HOTLINE: Effective August 5, 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
2	0070010	Adrenocorticotropic Hormone		x	x	x	x					x		

0070010 **Adrenocorticotropic Hormone** **ACTH**

Methodology: Quantitative Electrochemiluminescent Immunoassay (ECLIA)
Performed: Sun-Sat
Reported: Within 24 hours

Specimen Required: Collect: Lavender (K_2EDTA) or Pink (K_2EDTA). **Collection tube must be siliconized glass or plastic.**
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)
Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions: Serum, heparinized plasma, tissue or urine. Grossly hemolyzed specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 3 hours; Refrigerated: 4 hours; Frozen: 1 month (No freeze/thaw cycles.)

Reference Interval:
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7.2 – 63.3 pg/mL (a.m. draws)
Pediatric reference values are the same as adults, as confirmed by peer reviewed literature.

HOTLINE NOTE: Remove information found in the Remarks field. There is a numeric map change associated with this test.
Change the numeric map for component 0070010, Adrenocorticotropic Hormone from XXXXXX to XXXXXX.X.