ARUP LABORATORIES

IMMEDIATE HOT LINE: Effective July 6, 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.

**2011279 HIV-1 Genotyping and Tropism by Next Generation Sequencing (DEEPGEN) HIV DEEPGN**

**Specimen Required:** Collect: Lavender (EDTA).
Specimen Preparation: Specimens must be separated from cells within 6 hours of collection. Transfer 5 mL plasma to ARUP Standard Transport Tubes and freeze immediately. (Min: 1 mL)
Storage/Transport Temperature: **CRITICAL FROZEN: Separate specimens must be submitted when multiple tests are ordered.**
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: Indefinitely

***Delete*** **0092482 Iron, 24-Hour Urine IRON URN**

**HOT LINE NOTE:** Delete this test.

***Delete*** **2004782 Iron, Random Urine IRON RAN U**

**HOT LINE NOTE:** Delete this test.

***Delete*** **0092252 Lipid Peroxides (TBARS), Serum LIPID PER**

**HOT LINE NOTE:** Delete this test.

***Delete*** **2002043 LipoProfile by Nuclear Magnetic Resonance (NMR) NMRLIPO**

Effective September 28, 2015

**HOT LINE NOTE:** Delete this test and refer to LipoProfile by Nuclear Magnetic Resonance (NMR) (2012186).

**New Test** **2012186** **LipoProfile by Nuclear Magnetic Resonance (NMR)** **LIPO NMR**

Available September 28, 2015

**Methodology:** Quantitative Nuclear Magnetic Resonance Spectroscopy
**Performed:** Varies
**Reported:** 3-6 days

**Specimen Required:** Patient Prep: 12-14 hour fast is preferred but not required.
Collect: Clot Activator Tube (ARUP supply #40484). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Plain red or lavender (EDTA).
Specimen Preparation: Gently invert tube to mix contents; allow to clot at room temperature for 30 minutes. Separate serum or plasma from cells within 8 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)
Storage/Transport Temperature: **CRITICAL REFRIGERATED.**
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Unacceptable

**Reference Interval:** By Report

**Note:** Test includes: Insulin resistance calculation; lipoprotein particle number; lipoprotein subfractions; standard lipid panel (total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides).

**CPT Code(s):** 83704; 80061

New York DOH Approved.

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

***Delete*** **2003323** **LipoProfile by Nuclear Magnetic Resonance (NMR), Particle Analysis Only** **LIPO PRO**

Effective September 28, 2015

**HOT LINE NOTE:** Delete this test and refer to LipoProfile by Nuclear Magnetic Resonance (NMR), Particle Analysis Only (2012200).

**New Test** **2012200** **LipoProfile by Nuclear Magnetic Resonance (NMR), Particle Analysis Only** **LIPOPRO**

Available September 28, 2015

**Methodology:** Quantitative Nuclear Magnetic Resonance Spectroscopy
**Performed:** Varies
**Reported:** 3-6 days

**Specimen Required:** Patient Prep: 12-14 hour fast is preferred but not required.
Collect: Clot Activator Tube (ARUP supply #40484). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Plain red or lavender (EDTA).
Specimen Preparation: Gently invert tube to mix contents; allow to clot at room temperature for 30 minutes. Separate serum or plasma from cells within 8 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)
Storage/Transport Temperature: **CRITICAL REFRIGERATED.**
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Unacceptable

**Reference Interval:** By Report

**Note:** Test includes: Insulin resistance calculation; lipoprotein particle number; lipoprotein subfractions.

**CPT Code(s):** 83704

New York DOH Approved.

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