

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	3001410	Basement Membrane Zone Antibody Panel (Pricing Change)								x				
2	3001798	Blastomyces Antigen Quantitative by EIA, Urine	x				x	x				x		
2	3001409	Immunobullous Disease Panel, Epithelial (Pricing Change)								x				
2	2004232	Pancreastatin, Serum	x	x		x				x		x		
2	0092001	Pemphigoid Antibody Panel - Epithelial Basement Membrane Zone Antibodies, IgG and IgA, BP180 and BP230 Antibodies, IgG								x				

HOTLINE: Effective December 2, 2019

3001410 Basement Membrane Zone Antibody Panel BMZ AB PAN

CPT Code(s): 88346, 88350 x2, 83516 x3

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

3001798 Blastomyces Antigen Quantitative by EIA, Urine BLASTOAG U

Reference Interval: Not Detected

Interpretive Data: The quantitative range of this assay is 1.25-200 U/mL. Antigen concentrations less than 1.25 U/mL or greater than 200 U/mL fall outside the linear range of the assay and cannot be accurately quantified.

This EIA test should be used in conjunction with other diagnostic procedures, including microbiological culture, histological examination of biopsy samples, serology and/or radiographic evidence, to aid in the diagnosis of blastomycosis.

Cross-reactivity with other endemic mycoses (Histoplasma and Coccidioides) may occur. Positive test results should be correlated with other clinical findings and relevant exposure history.

HOTLINE NOTE: There is a unit of measure change associated with this test.
Change the unit of measure for component 3001800, Blastomyces Antigen, Urine from ng/mL to U/ml.

3001409 Immunobullous Disease Panel, Epithelial IMBULDZPAN

CPT Code(s): 88346, 88350 x5, 83516 x5

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

2004232 Pancreastatin, Serum PANCREA

Methodology: Qualitative Enzyme-Linked Immunosorbent Assay

Specimen Required: Patient Prep: Patient must be fasting 10-12 hours prior to collection. Patient should not be on any medications that may influence insulin levels, if possible, for at least 48 hours prior to collection.

Collect: Serum Separator Tube (SST).

Specimen Preparation: Allow specimen to clot for 2 hours at room temperature. Centrifugation for 15 minutes at approximately 1000xg. Transfer 2 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)

Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions: Thawed specimens.

Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

CPT Code(s): 86316

HOTLINE NOTE: There is a clinically significant charting name change associated with this test.
Change the charting name for component 2004233, Pancreastatin, Plasma from Pancreastatin, Plasma to Pancreastatin, Serum.

0092001 Pemphigoid Antibody Panel - Epithelial Basement Membrane Zone Antibodies, IgG and IgA, BP180 and BP230 Antibodies, IgG PGOID PAN

CPT Code(s): 88346; 88350 x2; 83516 x2