

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.

0050160 Ceruloplasmin CERU

Specimen Required: Collect: Serum Separator Tube (SST) or Plasma Preparation Tube (PPT). Also acceptable: Plasma collected in Green (Lithium Heparin).
Specimen Preparation: Allow specimen to clot completely at room temperature. **Separate from** cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: EDTA plasma or hemolyzed specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 8 hours; Refrigerated: 72 hours; Frozen: 1 month

Delete 0099598 Filaria IgG4 Antibody FILARIASIS

HOTLINE NOTE: Delete this test.

IMMEDIATE CHANGE HOTLINE: Effective December 5, 2016

New Test	2014059	Prostate-Specific Kallikrein, 4Kscore	4KSCORE
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Methodology: Electrochemiluminescent Immunoassay
Performed: Varies
Reported: 3-6 days

Specimen Required: Collect: Serum Separator Tube (SST).
Specimen Preparation: Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 3 mL)
Storage/Transport Temperature: Frozen.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month

Reference Interval: By report

Note: 4 Kallikrein Biomarkers: Total PSA, Free PSA, Intact PSA and bK2. Test should not be ordered if Digital Rectal Exam (DRE) has been performed within the last 4 days or if biopsy history is positive.

CPT Code(s): 0010M

New York DOH Approved.

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

<i>Delete</i>	2001925	Allergen, Food, Rosemary IgE	ROSEMARY
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HOTLINE NOTE: Delete this test.

2010001	Somatostatin Quantitative, Plasma		SOMATOS P
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Performed: Varies
Reported: 7-17 days

<i>Delete</i>	0030070	Venous Thromboembolism (VTE), Qualitative	VTE
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HOTLINE NOTE: Delete this test.