

HOTLINE: Effective **January 3, 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	<a href="#">0051750</a>	<i>BRAF</i> Codon 600 Mutation Detection with Reflex to <i>MLH1</i> Promoter Methylation				x								
3	<a href="#">2007697</a>	Heterophile Antibody (Infectious Mononucleosis) by Latex Agglutination with Reflex to Titer												x
2	<a href="#">2003075</a>	Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR				x								
2	<a href="#">0040248</a>	<i>KRAS</i> Mutation Detection				x								

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**0051750**

***BRAF* Codon 600 Mutation Detection with Reflex to *MLH1* Promoter Methylation**

**BRAF RFLX**

**Specimen Required:** Collect: Tumor tissue. Also acceptable: DNA extracted by CLIA certified lab with corresponding client-circled H&E slide.  
Specimen Preparation: **Tumor Tissue:** Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Tissue block will be returned after testing. Transport tissue block or 5 unstained 5 micron slides. (Min: 3 slides). Transport block and/or slide(s) in a tissue transport kit (ARUP Supply # 47808) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.  
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.  
Remarks: Include surgical pathology report.  
 If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.  
Unacceptable Conditions: Less than 25 percent tumor. **Specimens** fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens.  
Stability (collection to initiation of testing): Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**2003075**

**Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR**

**HTLV RTPCR**

**Specimen Required:** Collect: Lavender (EDTA), Pink (K<sub>2</sub>EDTA), or Yellow (ACD Solution A or B).  
Specimen Preparation: Transfer 1 mL whole blood to an ARUP Standard Transport Tube. (Min: 0.4 mL)  
**Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.**  
Storage/Transport Temperature: **Frozen**  
Unacceptable Conditions: Hemolyzed specimens.  
Stability (collection to initiation of testing): Ambient: **48 hours**; Refrigerated: **1 week**; Frozen: **1 month**

**0040248**

***KRAS* Mutation Detection**

**KRAS**

**Specimen Required:** Collect: Tumor **tissue**.  
Specimen Preparation: **Tumor Tissue:** Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides) Transport block(s) and/or slide(s) in a tissue transport kit (ARUP Supply #47808) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.  
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated. Ship in cooled container during summer months.  
Remarks: Include surgical pathology report.  
 If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.  
Unacceptable Conditions: Less than 25 percent tumor. **Specimens** fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens.  
Stability (collection to initiation of testing): Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

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**The following will be discontinued from ARUP's test menu on January 3, 2022.  
Replacement test options are supplied if applicable.**

<b>Test Number</b>	<b>Test Name</b>	<b>Refer To Replacement</b>
<a href="#">2007697</a>	Heterophile Antibody (Infectious Mononucleosis) by Latex Agglutination with Reflex to Titer	