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-10 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.

0051067 HLA-*DRB* 3*,4*,5* HLADRB345

Interpretive Data:
Background Information for HLA-*DRB* 3*,4*,5*
Purpose: For immunization/vaccination trials or to aid the clinical diagnosis of diseases strongly associated with the HLA-*DRB* 3*,4*,5***** loci.
Methodology: PCR followed by Sequence Specific Oligonucleotide Probe Hybridization of HLA-*DRB* 3*,4*,5* loci.
Analytical Sensitivity & Specificity: Medium to high resolution of HLA-*DRB* 3*,4*,5* loci.
Limitations: The presence of a disease-associated HLA combination does not establish a diagnosis. If fewer than 2 alleles are reported for a locus, the patient is likely homozygous. Rare diagnostic errors can occur due to primer or probe site mutations. This test is not sufficient for comprehensive HLA evaluation for clinical hematopoietic stem cell transplantation; for pre-transplant allele matching, consider HLA Class I (ABC) by Next Generation Sequencing (ARUP test code 2011264) and/or HLA Class II (*DRB1* and *DQB1*) by Next Generation Sequencing (ARUP test code 2011272). Occasionally the specific allele cannot be determined; in this case, the most likely allele assignment is made followed by a sequence of letters indicating other possible allele assignments. Interpretation of allele codes can be found at https://bioinformatics.bethematchclinical.org/hla/alpha.v3.html.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online at www.aruplab.com.

0055506 Neutrophil-Associated Antibodies ANTI-NEU

*This test performed at ARUP Laboratories.
Compliance Statement change.

Interpretive Data: Neutrophil-associated antibodies may cause neutropenia in various autoimmune disorders including Felty syndrome, SLE and drug-induced neutropenia. Febrile transfusion reactions and isoimmune neonatal neutropenia may also be caused by antibodies to neutrophil-specific antigens or HLA antigens.

A positive result on this test is not definitive for specific anti-neutrophil antibodies, since anti-HLA antibodies and immune complexes may also cause a positive result. The results of this test should be correlated to clinical history and other data.

See Compliance Statement B: www.aruplab.com/CS

2013008 Periprosthetic Joint Infection (PJI) Detection (Synovasure) SYNOVA PJI

Specimen Required: Specimen Preparation: Transport 1 mL synovial fluid in the original collection tube. (Min: 0.5 mL) Separate specimens must be submitted when multiple tests are ordered.