ARUP LABORATORIES

HOTLINE: Effective August 1, 2022

## 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 3004262 | Ammonium, 24-Hour Urine | | | | x | | | | | | | | |
| 2 | 3002337 | 2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine | | | | x | | | | | | | | |
| 2 | 3004792 | Leukotriene E4, 24-Hour Urine | | | | x | | | | | | | | |
| 2 | 2003294 | *Mycoplasma hominis* Culture, Urogenital Source | | | x | | | | | | | | | |
| 3 | 3005716 | Orthopoxvirus (includes monkeypox virus) by PCR | | | | | | | | | | | x | |
| 3 | 2014351 | Rabies Antibody Screen by RFFIT, Serum | | | | x | | | | | | | | |
| 3 | 0091585 | Tin Total Quantitative, Serum or Plasma | | | x | | | | | | | | | |
| 3 | 0091434 | Titanium Quantitative, Serum or Plasma | | | x | | | | | | | | | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | 2014686 | Tramadol and Metabolite, Quantitative, Serum or Plasma | | x | x | x | | | | | | | | |

**3004262** **Ammonium, 24-Hour Urine** **AMMO U**

**Specimen Required:** Collect: 24-hour urine. Refrigerate during collection or add 5 mL of diazolidinyl urea (Germall) as preservative at start of collection.
Specimen Preparation: From a well-mixed 24-hour collection, transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1 mL). Collection duration and urine volume must be provided for testing.**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Remarks: Specimens with pH >8 may indicate bacterial contamination and testing will be cancelled. Do not attempt to adjust pH as it will adversely affect results. Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 500 mL.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 2 weeks

**3002337** **2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine** **BETA PG U**

**Specimen Required:** Patient Prep: Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.
Collect: 24-hour urine. Refrigerate during collection.
Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 4 mL)
**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Remarks: Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 500 mL.
Stability (collection to initiation of testing): Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

**3004792** **Leukotriene E4, 24-Hour Urine** **LTE 24 URN**

**Specimen Required:** Patient Prep: Patients taking 5-lipoxygenase inhibitor Zileuton/Zyflo may have decreased concentrations of leukotriene E4 (LTE4). If possible, discontinue 48 hours prior to collection.
Collect: 24-hour urine. Refrigerate during collection.
Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to ARUP Standard Transport Tubes (Min: 2 mL).
**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen
Remarks: Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 500 mL.
Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month

**2003294** ***Mycoplasma hominis* Culture, Urogenital Source** **MC MYCO**

**Performed:** Sun-Sat
**Reported:** Negative at 9 days
Positives as soon as detected

**New Test** Available Now
Click for Pricing

**3005716** **Orthopoxvirus (includes monkeypox virus) by PCR** **OPOXPCR**

Specimen Collection and Handling

**Methodology:** Qualitative Polymerase Chain Reaction
**Performed:** Sun-Sat
**Reported:** 1-3 days

**Specimen Required:** Collect: Lesion swab in Viral Transport Media (ARUP supply #12884) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.
**Also acceptable:** Lesion specimen on dry swab (2 swabs required). **Specimens from New York must be submitted as dry swabs.**
Specimen Preparation: **Swab in Viral Transport Media (VTM):** Transfer swab to viral transport media.
**Dry Swab:** Place in sterile container.
Storage/Transport Temperature: Frozen
Remarks: Specimen source required.
Unacceptable Conditions: Calcium alginate swab, wooden swab. Specimens without swabs.
Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 7 days; Frozen: 7 days

**Interpretive Data:**

This assay does not differentiate members of the orthopoxviruses. In the United States, a detected result is most likely due to monkeypox virus or vaccinia virus. Other orthopoxviruses may be considered if appropriate. Refer to the US Centers for Disease Control and Prevention if additional confirmatory testing is needed.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

**Note:** This test is intended for the detection of non-variola orthopoxviruses, however high viral titer variola virus (smallpox) infections could be detected by this assay. Smallpox was declared eradicated in 1980 by the World Health Organization and the last case in humans was described in 1977.

**CPT Code(s):** 87798

New York DOH approval pending. Call for status update.

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

**2014351** **Rabies Antibody Screen by RFFIT, Serum** **RABIES AB**

**Specimen Required:** Collect: Plain Red or Serum Separator Tube (SST).
Specimen Preparation: Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)
**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

**0091585** **Tin Total Quantitative, Serum or Plasma** **TIN SP**

**Performed:** Varies
**Reported:** 5-8 days

**0091434** **Titanium Quantitative, Serum or Plasma** **TITANIU SP**

**Performed:** Varies
**Reported:** 7-10 days

**2014686** **Tramadol and Metabolite, Quantitative, Serum or Plasma** **TRAMADOL**

**Methodology:** Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry (HPLC-MS/MS)
**Performed:** Varies
**Reported:** 5-8 days

**Specimen Required:** Collect: Plain red, lavender (EDTA), or pink (K2EDTA).
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: 0.5 mL)
**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 11 months

**HOTLINE NOTE:** Remove information found in the Patient Prep field.