

HOTLINE: Effective **January 6, 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	<a href="#">2007545</a>	Childhood-Onset Epilepsy Panel, Sequencing and Deletion/Duplication								x				
2	<a href="#">2011075</a>	<i>Coccidioides</i> Antigen Quantitative by EIA				x								
2	<a href="#">2007535</a>	Infantile Epilepsy Panel, Sequence Analysis and Exon-Level Deletion/Duplication								x				
2	<a href="#">0091224</a>	LSD, Urine - Screen with Reflex to Confirmation/Quantitation				x								
2	<a href="#">2014059</a>	Prostate-Specific Kallikrein, 4Kscore									x			

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**2007545 Childhood-Onset Epilepsy Panel, Sequencing and Deletion/Duplication CHILD EPIL**

CPT Code(s): 81189; 81404; 81405; 81406; 81407

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**2011075 Coccidioides Antigen Quantitative by EIA COCCI AG**

**Specimen Required:** Collect: Plain Red, Serum Separator Tube (SST), Lavender (K<sub>2</sub> or K<sub>3</sub>EDTA), Pink (K<sub>2</sub>EDTA), Green (Sodium or Lithium Heparin), or Light Blue (CTAD). Also acceptable: Urine, CSF, or BAL.

Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.2 mL)

Transfer 1 mL urine or BAL to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Transfer 1 mL CSF to an ARUP Standard Transport Tube. (Min: 0.8 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.

Remarks: Specimen source required.

Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

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**2007535 Infantile Epilepsy Panel, Sequence Analysis and Exon-Level Deletion/Duplication INFAN EPIL**

CPT Code(s): 81404; 81405; 81406; 81407; 81185

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**0091224 LSD, Urine - Screen with Reflex to Confirmation/Quantitation LSD URN**

**Performed:** Varies

**Reported:** 8-18 days

**Specimen Required:** Collect: Urine.

Specimen Preparation: Transfer 2 mL urine to an ARUP Standard Transport Tube. (Min: 0.85 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.

Unacceptable Conditions: Specimens submitted in glass containers.

Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 1 month; Frozen: 1 month

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**2014059 Prostate-Specific Kallikrein, 4Kscore 4KSCORE**

**HOTLINE NOTE:** There is a component change associated with this test.

Remove component 3000586, 4K - Order Discussed with Patient

Remove component 3000587, 4K - Patient History