

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.

Delete	2012222	Bone Marrow Failure Sequencing, 35 Genes	BMF SEQ
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HOTLINE NOTE: Delete this test.

Delete	2003254	Drug Detection Panel by High-Resolution Time-of-Flight Mass Spectrometry, Serum or Plasma	TOF SCR SP
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HOTLINE NOTE: Delete this test and refer to Drug Screen 9 Panel, Serum or Plasma - Immunoassay Screen with Reflex to Mass Spectrometry Confirmation/Quantitation (0092420).

Delete	2001549	Factor V, R2 Mutation	F5 R2
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HOTLINE NOTE: Delete this test and refer to Factor V, R2 Mutation Detection by PCR (2014248).

Delete	2012276	Vitamin B12 Deficiency Panel	VITA B12
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HOTLINE NOTE: Delete this test.