IMMEDIATE CHANGE HOTLINE: Effective September 5, 2017

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.

The regulations described above are only guidelines. Additional procedures may be required by your fiscal intermediary or carrier.

2014513 Alpha/Beta Double-Negative T-Cells for Autoimmune Lymphoproliferative Syndrome **ALPS ABDNT**

Reference Interval: Reports include age appropriate reference intervals and interpretation.

Test Number	Components	Age: 2-18 years old	Age 18-69 years old
	Absolute alpha/beta TCR+ DNT	0-46 (cells/uL)	0-32 (cells/uL)
	Absolute alpha/beta TCR+ DNT B220+	0-5 (cells/uL)	0-6 (cells/uL)
	% alpha/beta TCR+ DNT	0-3 (%)	0-2 (%)
	% alpha/beta TCR+ DNT B220+	0-0.3 (%)	0-0.4 (%)

Interpretive Data: Reported percentages reflect percentage of CD3 positive lymphocytes. The hallmark for a diagnosis of Autoimmune Lymphoproliferative Syndrome (ALPS) is an increased concentration of CD3+ T-cells negative for CD4 and CD8 (double-negative T-cells [DNT]) and positive for the alpha/beta T-cell receptor (TCR). B220 expression on alpha/beta TCR+DNT cells is a sensitive and specific marker for ALPS and is associated with mutations in the *FAS* gene.

Abnormal results should be correlated with clinical history and confirmed by additional testing for defective in vitro lymphocyte apoptosis and for mutations in the *FAS* gene.

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

HOTLINE NOTE: There is a unit of measure change associated with this test.
Change the unit of measure for component 2014516, % alpha/beta TCR+ DNT from cells/uL to %.
Change the unit of measure for component 2014517, % alpha/beta TCR+ DNT B220+ from cells/uL to %.

Delete	**0020698**	**Human Immunodeficiency Virus Type 1 (HIV-1) Antibody, Confirmation by Western Blot, with Reflex to HIV-2 Antibody**	**HIV1 WB R2**

HOTLINE NOTE: Delete this test and refer to Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental, with Reflex to HIV-1 Quantitative PCR (2012669) or Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental (2013107).

Delete	**0051250**	**Human Immunodeficiency Virus Type 2 (HIV-2) Antibody by ELISA with Reflex to HIV-2 Supplemental**	**HIV-2 PAN**

HOTLINE NOTE: Delete this test and refer to Human Immunodeficiency Virus (HIV) Combo Antigen/Antibody (HIV-1/O/2) by CIA, Reflexive Panel (2012674) or Human Immunodeficiency Virus (HIV) Combo Antigen/Antibody (HIV-1/O/2) by CIA with Reflex to HIV-1/HIV-2 Antibody Differentiation, Supplemental (2013333).

Delete	**2004172**	**Ulex Europaeus Agglutinin 1 (UEA-1) by Immunohistochemistry**	**ULEX IHC**

HOTLINE NOTE: Delete this test.