HOTLINE: Effective August 2, 2021

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:

- 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.
- 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.
- The ordering physician must provide an ICD-10 diagnosis code or narrative description, if required by the fiscal intermediary or carrier.
- Organ- or disease-related panels should be billed only when all components of the panel are medically necessary.
- Both ARUP- and client-customized panels should be billed to Medicare only when every component of the customized panel is medically necessary.
- 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	3002723	COVID-19 IgG by ELISA												X
2	3003830	Electron Microscopy Technical Only Request											X	
2	2014484	Thiopurine Metabolites by LC-MS/MS			X									



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New Test 3003830 Electron Microscopy Technical Only Request EMTO REQ

Available Now Click for Pricing

Methodology: Electron Microscopy
Performed: Monday-Friday
Reported: 3-5 days

Specimen Required: Patient Prep: None

Collect: Tissue. Obtain Electron Microscopy Tissue Collection Kit prior to collection procedure (ARUP supply 56783) available

online through eSupply using ARUP Connect™ or contact Client Services at (800) 522-2787

Specimen Preparation: Tissue fixed in 3% glutaraldehyde fixative. Glutaraldehyde fixed, resin embedded tissue is accepted.

Storage/Transport Temperature: Refrigerated.

<u>Remarks:</u> Submit with order: Patient history and area(s) of interest for required imaging. <u>Unacceptable Conditions:</u> Fixed in any fixative other than 3% glutaraldehyde. <u>Stability (collection to initiation of testing):</u> Ambient: 72 hours Refrigerated: 1 week

Note: Ship tissue no more than 2 days after collection. This test is performed as a technical service only. No interpretation is available.

CPT Code(s): 88348

New York DOH approval pending. Call for status update.

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

2014484 Thiopurine Metabolites by LC-MS/MS THIOPMETAB

Performed: Varies **Reported:** 3-7 days



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The following will be discontinued from ARUP's test menu on August 2, 2021. Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement						
3002723	COVID-19 IgG by ELISA	COVID-19 IgG (Spike), Semi-Quantitative by CIA (3003648)						