

Immediate Change HOTLINE: Effective **December 3, 2018**

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	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	2011058	Arylsulfatase A, Leukocytes, Blood				x										
2	2009310	MGMT Promoter Methylation Detection	x	x												

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2011058

Arylsulfatase A, Leukocytes, Blood

ARYL LEUK

Specimen Required: Collect: Yellow (ACD solution B). Also acceptable: Yellow (ACD solution A). **Collect Monday-Wednesday only and not the day before a holiday.**

Specimen Preparation: Transport 6 mL whole blood in the original tube. (Min: 5 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.

Unacceptable Conditions: Grossly hemolyzed specimens.

Stability (collection to initiation of testing): Ambient: 4 days; Refrigerated: 4 days; Frozen: Unacceptable

2009310

MGMT Promoter Methylation Detection

MGMT

Methodology: Polymerase Chain Reaction/MassARRAY/MALDI-TOF