

HOTLINE: Effective August 3, 2020

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
4	3002582	Bacterial Vaginosis by TMA												x
4	3002583	Candida glabrata, Candida species, and Trichomonas vaginalis by TMA												x
2	0098880	Chlamydia Antibody Differentiation (Lymphogranuloma Venereum) by Microimmunofluorescence			x									
2	2002552	Clostridium difficile Cytotoxin Antibody by Neutralization			x									
2	3000061	Coccidioides Antibodies Panel, CSF by CF, ID, ELISA					x							

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3	3000057	<i>Coccidioides</i> Antibodies, IgG and IgM by ELISA, CSF					X							
3	3000055	<i>Coccidioides</i> Antibody IgG ELISA, CSF					X							
3	3000056	<i>Coccidioides</i> Antibody IgM ELISA, CSF					X							
3	0099076	Complement Component 9				X								
3	2011034	N-Methylhistamine, 24-Hour Urine				X								
4	3002743	N-Methylhistamine, Random Urine				X								
4	3002581	Vaginosis Panel by TMA												X

[0098880](#)

***Chlamydia* Antibody Differentiation (Lymphogranuloma Venereum) by Microimmunofluorescence**

LYMPH VEN

Performed: Varies
Reported: 3-6 days

[2002552](#)

***Clostridium difficile* Cytotoxin Antibody by Neutralization**

CDIFF AB

Performed: Varies
Reported: 3-15 days

[3000061](#)

***Coccidioides* Antibodies Panel, CSF by CF, ID, ELISA**

COCCIABCSF

Reference Interval:

Test Number	Components	Reference Interval	
3000058	<i>Coccidioides immitis</i> by Immunodiffusion, CSF	None detected.	
3000059	<i>Coccidioides</i> Antibody by CF, CSF	Less than 1:2	
3000055	<i>Coccidioides</i> Antibody IgG ELISA, CSF	Effective August 3, 2020	
		0.2 IV or less	Negative - No significant level of <i>Coccidioides</i> IgG antibody detected.
		0.3 IV or greater	Positive - Presence of IgG antibody to <i>Coccidioides</i> detected, suggestive of current or past infection.
3000056	<i>Coccidioides</i> Antibody IgM ELISA, CSF	Effective August 3, 2020	
		0.2 IV or less	Negative - No significant level of <i>Coccidioides</i> IgM antibody detected.
		0.3 IV or greater	Positive - Presence of IgM antibody to <i>Coccidioides</i> detected, suggestive of current or recent infection.

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3000057

***Coccidioides* Antibodies, IgG and IgM by ELISA, CSF**

COCCIGMCSF

Reference Interval:

Test Number	Components	Reference Interval	
3000055	<i>Coccidioides</i> Antibody IgG ELISA, CSF	Effective August 3, 2020	
		0.2 IV or less	Negative - No significant level of <i>Coccidioides</i> IgG antibody detected.
		0.3 IV or greater	Positive - Presence of IgG antibody to <i>Coccidioides</i> detected, suggestive of current or past infection.
3000056	<i>Coccidioides</i> Antibody IgM ELISA, CSF	Effective August 3, 2020	
		0.2 IV or less	Negative - No significant level of <i>Coccidioides</i> IgM antibody detected.
		0.3 IV or greater	Positive - Presence of IgM antibody to <i>Coccidioides</i> detected, suggestive of current or recent infection.

3000055

***Coccidioides* Antibody IgG ELISA, CSF**

COCCIG CSF

Reference Interval:

Effective August 3, 2020

0.2 IV or less	Negative - No significant level of <i>Coccidioides</i> IgG antibody detected.
0.3 IV or greater	Positive - Presence of IgG antibody to <i>Coccidioides</i> detected, suggestive of current or past infection.

3000056

***Coccidioides* Antibody IgM ELISA, CSF**

COCCIM CSF

Reference Interval:

Effective August 3, 2020

0.2 IV or less	Negative - No significant level of <i>Coccidioides</i> IgM antibody detected.
0.3 IV or greater	Positive - Presence of IgM antibody to <i>Coccidioides</i> detected, suggestive of current or recent infection.

0099076

Complement Component 9

COMP 9

Specimen Required: Collect: Plain red. Also acceptable: Lavender (EDTA) or white (PPT).

Specimen Preparation: Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.1 mL)

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

Storage/Transport Temperature: Ambient. Also acceptable: Refrigerated; Frozen.

Unacceptable Conditions: Grossly hemolyzed or severely lipemic specimens.

Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

2011034

***N*-Methylhistamine, 24-Hour Urine**

NMETHYL U

Specimen Required: Patient Prep: Patient must not be taking monoamine oxidase inhibitors (MAOIs) or aminoguanidine as these medications increase *N*-methylhistamine (NMH) levels.

Collect: 24-hour urine.

Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to an ARUP Standard Transport Tube. (Min: 3 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.

Remarks: Collection duration and urine volume must be provided for testing.

Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 28 days; Frozen: 28 days

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[3002743](#)

N-Methylhistamine, Random Urine

NMETH RAN

Specimen Required: Patient Prep: Patient must not be taking monoamine oxidase inhibitors (MAOIs) or aminoguanidine as these medications increase N-methylhistamine (NMH) levels. Specimen should be collected within a few hours of symptom onset.

Collect: Urine

Specimen Preparation: Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 3 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 and frozen.

Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 28 days; Frozen: 28 days

**The following will be discontinued from ARUP's test menu on August 3, 2020.
Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
3002582	Bacterial Vaginosis by TMA	Vaginal Pathogen Panel by DNA Probe (0065153)
3002583	Candida glabrata, Candida species, and Trichomonas vaginalis by TMA	Vaginal Pathogen Panel by DNA Probe (0065153)
3002581	Vaginosis Panel by TMA	Vaginal Pathogen Panel by DNA Probe (0065153)