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.

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**Alpha Subunit, Free, Pituitary Glycoprotein Hormones (PGH)**

**Performed:** Varies  
**Reported:** 6-13 days

**Specimen Required:** Collect: Serum Separator Tube (SST) or Plain Red. Also acceptable: Lavender (K₂ EDTA), or pink (K₂ EDTA).

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.25 mL) Freeze immediately.

**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**

**Storage/Transport Temperature:** Frozen.  
**Stability (collection to initiation of testing):** Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 6 months

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**Cytochrome b5 Reductase Enzyme Activity**

**Methodology:** Quantitative Spectrophotometry  
**Performed:** Varies  
**Reported:** 3-6 days

**Specimen Required:** Collect: Yellow (ACD solution A or B). Also acceptable: Lavender (EDTA).

**Specimen Preparation:** Transport 6 mL whole blood in the original tube. (Min: 1 mL)

**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**

**Storage/Transport Temperature:** Refrigerated.  
**Stability (collection to initiation of testing):** Ambient: Unacceptable; Refrigerated: 18 days; Frozen: Unacceptable

**Reference Interval:** By Report  
**CPT Code(s):** 82657

New York DOH Approved.

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

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**Intact Fibroblast Growth Factor 23 (FGF23), Serum**

**Methodology:** Quantitative Chemiluminescent Immunoassay  
**Performed:** Varies  
**Reported:** 3-10 days

**Specimen Required:** Collect: Serum Separator Tube (SST). Also acceptable: Plain red.

**Specimen Preparation:** Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**

**Storage/Transport Temperature:** Frozen. Also acceptable: Refrigerated.

**Stability (collection to initiation of testing):** Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months

**Reference Interval:** By Report  
**CPT Code(s):** 83520

New York DOH Approved.

**HOTLINE NOTE:** Refer to the Test Mix Addendum for interface build information.
The following will be discontinued from ARUP’s test menu on April 5, 2021. Replacement test options are supplied if applicable.

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