

IMMEDIATE HOT LINE: Effective October 24, 2011

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.

2003150 ***Aspergillus Galactomannan Antigen by EIA, Bronchoscopy***

ASPERAGB

**This test is performed at ARUP Laboratories.*

The vendor has updated the reagents for this test.

Interpretive Data: A BAL galactomannan index of greater than or equal to 0.5 is considered **positive**. This result should be interpreted in **the context of patient history**, clinical signs/symptoms, and other routine diagnostic tests (e.g., culture, histologic examination of biopsy material, and radiographic imaging).

Delete **2005293** **Cannabinoid Metabolites (Synthetic), Qualitative**

CANNAB SYN

HOT LINE NOTE: Delete this test. No referral available.

0098842 IGF Binding Protein 2

IGFBP-2

Specimen Required: Patient Preparation: **Fasting specimen preferred.**

Collect: Plain red or serum separator tube.

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Storage/Transport Temperature: Frozen.

Unacceptable Conditions: **Grossly hemolyzed or lipemic specimens.**

Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: **4 days**; Frozen: **28 days**

2002173 Mycophenolic Acid and Metabolite, Serum

MYCO ACID

Performed: Varies

Reported: **3-6 days**

Specimen Required: Collect: Plain red.

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Separator tubes. Grossly hemolyzed specimens.

Stability (collection to initiation of testing): Ambient: **Undetermined**; Refrigerated: 2 weeks; Frozen: **Undetermined**

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

0099728 Thyroxine Antibody

ANTI-T4

Performed: Varies

Reported: **3-9 days**

Specimen Required: Collect: Plain red. **Also acceptable: Serum separator tube.**

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature: **Room temperature. Also acceptable: Refrigerated or frozen.**

Unacceptable Conditions: **Glass containers. Grossly hemolyzed or lipemic specimens.**

Stability (collection to initiation of testing): Ambient: **2 weeks**; Refrigerated: 2 weeks; Frozen: **4 weeks**