

HOTLINE: Effective June 6, 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="#">3000876</a>	<i>Aspergillus fumigatus</i> Antibody IgG								x				
2	<a href="#">3000265</a>	<i>Aspergillus Species</i> by PCR								x				
2	<a href="#">2008665</a>	<i>Babesia Species</i> by PCR								x				
2	<a href="#">0065080</a>	<i>Bordetella pertussis/parapertussis</i> by PCR								x				
2	<a href="#">2013798</a>	<i>Candida Species</i> by PCR								x				
3	<a href="#">2013294</a>	Dengue Virus (1-4) Subtype by PCR								x				
3	<a href="#">2007862</a>	<i>Ehrlichia</i> and <i>Anaplasma Species</i> by PCR								x				
5	<a href="#">3002971</a>	Explyfy Respiratory RNA Pathogen Detection												x

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3	<a href="#">2011660</a>	Gastrointestinal Parasite and Microsporidia by PCR								x				
3	<a href="#">2011148</a>	Herpes Simplex Virus (HSV) by PCR with Reflex to HSV (HSV-1/HSV-2) Subtype by PCR								x				
3	<a href="#">2010095</a>	Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR								x				
3	<a href="#">0070036</a>	Histamine, Plasma				x								
5	<a href="#">0060158</a>	Leptospira Culture												x
3	<a href="#">3004792</a>	Leukotriene E4, 24-Hour Urine				x								
3	<a href="#">2004963</a>	Malaria Species Identification by PCR								x				
3	<a href="#">2011626</a>	Microsporidia by PCR								x				
4	<a href="#">2014546</a>	Norovirus, Groups 1 and 2 by PCR								x				
4	<a href="#">2008670</a>	Tick-Borne Disease Panel by PCR, Blood								x				
4	<a href="#">2011172</a>	Urogenital Ureaplasma and Mycoplasma Species by PCR								x				

**[3000876](#) *Aspergillus fumigatus* Antibody IgG**

**ASPERF IGG**

CPT Code(s): 86317

**[3000265](#) *Aspergillus Species* by PCR**

**ASPERPCR**

CPT Code(s): 87798 x2

**[2008665](#) *Babesia Species* by PCR**

**BABPCR**

CPT Code(s): 87798 x2

**[0065080](#) *Bordetella pertussis/parapertussis* by PCR**

**BORD PCR**

CPT Code(s): 87798 x2

**[2013798](#) *Candida Species* by PCR**

**CANDPCR**

CPT Code(s): 87481 x5

<a href="#"><u>2013294</u></a>	<b>Dengue Virus (1-4) Subtype by PCR</b>	<b>DENGUEPCR</b>
CPT Code(s):	87798 x4	
<a href="#"><u>2007862</u></a>	<b>Ehrlichia and Anaplasma Species by PCR</b>	<b>EHR ANAPCR</b>
CPT Code(s):	87798 x4	
<a href="#"><u>2011660</u></a>	<b>Gastrointestinal Parasite and Microsporidia by PCR</b>	<b>PARAMICPCR</b>
CPT Code(s):	87505; 87798 x2	
<a href="#"><u>2011148</u></a>	<b>Herpes Simplex Virus (HSV) by PCR with Reflex to HSV (HSV-1/HSV-2) Subtype by PCR</b>	<b>HSVPCR RFX</b>
CPT Code(s):	87529; if reflexed, add 87529 x2	
<a href="#"><u>2010095</u></a>	<b>Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR</b>	<b>HSVTYPEPCR</b>
CPT Code(s):	87529 x2	
<a href="#"><u>0070036</u></a>	<b>Histamine, Plasma</b>	<b>HIST-P</b>
<p><b>Specimen Required:</b> <u>Collect:</u> Lavender (EDTA) or pink (K<sub>2</sub>EDTA). Collect in a pre-chilled tube and on ice.  <u>Specimen Preparation:</u> Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes. <i>If EDTA gel collection tube is used, the plasma must be collected immediately after centrifugation and frozen separately.</i>            Transfer 1 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)  <u>Storage/Transport Temperature:</u> <b>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</b>  <u>Unacceptable Conditions:</u> Lipemic or hemolyzed specimens.  <u>Stability (collection to initiation of testing):</u> After separation from cells: Ambient: Unacceptable; Refrigerated: 6 hours; Frozen: 6 months</p>		
<a href="#"><u>3004792</u></a>	<b>Leukotriene E4, 24-Hour Urine</b>	<b>LTE 24 URN</b>
<p><b>Specimen Required:</b> <u>Patient Prep:</u> Patients taking 5-lipoxygenase inhibitor Zileuton/Zyflo may have decreased concentrations of leukotriene E4 (LTE4). If possible, discontinue 48 hours prior to collection.  <u>Collect:</u> 24-hour urine. Refrigerate during collection.  <u>Specimen Preparation:</u> From a well-mixed 24-hour collection transfer 5 mL urine to ARUP Standard Transport Tubes (Min: 2 mL).  <b>Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.</b>  <u>Storage/Transport Temperature:</u> <b>Frozen.</b> Also acceptable: <b>Refrigerated</b>  <u>Stability (collection to initiation of testing):</u> Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month</p>		
<a href="#"><u>2004963</u></a>	<b>Malaria Species Identification by PCR</b>	<b>MALARIAPCR</b>
CPT Code(s):	87798 x5	
<a href="#"><u>2011626</u></a>	<b>Microsporidia by PCR</b>	<b>MICROSPCR</b>
CPT Code(s):	87798 x2	

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<a href="#"><u>2014546</u></a>	<b>Norovirus, Groups 1 and 2 by PCR</b>	<b>NOROPCR</b>
<b>CPT Code(s):</b>	87798 x2	

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<a href="#"><u>2008670</u></a>	<b>Tick-Borne Disease Panel by PCR, Blood</b>	<b>TICKPCR</b>
<b>CPT Code(s):</b>	87798 x6	

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<a href="#"><u>2011172</u></a>	<b>Urogenital Ureaplasma and Mycoplasma Species by PCR</b>	<b>UR MYCOPCR</b>
<b>CPT Code(s):</b>	87798 x3; 87563	

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**The following will be discontinued from ARUP's test menu on June 6, 2022.  
Replacement test options are supplied if applicable.**

<b>Test Number</b>	<b>Test Name</b>	<b>Refer To Replacement</b>
<a href="#">3002971</a>	Explify Respiratory RNA Pathogen Detection	
<a href="#">0060158</a>	Leptospira Culture	