

IMMEDIATE HOT LINE: Effective January 09, 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.

New Test **2006102** **ALK Gene Rearrangements in NSCLC for Crizotinib Eligibility by FISH** **ALK GENE**

Methodology: Fluorescence in situ Hybridization
Performed: Varies
Reported: 7-10 days

Specimen Required: Collect: Tumor tissue.
Specimen Preparation: Formalin fix (10% neutral buffered formalin) and paraffin embed tumor tissue. Transport tissue block or 4 unstained, consecutively cut, 5 micron thick sections, mounted on positively charged glass slides. (Min: 4 slides) Protect paraffin block and/or slides from excessive heat.
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Remarks: Include surgical pathology report.
Stability (collection to initiation of testing): Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 88271 x2 DNA probe each, 88274 Interphase in situ hybridization 25-99 each; 88291 Interpretation and report

New York DOH approval pending. Call for status update.

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

0070027 Arginine Vasopressin Hormone AVH PLASMA

**This test is performed at ARUP Laboratories.*

The kit vendor has changed for this test.

Reference Interval: By report

2002918 Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation CARBOH-CDG

Specimen Required: Collect: Plain red or serum separator tube.
Specimen Preparation: Transfer 0.1 mL serum to an ARUP Standard Transport Tube. (Min: 0.05 mL)
Storage/Transport Temperature: Frozen.
Remarks: Patient age is required on the test request form. Provide reason (eg, diagnosis) for referral with each specimen.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 1 week

2005593 Natalizumab Antibodies NATAL ABS

Performed: Varies
Reported: 7-14 days

Delete 0098761 Neuronal Nuclear Antibody (ANNA) with Reflex to Titer and Western Blot, CSF ANNA CSF

HOT LINE NOTE: Delete this test and refer to Neuronal Nuclear Antibody (Hu) by IFA with Reflex to Titer and Western Blot, CSF (2006162).

New Test 2006162 Neuronal Nuclear Antibody (Hu) by IFA with Reflex to Titer and Western Blot, CSF NNAB CSF

Methodology: Qualitative Immunofluorescence Assay/Quantitative Western Blot
Performed: Varies
Reported: 4-9 days
Specimen Required: Patient Preparation: Overnight fasting preferred.
Collect: CSF.
Specimen Preparation: Transfer 0.8 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

Reference Interval: By report

CPT Code(s): 86255 PCCA; if reflexed, add 86256 Titer; 84181 Western blot

New York DOH Approved.

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

Delete 0098510 Purkinje Cell Cytoplasmic Antibody by IFA with Reflex to Titer & Western Blot, CSF PURK CSF

HOT LINE NOTE: Delete this test and refer to Purkinje Cell (Yo) Antibody by IFA with Reflex to Titer and Western Blot, CSF (2006167).

New Test **2006167** **Purkinje Cell (Yo) Antibody by IFA with Reflex to Titer and Western Blot, CSF** **PURK AB**

Methodology: Qualitative Immunofluorescence Assay/Quantitative Western Blot
Performed: Varies
Reported: 4-9 days

Specimen Required: Patient Preparation: Overnight fasting preferred.
Collect: CSF.
Specimen Preparation: Transfer 0.8 mL CSF to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

Reference Interval: By report

CPT Code(s): 86255 PCCA; if reflexed, add 86256 Titer; 84181 Western blot

New York DOH Approved.

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