

IMMEDIATE CHANGE HOTLINE: Effective **March 5, 2018**

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	0050622	Cytomegalovirus Antibodies, IgG and IgM				x								
2	2014059	Prostate-Specific Kallikrein, 4Kscore				x								
2	0050772	TORCH Antibodies, IgG				x								
2	0050665	TORCH Antibodies, IgM				x								
2	0050521	<i>Toxoplasma gondii</i> Antibodies, IgG and IgM				x								

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0050622

Cytomegalovirus Antibodies, IgG and IgM

CMV PAN

Specimen Required: Collect: Serum Separator Tube (SST)

Specimen Preparation: Allow specimen to clot completely at room temperature. **Separate from cells ASAP** or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute **specimens**.

Storage/Transport Temperature: Refrigerated.

Remarks: **Label specimens plainly as "acute" or "convalescent."**

Unacceptable Conditions: Plasma or urine. Contaminated, hemolyzed, or heat-inactivated specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

2014059

Prostate-Specific Kallikrein, 4Kscore

4KSCORE

Specimen Required: Collect: Serum Separator Tube (SST).

Specimen Preparation: Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 3 mL)

Storage/Transport Temperature: Frozen.

Remarks: **Patient biopsy history is required for testing.**

Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month

0050772

TORCH Antibodies, IgG

TORCH IGG

Specimen Required: Collect: Serum Separator Tube (SST).

Specimen Preparation: Allow specimen to clot completely at room temperature. **Separate from cells ASAP** or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute **specimens**.

Storage/Transport Temperature: Refrigerated.

Remarks: **Mark specimens plainly as "acute" or "convalescent."**

Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

HOTLINE NOTE: Remove information found in the Unacceptable Conditions field.

0050665

TORCH Antibodies, IgM

TORCH M

Specimen Required: Collect: Serum Separator Tube (SST).

Specimen Preparation: **Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection.** Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute **specimens**.

Storage/Transport Temperature: Refrigerated.

Remarks: **Mark specimens plainly as "acute" or "convalescent."**

Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

HOTLINE NOTE: Remove information found in the Unacceptable Conditions field.

0050521

Toxoplasma gondii Antibodies, IgG and IgM

TOXO PAN

Specimen Required: Collect: Serum Separator Tube (SST)

Specimen Preparation: Allow specimen to clot completely at room temperature. **Separate from cells ASAP** or within 2 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Parallel testing is preferred and convalescent specimens **must** be received within 30 days from receipt of the acute **specimens**.

Storage/Transport Temperature: Refrigerated.

Remarks: **Label specimens plainly as "acute" or "convalescent."**

Unacceptable Conditions: Plasma or urine. Contaminated, heat-inactivated or grossly hemolyzed specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)