

IMMEDIATE CHANGE HOTLINE: Effective February 6, 2017

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.

Delete **2006230** **Alagille Syndrome (JAG1) Sequencing and Deletion/Duplication** **JAG1 FGA**

HOTLINE NOTE: Delete this test and refer to Alagille Syndrome (JAG1) Sequencing and Microarray (2014168).

0050070 **Entamoeba histolytica (amebiasis), Antibody, IgG** **AMB**

Reference Interval:

Effective February 6, 2017

8 U or less	Negative - No significant level of detectable <i>E. histolytica</i> IgG antibody.
9-11 U	Equivocal - Repeat testing in 10-14 days may be helpful.
12 U or greater	Positive - IgG antibody to <i>E. histolytica</i> detected, suggestive of a current or past infection.

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

For component 0050070, *E. histolytica* (amebiasis), Ab, IgG, the unit of measure is changing from IV to U and the numeric map is changing from XXXX.XX to XXXX.

2005400 **FLT3 Mutation Detection by PCR** **FLT3 MUTAT**

Specimen Required: Collect: Lavender (EDTA), Yellow (ACD solution A or B), or Green (Sodium or Lithium Heparin).

Specimen Preparation: Transport 5 mL whole blood. (Min: 5 mL) **OR Transport** 3 mL bone marrow. (Min: 3 mL) **Also acceptable: Transport 1 µg previously isolated DNA. (Min: 1 µg) Separate specimens must be submitted when multiple tests are ordered.**

Storage/Transport Temperature: Refrigerated.

Remarks: Specimen type required.

Unacceptable Conditions: Grossly hemolyzed or clotted specimens.

Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Isolated DNA: Ambient: 72 hours; Refrigerated: Indefinitely; Frozen: Unacceptable

IMMEDIATE CHANGE HOTLINE: Effective February 6, 2017

2011806	FLT3 Signal Ratio Mutation Detection by PCR	FLT3-SR
<p>Specimen Required: <u>Collect:</u> Lavender (EDTA), Yellow (ACD solution A or B), or Green (Sodium or Lithium Heparin). <u>Specimen Preparation:</u> Transport 5 mL whole blood. (Min: 5 mL) OR Transport 3 mL bone marrow. (Min: 3 mL) Also acceptable: Transport 1 µg previously isolated DNA. (Min: 1 µg) Separate specimens must be submitted when multiple tests are ordered. <u>Storage/Transport Temperature:</u> Refrigerated. <u>Remarks:</u> Specimen type required. <u>Unacceptable Conditions:</u> Grossly hemolyzed or clotted specimens. <u>Stability (collection to initiation of testing):</u> Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Isolated DNA: Ambient: 72 hours; Refrigerated: Indefinitely; Frozen: Unacceptable</p>		
<p>HOTLINE NOTE: There is a component change associated with this test. Add component 2013666, FLT3 – Specimen Type</p>		
Delete	0090450	Fluoxetine and Metabolite
<p>HOTLINE NOTE: Delete this test and refer to Fluoxetine and Metabolite Quantitative, Serum or Plasma (2014180).</p>		
2001540	Hantavirus Antibodies, IgG and IgM	HANTAVIRUS
<p>CPT Code(s): 86790 x2</p>		
<p>HOTLINE NOTE: Remove information found in the Note field. There is a reflexive pattern change associated with this test Remove reflex to 2004223, Sin Nombre Virus IgM Remove reflex to 2004225, Sin Nombre Virus IgG</p>		
Delete	0090176	Ibuprofen
<p>HOTLINE NOTE: Delete this test and refer to Ibuprofen Quantitative, Serum or Plasma (2014183).</p>		
2012186	LipoProfile by Nuclear Magnetic Resonance (NMR)	LIPO NMR
<p>Specimen Required: <u>Patient Prep:</u> 12-14 hour fast is preferred but not required. <u>Collect:</u> Clot Activator Tube (ARUP supply #40484) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Plain Red, Green (Sodium or Lithium Heparin), or Lavender (EDTA). <u>Specimen Preparation:</u> Gently invert tube to mix contents; allow to clot at room temperature for 30 minutes. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) <u>Storage/Transport Temperature:</u> CRITICAL REFRIGERATED. <u>Unacceptable Conditions:</u> Separator tubes. Grossly hemolyzed specimens. <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Unacceptable</p>		
2012200	LipoProfile by Nuclear Magnetic Resonance (NMR), Particle Analysis Only	LIPOPRO
<p>Specimen Required: <u>Patient Prep:</u> 12-14 hour fast is preferred but not required. <u>Collect:</u> Clot Activator Tube (ARUP supply #40484). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Also acceptable: Plain Red, Green (Sodium or Lithium Heparin), or Lavender (EDTA). <u>Specimen Preparation:</u> Gently invert tube to mix contents; allow to clot at room temperature for 30 minutes. Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) <u>Storage/Transport Temperature:</u> CRITICAL REFRIGERATED. <u>Unacceptable Conditions:</u> Separator tubes. Grossly hemolyzed specimens. <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: 6 days; Frozen: Unacceptable</p>		
Delete	2011028	Purine and Pyrimidine Panel, Urine
<p>HOTLINE NOTE: Delete this test.</p>		
Delete	0092392	ZAP-70 Analysis by Flow
<p>HOTLINE NOTE: Delete this test.</p>		