HOTLINE: Effective February 7, 2022

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	0020454	Hepatitis B Virus Panel, Chronic with Reflex to HBsAg Confirmation		x	x	x				x				
2	0020094	Hepatitis Be Virus Antigen		x	x	x		x						
2	2012141	Hepatitis Be Virus Antigen and Antibody Panel		x	x	x		x						
2	3004314	Neuron Specific Enolase, CSF					x							
3	3004553	*Stachybotrys chartarum/atra* Panel											x	
4	0092582	Stachybotrys chartarum/atra Panel II												x
3	2006982	Vitamin B5 (Pantothenic Acid), Serum				x								

0020454 Hepatitis B Virus Panel, Chronic with Reflex to HBsAg Confirmation — HEPCHRONIC

Methodology: Qualitative Chemiluminescent Immunoassay/ Qualitative Enzyme Immunoassay
Performed: Sun-Sat
Reported: 1-2 days

Specimen Required: Patient Prep: Refer to individual components.
Collect: Serum separator tube (SST).
Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 3.5 mL serum to an ARUP Standard Transport Tube. (Min: 2.5 mL).
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Heparinized plasma, specimens containing particulate material, heat-inactivated, severely hemolyzed, or severely icteric specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles).

CPT Code(s): 86706; 86707; 87340; 87350; if reflexed, add 87341

0020094 Hepatitis Be Virus Antigen — HBEAG

Methodology: Qualitative Chemiluminescent Immunoassay
Performed: Sun-Sat
Reported: Within 24 hours

Specimen Required: Collect: Serum separator tube (SST). Also acceptable: Potassium EDTA plasma, and lithium-heparinized or sodium-heparinized plasma.
Specimen Preparation: Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1.0 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.6 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Heat-inactivated, severely hemolyzed, lipemic specimens, or specimens containing particulate material.
Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles).

Interpretive Data: This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues, and cellular and tissue-based products (HCT/P).

2012141 Hepatitis Be Virus Antigen and Antibody Panel — HBE PAN

Methodology: Qualitative Chemiluminescent Immunoassay/ Qualitative Enzyme Immunoassay
Performed: Sun-Sat
Reported: 1-2 days

Specimen Required: Collect: Serum separator tube (SST). Also acceptable: EDTA plasma, and lithium heparin plasma.
Specimen Preparation: Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1.5 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.0 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Specimens containing particulate material. Heat-inactivated, severely hemolyzed, or severely icteric.
Stability (collection to initiation of testing): After separation from cells: Ambient: Unacceptable; Refrigerated: 7 days; Frozen: 30 days (avoid repeated freeze/thaw cycles).

Interpretive Data: This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues, and cellular and tissue-based products (HCT/P).

3004314 Neuron Specific Enolase, CSF — NSE C

Reference Interval:
Effective February 7, 2022
Less than or equal to 21.5 ng/mL

New Test Available Now Click for Pricing

3004553 ***Stachybotrys chartarum/atra* Panel** **STACHPAN**

Methodology: Quantitative Fluorescent Enzyme Immunoassay
Performed: Varies
Reported: 3-6 days

Specimen Required: Collect: Plain red or serum separator tube (SST).
Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.75 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

Reference Interval: By report

Note: Test includes: *Stachybotrys chartarum/atra* IgE, *Stachybotrys chartarum/atra* IgG

CPT Code(s): 86001; 86003

New York DOH Approved.

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

2006982 **Vitamin B5 (Pantothenic Acid), Serum** **VIT B5 S**

Specimen Required: Collect: Serum separator tube (SST).
New York State Clients: Plain red.
Specimen Preparation: **Protect from light.** Allow specimen to clot for 30 minutes and separate from cells. Transfer 1 mL serum to an ARUP Amber Transport Tube (ARUP supply #54457) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL)
New York State Clients: Transfer 1.2 mL serum to an ARUP Standard Transport Tube. (Min. 0.6 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens. Specimens not protected from light.
Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 weeks
New York State Clients: Ambient: 6 hours; Refrigerated: 4 days; Frozen: 1 month

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The following will be discontinued from ARUP's test menu on February 7, 2022.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
0092582	Stachybotrys chartarum/atra Panel II	Stachybotrys chartarum/atra Panel (3004553)