IMMEDIATE HOT LINE: Effective February 3, 2014

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-9 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.

2008682 Anabolic Steroids, Urine - Screen with Reflex to Confirmation  STEROIDS
CPT Code(s):  82570; 80100; if positive add appropriate CPT code(s): 83788, 81002, 83789

0097688 Chromosome Analysis - Breakage, Fanconi Anemia  BREAKAGE
Specimen Required:  Specimen Preparation: Transport 10 mL whole blood. (Min: 5 mL). Specimens must be received at performing laboratory within 48 hours to ensure adequate culture of living cells. Submit to vendor lab directly; contact ARUP Referral Testing at (800) 242-2787, extension 5145 for direct submission instructions.
Unacceptable Conditions: Clotted specimens.

HOT LINE NOTE: Remove information found in the Patient Prep field.

2007578 High Molecular Weight Kininogen (HMWK)  HIGH MOLE
Specimen Required:  Stability: After separation from cells: Ambient: 4 hours; Refrigerated: Unacceptable; Frozen at -20°C: 2 weeks; Frozen at -70°C: 1 year

0098819 Melanocyte Stimulation Hormone, Alpha (a-MSH)  MSH ALPHA
Performed:  Varies
Reported:  7-13 days
Specimen Required:  Patient Prep: Patient should not be on any steroid, ACTH, or hypertension medication, if possible, for at least 48 hours prior to specimen collection. Morning fasting specimens are preferred; non-fasting specimens are acceptable.

HOT LINE NOTE: Remove information found in the Unacceptable Conditions field.