

HOTLINE: Effective February 3, 2020

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	0055285	Cysticercosis Antibody, IgG by ELISA (CSF)	x		x	x	x	x					x		

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0055285

Cysticercosis Antibody, IgG by ELISA (CSF)

CYST CSF

Performed: Sat
Reported: 1-8 days

Specimen Required: Collect: CSF.

Specimen Preparation: Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Serum. Contaminated, heat-inactivated, hemolyzed, icteric, or lipemic specimens.

Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

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0.8 IV or less	Negative - No significant level of cysticercosis IgG antibody detected.
0.9 - 1.1 IV	Equivocal - Questionable presence of cysticercosis IgG antibody detected. Repeat testing in 10-14 days may be helpful.
1.2 IV or greater	Positive - IgG antibodies to cysticercosis detected, which may suggest current or past infection.

Interpretive Data:

Diagnosis of central nervous system infections can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpretation of results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps.

A negative result does not rule out infection. Repeat testing after 4 weeks if clinical suspicion is high.

Cross-reaction with antibodies against *Echinococcus* spp. have been reported.

See Compliance Statement B: www.aruplab.com/CS

HOTLINE NOTE: There is a numeric map change associated with this test. There is a unit of measure change associated with this test.

Change the numeric map for component 0055285, Cysticercosis Ab, IgG by ELISA, CSF from XX.XX to XXX.X

Change the unit of measure for component 0055285, Cysticercosis Ab, IgG by ELISA from OD to IV.