Methodology: Polymerase Chain Reaction/Sequencing
Performed: Varies
Reported: 2-3 weeks

Specimen Required: Collect: Lavender (EDTA).
Specimen Preparation: Transport 10 mL whole blood in the original container. (Min: 7.0 mL)
Storage/Transport Temperature: **CRITICAL AMBIENT. Separate specimens must be submitted when multiple tests are ordered.**
Stability (collection to initiation of testing): Ambient: 5 days; Refrigerated: Unacceptable; Frozen: Unacceptable

CPT Code(s): 81211; 81213

New York DOH Approved.

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

New Test **2011828** **Phospholipase A2 Receptor (PLA2R) Antibody, IgG with Reflex to Titer** **PLA2R**

*This test performed at ARUP Laboratories.
New FDA-cleared IFA useful in the diagnosis of primary membranous glomerulonephritis.

Methodology: Semi-Quantitative Indirect Fluorescent Antibody
Performed: Wed
Reported: 1-8 days

Specimen Required: Collect: Serum Separator Tube.
Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Hemolyzed, hyperlipemic, icteric, heat-treated or contaminated.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1year

Reference Interval: Less than 1:10

Interpretive Data: A positive result (1:10 or greater) for phospholipase A2 receptor antibody, IgG, in conjunction with other laboratory and clinical findings, supports a diagnosis of primary membranous glomerulonephritis (pMGN).

Note: If Phospholipase A2 Receptor (PLA2R) Antibody, IgG is positive, then a titer will be added. Additional charges apply.

CPT Code(s): 86255; if reflexed, add 86256

New York DOH Approved.

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

Delete **0050921** ***Treponema pallidum* Antibody, IgM by ELISA** **SYPH M**

*This test performed at ARUP Laboratories.
Test kit no longer available.

HOT LINE NOTE: Delete this test.

2011072 ***Tropheryma whipplei* Detection by PCR** **TROPH WHIP**

Specimen Required: Collect: Biopsy, paraffin block or fluid (CSF, synovial or vitreous fluid).
Specimen Preparation: **Biopsy (fresh tissue):** Transfer entire collection to a sterile container. (Min: 5 mm)
Paraffin block: Formalin fix (Preserve in 10 percent formalin within one hour of collection.) and paraffin-embedded tissue. Transport entire specimen. (Min: 5 mm)
Fluid (CSF, synovial or vitreous humor): Transfer 0.5 mL to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: **Biopsy:** Frozen.
Paraffin block: Ambient. Also acceptable: Refrigerated.
Fluid (CSF, synovial or vitreous humor): Frozen.
Stability (collection to initiation of testing): **Biopsy:** Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 week
Paraffin block: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable
Fluid (CSF, synovial or vitreous humor): Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 1 week