ARUP LABORATORIES

HOTLINE: Effective April 1, 2019

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.

Hotline Page #	Test Number	Summary of Changes by Test Name	Name Change	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	Interpretive Data	Note	CPT Code	Component Change	Other Interface Change	New Test	Inactive
3	0098871	Allergen, Tree, Groundsel IgE												x
3	2012730	Non-Criteria Antiphospholipid Syndrome (APS) (aPa, aPc, aPe, aPg, aPi) Antibodies Extended Panel												x
3	2007610	Phosphatidic Acid Antibodies, IgG, IgM, and IgA												x
2	3001549	Phosphatidylcholine Antibodies - IgG, IgM and IgA											x	
3	0051590	Phosphatidylcholine Antibodies, IgG, IgM and IgA												x
2	3000219	Prostaglandin D2 (PG D2), Serum or Plasma			x									

New Test **3001549** **Phosphatidylcholine Antibodies - IgG, IgM and IgA** **PHOSPHA AB**

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Methodology: Semi-Quantitative Immunoassay
Performed: Varies
Reported: 3-9 days

Specimen Required: Collect: Plain Red or Serum Separator Tube (SST).
Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions: Specimens transported in separator tubes.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months

Reference Interval: By report

CPT Code(s): 83520 x3

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.

3000219 **Prostaglandin D2 (PG D2), Serum or Plasma** **PROSTAG D2**

Performed: Varies
Reported: 10-17 days

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The following will be discontinued from ARUP's test menu on April 1, 2019.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
0098871	Allergen, Tree, Groundsel IgE	
2012730	Non-Criteria Antiphospholipid Syndrome (APS) (aPa, aPc, aPe, aPg, aPi) Antibodies Extended Panel	
2007610	Phosphatidic Acid Antibodies, IgG, IgM, and IgA	
0051590	Phosphatidylcholine Antibodies, IgG, IgM and IgA	Phosphatidylcholine Abs - IgG, IgM, IgA (3001549)