

HOTLINE: Effective **March 1, 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	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	3000136	Benzene Quantitative - Whole Blood			x	x									
2	3000967	Beryllium Quantitative, Serum or Plasma		x	x										
3	0040003	CBC with Platelet Count and Automated Differential				x							x		
7	3003606	Differential, Manual												x	
9	3000894	Hereditary Hemolytic Anemia Cascade									x				
10	0040005	Manual Differential													x
9	3000714	Sotalol Quantitation, Serum/Plasma		x	x	x									

[3000136](#)

Benzene Quantitative - Whole Blood

BENZE BLD

Methodology: Quantitative Gas Chromatography
Performed: Varies
Reported: 5-8 days

Specimen Required: Collect: Gray (Potassium Oxalate/Sodium Fluoride).
Specimen Preparation: Transport 2 mL whole blood in the original collection tube. (Min: 0.7 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: Unacceptable; Refrigerated: 2 months; Frozen: 3 weeks

[3000967](#)

Beryllium Quantitative, Serum or Plasma

BERYLLI SP

Methodology: Quantitative Inductively Coupled Plasma-Mass Spectrometry (ICP-MS)
Performed: Varies
Reported: 8-11 days

0040003

CBC with Platelet Count and Automated Differential

CBCAD



Time Sensitive

Specimen Required: Collect: Lavender (EDTA) **AND** unstained whole blood smears.

Specimen Preparation: Transport 3 mL whole blood **AND** 2 unstained whole blood smears. (Min: 0.5 mL. Tube must contain at least 0.25 mL of specimen **AND** two unstained blood smears.)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Frozen specimens. Clotted or grossly hemolyzed specimens.

Stability (collection to initiation of testing): Ambient: 24 hours (without smears); Refrigerated: 48 hours; Frozen: Unacceptable

Reference Interval: Effective March 1, 2021

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Test Number	Components	Reference Interval												
0040080	Hematocrit	Effective May 16, 2016												
		Age	0 days	1-6 days	7-13 days	14-29 days	30-60 days	61-90 days	91-180 days	6-23 months	2-5 years	6-11 years	12-17 years	18 years and older
		Male %	42-60	45-64.9	42-64.9	39-63	31-55	28-42	29-41	33-39	34-40	35-45	37-49	44.2-53
		Female %	42-60	45-64.9	42-64.9	39-63	31-55	28-42	29-41	33-39	34-40	35-45	36-46	36-49
0040085	Hemoglobin	Effective May 16, 2016												
		Age	0 days	1-6 days	7-13 days	14-29 days	30-60 days	61-90 days	91-180 days	6-23 months	2-5 years	6-11 years	12-17 years	18 years and older
		Male (g/dL)	13.5-19.5	14.5-22.5	13.5-21.5	12.5-20.5	10.0-18.0	9.0-14.0	9.5-13.5	10.5-13.5	11.5-13.5	11.5-15.5	13.0-16.0	14.8-17.8
		Female (g/dL)	13.5-19.5	14.5-22.5	13.5-21.5	12.5-20.5	10.0-18.0	9.0-14.0	9.5-13.5	10.5-13.5	11.5-13.5	11.5-15.5	12.0-16.0	12.6-15.9
0040270	Red Blood Cell Count	Effective May 16, 2016												
		Age	0 days	1-6 days	7-13 days	14-29 days	30-60 days	61-90 days	91-180 days	6-23 months	2-5 years	6-11 years	12-17 years	18 years and older
		Male (M/ μ L)	3.9-5.5	4.0-6.6	3.9-6.3	3.6-6.2	3.0-5.4	2.7-4.9	3.1-4.5	3.7-5.3	3.9-5.3	4.0-5.2	4.5-5.3	4.7-6.14
		Female (M/ μ L)	3.9-5.5	4.0-6.6	3.9-6.3	3.6-6.2	3.0-5.4	2.7-4.9	3.1-4.5	3.7-5.3	3.9-5.3	4.0-5.2	4.1-5.1	4.08-5.47
0040320	White Blood Cell Count	Effective May 16, 2016												
		Age	0 days	1-6 days	7-13 days	14-29 days	30-60 days	2-11 months	1-3 years	4-5 years	6-7 years	8-13 years	14-17 years	18 years and older
		Male (K/ μ L)	9-30	9-34	5-21	5-20	5-19.5	5.5-17	6-17	5.5-15.5	5-14.5	4.5-13.5	4.5-13	4.3-11.3
		Female (K/ μ L)	9-30	9-34	5-21	5-20	5-19.5	5.5-17	6-17	5.5-15.5	5-14.5	4.5-13.5	4.5-13	4.3-11.3
	RDW	11.5-15.3%												
	MPV	8.6-12.3 fL												
	IPF	Effective May 16, 2016												
		Age	0-180 days		6-23 months		2-5 years		6-11 years		12-17 years		18 years and older	
		Male (%)	2.3-7.1		1.7-4.1		1.4-3.9		1.3-5.2		1.9-6.4		1-11.4	
		Female (%)	1.6-7.1		1.7-4.8		1.3-3.9		1.3-5.0		1.7-6.7		1-11.4	
0040235	Platelets	Effective May 16, 2016 159-439 K/ μ L												
	MCV	Effective May 16, 2016												
		Age	0 days	1-6 days	7-13 days	14-29 days	30-60 days	61-90 days	91-180 days	6-23 months	2-5 years	6-11 years	12-17 years	18 years and older
		Male (fL)	98-118	95-121	88-126	86-124	85-123	77-115	74-108	70-86	75-87	77-95	78-98	81.2-96.6
		Female (fL)	98-118	95-121	88-126	86-124	85-123	77-115	74-108	70-86	75-87	77-95	78-102	81.9-101

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	MCH												
		Age	0-6 days	7-29 days	30-60 days	61-180 days	6-23 months	2-5 years	6-11 years	12-17 years	18 years and older		
		Male (pg)	31-37	28-40	26-34	25-35	23-31	24-30	25-33	25-35	25.8-33.1		
		Female (pg)	31-37	28-40	26-34	25-35	23-31	24-30	25-33	25-35	25.8-33.1		
	MCHC	Male: 31.9-35.2 g/dL Female: 31.2-34.5 g/dL											
	Total Neutrophil Number												
		Age	0-11 months		1-5 years		6-13 years		14-17 years		18 years and older		
		(K/μL)	1.5-10.0		1.5-8.5		1.5-8.0		1.8-8.0		2.0-7.4		
	Total Neutrophil Percent												
		Age	0-13 days	14-29 days	30-90 days	90-180 days	6-9 months	10-11 months	12-23 months	2-3 years			
		%	19-49	14-44	15-25	14-24	13-23	12-22	13-33	15-35			
		Age	4-5 years	6-7 years	8-9 years	10-11 years	12-13 years	14-17 years	18 years and older				
		%	23-45	32-54	34-56	31-61	32-62	33-63	39.4-72.5				
	Eosinophils Percentage	0.4-6.7%											
	Eosinophil #												
		Age	0-6 days		7 days-11 months		1-13 years		14 years and older				
		K/μL	0-1		0.1-1.1		0-0.7		0-0.5				
	Basophil Number	0-0.1 K/ μ L											
	Basophils	0.3-1.4%											
	Monocytes Number												
		Age	0-6 days		7 days-11 months		1-5 years	6-17 years		18 years and older			
		K/μL	0.4-3.6		0.3-2.7		0-1.1	0-0.8		0.3-1.0			
	Monocytes Percentage												
		Age	0-6 days		7-29 days		30-60 days		61-120 days		4 months and older		
		%	0-9%		0-12%		0-10%		0-9%		4.1-12.4%		
	Lymphocytes Number												
		Age	0-6 days		7 days-11 months		1-5 years	6-13 years		14-17 years	18 years and older		
		K/μL	2.0-11.0		2-17.0		4-10.5	1.5-7.0		1.2-5.8	1.3-3.6		
	Lymphocytes Percentage												
		Age	0-6 days	7-13 days	14-29 days	30-60 days	61-90 days	91-180 days	6-7 months	8-9 months	10-11 months		
		%	26-36	36-46	43-53	41-71	42-72	44-74	46-76	47-77	48-78		
		Age	12-23 months	2-3 years	4-5 years	6-7 years	8-9 years	10-13 years	14-15 years	16-17 years	18 years and older		
		%	46-76	44-74	35-65	27-57	24-54	28-48	27-47	25-45	17.6-49.6		
	Nucleated Red Blood Cells %	0-3 days: 0.1-8.3% 4 days and older: 0%											
	Nucleated Red Blood Cell #	0-3 days: 0-1.3 K/ μ L 4 days and older: 0 K/ μ L											
	Immature Granulocytes %												
		Age	0-2 days		3-90 days		91-180 days		6-23 months		2-5 years	6-17 years	18 years and older
		%	0.7-7.8		0.4-5.3		0.1-0.7		0.1-1.2		0.1-1.1	0.1-0.5	0.2-0.9
	Immature Granulocytes #												

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Age	0-2 days	3-90 days	91-180 days	6-23 months	2-5 years	6-11 years	12-17 years	18 years and older
K/ μ /L	0.08-1.68	0.03-0.71	0.02-0.09	0.02-0.18	0.02-0.09	0.02-0.06	0.02-0.05	0.01-0.09

HOTLINE NOTE: There is a clinically significant charting name change associated with this test.

Change the charting name for component 0040070, Granulocyte # from Granulocyte # to **Total Neutrophil Number**.

Change the charting name for component 0040075, Granulocyte % from Granulocyte % to **Total Neutrophil Percent**.

New Test [3003606](#)
[Click for Pricing](#)

Differential, Manual

MDIFF

Methodology: Microscopy
Performed: Sun-Sat
Reported: Within 24 hours

Specimen Required: Collect: Lavender (EDTA) or). **OR** unstained whole blood smears.
Specimen Preparation: Specimens must be well mixed prior to making smears. Transport 3 mL whole blood **OR** 2 unstained whole blood smears. (Min: 0.5 mL **OR** 2 smears)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Frozen specimens. Clotted specimens.
Stability (collection to initiation of testing): **Whole Blood:** Ambient: 8 hours; Refrigerated: 24 hours; Frozen: Unacceptable
Smears: Ambient: 24 hours; Refrigerated: 72 hours; Frozen: Unacceptable

Reference Interval:

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Test Number	Components	Reference Interval																																						
	Total Neutrophil percent	<table border="1"> <thead> <tr> <th>Age</th> <th>Reference Interval</th> </tr> </thead> <tbody> <tr><td>0 - 13 days</td><td>19 - 49</td></tr> <tr><td>14 - 29 days</td><td>14 - 44</td></tr> <tr><td>30 - 90 days</td><td>15 - 25</td></tr> <tr><td>91 - 180 days</td><td>14 - 24</td></tr> <tr><td>6 - 9 months</td><td>13 - 23</td></tr> <tr><td>10 - 11 months</td><td>12 - 22</td></tr> <tr><td>12 - 23 months</td><td>13 - 33</td></tr> <tr><td>2 - 3 years</td><td>15 - 35</td></tr> <tr><td>4 - 5 years</td><td>23 - 45</td></tr> <tr><td>6 - 7 years</td><td>32 - 54</td></tr> <tr><td>8 - 9 years</td><td>34 - 56</td></tr> <tr><td>10 - 11 years</td><td>31 - 61</td></tr> <tr><td>12 - 13 years</td><td>32 - 62</td></tr> <tr><td>14 - 17 years</td><td>33 - 63</td></tr> <tr><td>18 years and older</td><td>39 - 73</td></tr> </tbody> </table>	Age	Reference Interval	0 - 13 days	19 - 49	14 - 29 days	14 - 44	30 - 90 days	15 - 25	91 - 180 days	14 - 24	6 - 9 months	13 - 23	10 - 11 months	12 - 22	12 - 23 months	13 - 33	2 - 3 years	15 - 35	4 - 5 years	23 - 45	6 - 7 years	32 - 54	8 - 9 years	34 - 56	10 - 11 years	31 - 61	12 - 13 years	32 - 62	14 - 17 years	33 - 63	18 years and older	39 - 73						
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	Total Lymphocytes percent	<table border="1"> <thead> <tr> <th>Age</th> <th>Reference Interval</th> </tr> </thead> <tbody> <tr><td>0 - 6 days</td><td>26 - 36</td></tr> <tr><td>7 - 13 days</td><td>36 - 46</td></tr> <tr><td>14 - 29 days</td><td>43 - 53</td></tr> <tr><td>30 - 60 days</td><td>41 - 71</td></tr> <tr><td>61 - 90 days</td><td>42 - 72</td></tr> <tr><td>91 - 180 days</td><td>44 - 74</td></tr> <tr><td>6 - 7 months</td><td>46 - 76</td></tr> <tr><td>8 - 9 months</td><td>47 - 77</td></tr> <tr><td>10 - 11 months</td><td>48 - 78</td></tr> <tr><td>12 - 23 months</td><td>46 - 76</td></tr> <tr><td>2 - 3 years</td><td>44 - 74</td></tr> <tr><td>4 - 5 years</td><td>35 - 65</td></tr> <tr><td>6 - 7 years</td><td>27 - 57</td></tr> <tr><td>8 - 9 years</td><td>24 - 54</td></tr> <tr><td>10 - 13 years</td><td>28 - 48</td></tr> <tr><td>14 - 15 years</td><td>24 - 47</td></tr> <tr><td>16 - 17 years</td><td>25 - 45</td></tr> <tr><td>18 years and older</td><td>17 - 50</td></tr> </tbody> </table>	Age	Reference Interval	0 - 6 days	26 - 36	7 - 13 days	36 - 46	14 - 29 days	43 - 53	30 - 60 days	41 - 71	61 - 90 days	42 - 72	91 - 180 days	44 - 74	6 - 7 months	46 - 76	8 - 9 months	47 - 77	10 - 11 months	48 - 78	12 - 23 months	46 - 76	2 - 3 years	44 - 74	4 - 5 years	35 - 65	6 - 7 years	27 - 57	8 - 9 years	24 - 54	10 - 13 years	28 - 48	14 - 15 years	24 - 47	16 - 17 years	25 - 45	18 years and older	17 - 50
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	Eosinophil, manual	0-7%																																						
	Basophil, manual	0-2%																																						
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	Morphology	Normocytic/Normochromic																																						
	Platelet (estimate)	Adequate																																						

CPT Code(s): 85007

New York DOH approval pending. Call for status update.

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

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3000894

Hereditary Hemolytic Anemia Cascade

HHACASCADE

CPT Code(s): 84220; 88184; 82955; 83021. Reflex components billed separately. Additional CPT codes may apply, 85555; 85060; 85007; 83068; 81269; 81259; 81363; 81364; 81249; 81443; 85660; 83020.

3000714

Sotalol Quantitation, Serum/Plasma

SOTA SP

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry (HPLC-MS/MS)
Performed: Varies
Reported: 8-11 days

Specimen Required: Collect: Plain Red, Lavender (EDTA), or Pink (K₂EDTA).
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: 0.2 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.
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 1 month; Frozen: 1 month

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**The following will be discontinued from ARUP's test menu on March 1, 2021.
Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
0040005	Manual Differential	