HOTLINE: Effective June 7, 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
3	2002647	Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Adult								x				
3	2002719	Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Pediatric								x				
3	2002653	Acute Myelogenous Leukemia (AML) with Myelodysplastic Syndrome (MDS) or Therapy-Related AML, by FISH								x				
3	2011132	Acute Myeloid Leukemia Panel by FISH								x				
3	0040208	Aneuploidy Panel by FISH								x				
4	2007945	Aripiprazole and Metabolite, Serum or Plasma				x	x							

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
4	0040203	Chorionic Villus, FISH								x				
4	2002293	Chromosome Analysis, Amniotic Fluid								x				
4	2008367	Chromosome Analysis, Amniotic Fluid, with Reflex to Genomic Microarray								x				
4	2002292	Chromosome Analysis, Bone Marrow								x				
4	2007130	Chromosome Analysis, Bone Marrow with Reflex to Genomic Microarray								x				
4	2002291	Chromosome Analysis, Chorionic Villus								x				
4	2005763	Chromosome Analysis, Constitutional Blood, with Reflex to Genomic Microarray								x				
4	2002289	Chromosome Analysis, Constitutional Peripheral Blood								x				
5	2002290	Chromosome Analysis, Leukemic Blood								x				
5	2007131	Chromosome Analysis, Leukemic Blood with Reflex to Genomic Microarray								x				
5	2002300	Chromosome Analysis, Lymph Node								x				
5	2002288	Chromosome Analysis, Products of Conception								x				
5	2005762	Chromosome Analysis, Products of Conception, with Reflex to Genomic Microarray								x				
5	2002287	Chromosome Analysis, Rule Out Mosaicism								x				
5	2002286	Chromosome Analysis, Skin Biopsy								x				
5	2002296	Chromosome Analysis, Solid Tumor								x				
5	2011130	Chromosome FISH, Amniotic Fluid with Reflex to Chromosome Analysis or Genomic Microarray								x				
5	2011131	Chromosome FISH, Chorionic Villus with Reflex to Chromosome Analysis or Genomic Microarray								x				
5	2002295	Chromosome FISH, CLL Panel (Temporary Referral as of 10/13/20)								x				
6	2002298	Chromosome FISH, Interphase								x				
6	2002299	Chromosome FISH, Metaphase								x				
6	2002297	Chromosome FISH, Prenatal								x				
8	0051720	Complement Factor B												x
8	2007252	Copper, RBC												x
6	2009353	Cytogenomic SNP Microarray with Five-Cell Chromosome Study, Constitutional Blood								x				
6	2002378	Eosinophilia Panel by FISH								x				
6	0070045	Estradiol, Adult Premenopausal Female, Serum or Plasma				x	x	x						

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
6	3002737	FISH, Interphase, CD138+ Cells								x				
6	2002650	Lymphoma (Aggressive) Panel by FISH								x				
7	3002063	Multiple Myeloma Panel by FISH								x				
7	2002709	Myelodysplastic Syndrome (MDS) Panel by FISH								x				
7	2002360	Myeloproliferative Disorders Panel by FISH								x				
7	3003913	Orthopedic Metals Panel (Chromium, Cobalt, Titanium)											x	
7	2007949	Paliperidone, Serum or Plasma				x	x							
7	3000455	Ph-Like Acute Lymphoblastic Leukemia (ALL) Panel by FISH								x				
8	2002363	*PML-RARA* Translocation by FISH								x				
8	2007951	Risperidone and Metabolite, Serum or Plasma				x	x	x						
8	2007957	Venlafaxine and Metabolite, Serum or Plasma				x	x							
8	2006460	Zinc, RBC												x

2002647 **Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Adult** **FISH A ALL**

CPT Code(s): 88271 x5; 88275 x5

2002719 **Acute Lymphoblastic Leukemia (ALL) Panel by FISH, Pediatric** **FISH P ALL**

CPT Code(s): 88271 x5; 88275 x5

2002653 **Acute Myelogenous Leukemia (AML) with Myelodysplastic Syndrome (MDS) or Therapy-Related AML, by FISH** **F TAML MDS**

CPT Code(s): 88271 x3; 88275 x3

2011132 **Acute Myeloid Leukemia Panel by FISH** **FISH AML**

CPT Code(s): 88271 x6; 88275 x6

0040208 **Aneuploidy Panel by FISH** **FISHANEU**

CPT Code(s): 88271 x5; 88275 x5

2007945 Aripiprazole and Metabolite, Serum or Plasma — ARIPIPRAZO

Specimen Required: Patient Prep: Pre-dose (trough) draw - At steady state concentration.
Collect: Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).
Specimen Preparation: Separate 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.
Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Reference Interval:
Effective June 7, 2021

Therapeutic Range (Aripiprazole and Dehydroaripiprazole)	150-500 ng/mL
Toxic range (Aripiprazole and Dehydroaripiprazole)	Greater than or equal to 1000 ng/mL

0040203 Chorionic Villus, FISH — FISHCVS

CPT Code(s): 88271 x5; 88275 x5

2002293 Chromosome Analysis, Amniotic Fluid — CHR AF

CPT Code(s): 88269; 88235

2008367 Chromosome Analysis, Amniotic Fluid, with Reflex to Genomic Microarray — AF REFLEX

CPT Code(s): 88269; 88235; if reflexed, add 81229; 81265

2002292 Chromosome Analysis, Bone Marrow — CHR BM

CPT Code(s): 88237; 88264

2007130 Chromosome Analysis, Bone Marrow with Reflex to Genomic Microarray — BM REFLEX

CPT Code(s): 88237; 88264; if reflexed, add 81277

2002291 Chromosome Analysis, Chorionic Villus — CHR CVS

CPT Code(s): 88267; 88235

2005763 Chromosome Analysis, Constitutional Blood, with Reflex to Genomic Microarray — PB REFLEX

CPT Code(s): 88262; 88230; if reflexed, add 81229

2002289 Chromosome Analysis, Constitutional Peripheral Blood — CHR PB

CPT Code(s): 88262; 88230

2002290	**Chromosome Analysis, Leukemic Blood**	**CHR LKB**

CPT Code(s): 88237; 88264

2007131	**Chromosome Analysis, Leukemic Blood with Reflex to Genomic Microarray**	**LKB REFLEX**

CPT Code(s): 88237; 88264; if reflexed, add 81277

2002300	**Chromosome Analysis, Lymph Node**	**CHR ONC**

CPT Code(s): 88239; 88264

2002288	**Chromosome Analysis, Products of Conception**	**CHR POC**

CPT Code(s): 88262; 88233

2005762	**Chromosome Analysis, Products of Conception, with Reflex to Genomic Microarray**	**POC REFLEX**

CPT Code(s): 88262; 88233; If reflexed, add 81229

2002287	**Chromosome Analysis, Rule Out Mosaicism**	**CHR R/OM**

CPT Code(s): 88230; 88263

2002286	**Chromosome Analysis, Skin Biopsy**	**CHR SKIN**

CPT Code(s): 88262; 88233

2002296	**Chromosome Analysis, Solid Tumor**	**CHR ST**

CPT Code(s): 88239; 88264

2011130	**Chromosome FISH, Amniotic Fluid with Reflex to Chromosome Analysis or Genomic Microarray**	**AF F RFLX**

CPT Code(s): 88271 x5; 88275 x5: if reflexed to chromosome analysis add 88269; 88235; if reflexed to microarray add 81229; 81265 Fetal Cell Contamination (FCC)

2011131	**Chromosome FISH, Chorionic Villus with Reflex to Chromosome Analysis or Genomic Microarray**	**CVS F RFLX**

CPT Code(s): 88271 x5; 88275 x5; if reflexed to chromosome analysis add 88269, 88235; if reflexed to microarray add 81229; 81265 Fetal Cell Contamination (FCC)

2002295	**Chromosome FISH, CLL Panel (Temporary Referral as of 10/13/20)**	**FISH CLLP**

CPT Code(s): 88271 x4; 88275 x4

2002298 **Chromosome FISH, Interphase** **CHR FISHI**

CPT Code(s): 88271; 88275

2002299 **Chromosome FISH, Metaphase** **CHR FISHM**

CPT Code(s): 88271; 88273

2002297 **Chromosome FISH, Prenatal** **CHR FISHP**

CPT Code(s): 88271 x5; 88275 x5

2009353 **Cytogenomic SNP Microarray with Five-Cell Chromosome Study, Constitutional Blood** **SNP CHR PB**

CPT Code(s): 88230; 88261; 81229

2002378 **Eosinophilia Panel by FISH** **FISH EOS P**

CPT Code(s): 88271 x4; 88275 x4

0070045 **Estradiol, Adult Premenopausal Female, Serum or Plasma** **ESTRA**

Specimen Required: Collect: Serum Separator Tube (SST). Also acceptable: Green (Sodium or Lithium Heparin)
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 8 hours; Refrigerated: 1 week; Frozen: 6 months

Reference Interval:
Effective May 10, 2021

Female	
Follicular phase	27-122 pg/mL
Mid Cycle phase	95-433 pg/mL
Luteal Phase	49-291 pg/mL
Post-Menopausal	Less than 41 pg/mL

HOTLINE NOTE: Remove information found in the Interpretive Data field.

3002737 **FISH, Interphase, CD138+ Cells** **FISHICD138**

CPT Code(s): 88271; 88275

2002650 **Lymphoma (Aggressive) Panel by FISH** **FISH ALYMP**

CPT Code(s): 88271 x3; 88275 x3

3002063 **Multiple Myeloma Panel by FISH** **FISHMMP**

CPT Code(s): 88271 x7; 88275 x7

2002709 **Myelodysplastic Syndrome (MDS) Panel by FISH** **FISH MDS P**

CPT Code(s): 88271 x4; 88275 x4

2002360 **Myeloproliferative Disorders Panel by FISH** **FISH MPD P**

CPT Code(s): 88271 x4; 88275 x4

New Test **3003913** **Orthopedic Metals Panel (Chromium, Cobalt, Titanium)** **ORTHO PAN**

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Methodology: Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)
Performed: Varies
Reported: 7-10 days

Specimen Required: Collect: Body fluid.
Specimen Preparation: Transfer 4 mL body fluid to an ARUP trace element-free transport tube. (ARUP supply #43116 available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.) (Min: 2.2 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.
Stability (collection to initiation of testing): Ambient: Undetermined; Refrigerated: Undetermined; Frozen: Undetermined

Reference Interval: By report

CPT Code(s): 82495; 83018 x 2

New York DOH approval pending. Call for status update.

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

2007949 **Paliperidone, Serum or Plasma** **PALIPERID**

Specimen Required: Patient Prep: Pre-dose (trough) draw - At steady state concentration.
Collect: Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).
Specimen Preparation: Separate 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.
Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

Reference Interval:
Effective June 7, 2021

Therapeutic range (Paliperidone (9-hydroxyrisperidone))	20 - 60 ng/mL
Toxic range (Paliperidone (9-hydroxyrisperidone))	Greater than 120 ng/mL

3000455 **Ph-Like Acute Lymphoblastic Leukemia (ALL) Panel by FISH** **F PHLK ALL**

CPT Code(s): 88271 x7; 88275 x7

2002363 *PML-RARA* Translocation by FISH — FISH PML

CPT Code(s): 88271; 88275

2007951 Risperidone and Metabolite, Serum or Plasma — RISPERIDON

Specimen Required: Patient Prep: Pre-dose (trough) draw - At steady state concentration.
Collect: Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).
Specimen Preparation: Separate 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: N/A
Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD solution).
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 months

Reference Interval:
Effective June 7, 2021

Therapeutic range (Risperidone)	20-60 ng/mL
Therapeutic range (9-hydroxyrisperidone (Paliperidone))	20-60 ng/mL
Toxic range (Risperidone and Metabolite)	Greater than 120 ng/mL

Interpretive Data:

The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects to risperidone therapy may include headache, nausea, dizziness, tachycardia, orthostatic hypotension and dyskinesia.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

2007957 Venlafaxine and Metabolite, Serum or Plasma — VENLAFAXSP

Specimen Required: Patient Prep: Pre-dose (trough) draw - At steady state concentration.
Collect: Plain Red. Also acceptable: Lavender (EDTA) or Pink (K_2EDTA).
Specimen Preparation: Separate 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.
Unacceptable Conditions: Whole blood. Gel separator tubes, light blue (citrate), or yellow (SPS or ACD Solution).
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

Reference Interval:

Effective June 7, 2021

Therapeutic range (Venlafaxine and o-Desmethylvenlafaxine)	195-400 ng/mL
Toxic range (Venlafaxine and o-Desmethylvenlafaxine)	Greater than or equal to 800 ng/mL

The following will be discontinued from ARUP's test menu on June 7, 2021.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
0051720	Complement Factor B	
2007252	Copper, RBC	Copper, Red Blood Cells (3003756)
2006460	Zinc, RBC	Zinc, Red Blood Cells (3003758)