ARUP LABORATORIES

HOTLINE: Effective July 6, 2021

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	2011411	Bath Salts Qualitative Panel, Serum or Plasma	x	x		x								
2	2008650	Bath Salts Qualitative Panel, Urine	x	x		x								
2	3000967	Beryllium Quantitative, Serum or Plasma				x								
2	3002337	2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine	x	x		x			x	x	x	x		
3	3004160	2,3 Dinor-11Beta-Prostaglandin F2 Alpha, Random Urine											x	

2011411 Bath Salts Qualitative Panel, Serum or Plasma — BATHSLT SP

Methodology: Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry (HPLC-MS/MS)

Specimen Required: Collect: Plain Red, Lavender (K_2EDTA), or Pink (K_2EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: Gel Separator Tubes. Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: 2 weeks

2008650 Bath Salts Qualitative Panel, Urine — BATH SALTS

Methodology: Qualitative High Performance Liquid Chromatography-Tandem Mass Spectrometry (HPLC-MS/MS)

Specimen Required: Collect: Urine.
Specimen Preparation: Transport 2 mL urine in an ARUP Standard Transport Tube. (Min: 0.7 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Frozen. Also acceptable: Refrigerated.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 month; Frozen: 1 month

3000967 Beryllium Quantitative, Serum or Plasma — BERYLLI SP

Specimen Required: Collect: Royal Blue (no additive) or Royal Blue (EDTA).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an Acid Washed Transport Vial (ARUP supply #54350) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787. (Min: 0.6 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.
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

3002337 2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine — BETA PG U

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS); Colorimetry

Specimen Required: Patient Prep: Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.
Collect: 24 hour urine. Refrigerate during collection..
Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Stability (collection to initiation of testing): Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

Note: Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.

CPT Code(s): 84150; 82570

HOTLINE NOTE: There is a clinically significant charting name change associated with this test.
Change the charting name for component 3002338, 2,3 Dinor-11 Beta-Prostaglandin F2 from 2,3 Dinor-11 Beta-Prostaglandin F2 to 2,3 Dinor-11 Beta-Prostaglandin F2a, 24U.
There is a component change associated with this test.
Add component 3004163, Creatinine, 24 Hour Urine
Add component 3004164, Collection Duration
Add component 3004165, Urine Volume
Add component 3004166, Creatinine Concentration, 24 Hour Urine

New Test **3004160** **2,3 Dinor-11Beta-Prostaglandin F2 Alpha, Random Urine** **BETAPG RAN**

Click for Pricing

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS); Colorimetry
Performed: Varies
Reported: 3-9 days

Specimen Required: Patient Prep: Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.
Collect: Urine.
Specimen Preparation: Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Stability (collection to initiation of testing): Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

Reference Interval: By Report

Note: Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.

CPT Code(s): 84150; 82570

New York DOH Approved.

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