ARUP LABORATORIES

IMMEDIATE CHANGE HOT LINE: Effective June 1, 2015

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-9 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.

0092187 Drug Panel 9A, Urine - Screen with Reflex to Confirmation/Quantitation CDASU 9A

*This test performed at ARUP Laboratories.
Clinically significant charting name change.

Reference Interval: Effective June 1, 2015

Drugs Covered and Cutoff Concentrations

Drugs/Drug Classes	Screen
THC (Marijuana)	20 ng/mL
Cocaine	150 ng/mL
Opiates	300 ng/mL
Oxycodone	100 ng/mL
Phencyclidine	25 ng/mL
Amphetamines	300 ng/mL
MDMA (Ecstasy)	500 ng/mL
Barbiturates	200 ng/mL
Benzodiazepines	200 ng/mL
Methadone	150 ng/mL
Propoxyphene	300 ng/mL
Alcohol	40 mg/dL

This change also applies to:
Drug Panel 7, Urine - Screen with Reflex to Confirmation/Quantitation (0092184)
Drug Panel 7A, Urine - Screen with Reflex to Confirmation/Quantitation (0092185)
Drug Panel 9, Urine - Screen with Reflex to Confirmation/Quantitation (0092186)

0090454 Drugs of Abuse 9A Panel, Urine - Screen Only CDTI9A

*This test performed at ARUP Laboratories.
Clinically significant charting name change.

Reference Interval: Effective June 1, 2015

Drugs Covered and Cutoff Concentrations

Drugs	Screen
THC (Marijuana)	20 ng/mL
Cocaine	150 ng/mL
Opiates	300 ng/mL
Oxycodone	100 ng/mL
Phencyclidine	25 ng/mL
Amphetamines	300 ng/mL
MDMA (Ecstasy)	500 ng/mL
Barbiturates	200 ng/mL
Benzodiazepines	200 ng/mL
Methadone	150 ng/mL
Propoxyphene	300 ng/mL
Alcohol	40 mg/dL

This change also applies to:
Drugs of Abuse 7 Panel, Urine - Screen Only (0090448)
Drugs of Abuse 7A Panel, Urine - Screen Only (0090449)
Drugs of Abuse 9 Panel, Urine - Screen Only (0090453)

2008868 Nonalcoholic steatohepatitis (NASH) FibroSURE NASH FS

Specimen Required: Patient Prep: Patient should fast for at least eight hours.
Collect: Plain red or serum separator tube (SST).
Specimen Preparation: Separate serum from cells within one hour of collection. Transfer 3.5 mL serum to an ARUP standard Transport Tube. (Min: 2 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Remarks: Patient age, gender, height and weight must be included on the request form.
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens. Nonfasting specimen. Specimens from patients under the age of 14.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 week

2009077 Non-Invasive Prenatal Testing for RhD Genotyping, Fetal NIPT RHD

Specimen Required: Patient Prep: **Specimens must be collected and shipped Monday through Wednesday only and not the day before a holiday.**
Collect: Lavender (EDTA).
Specimen Preparation: Transfer 20 mL maternal whole blood to ARUP Standard Transport Tubes. (Min: 16 mL)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Remarks: Mother must have Rh-negative blood type and be at least 12 weeks gestation. Gestational age at time of collection is required for testing.
Unacceptable Conditions: Multiple fetuses.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable

0080385 Vitamin D, 1, 25-Dihydroxy VIT D 1,25

*This test performed at ARUP Laboratories.
Vendor discontinuted kit for RIA platform. CLIA platform is FDA approved.

Methodology: Quantitative Chemiluminescent Immunoassay

Specimen Required: Patient Prep:

Collect: Serum separator tube or plain red, lithium heparin or EDTA plasma.
Specimen Preparation: Allow serum separator or plain red tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)
Storage/Transport Temperature: Refrigerated.
Remarks:
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 6 months

Reference Interval: 19.9-79.3 pg/mL

Interpretive Data:
This test is primarily indicated during patient evaluation for hypercalcemia and renal failure. A normal result does not rule out Vitamin D deficiency. The recommended test for diagnosing Vitamin D deficiency is Vitamin D 25-hydroxy.

HOT LINE NOTE: There is a numeric map change associated with this test