### 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.

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<td>Anabolic Steroids, Urine - Screen with Reflex to Confirmation</td>
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<td>3002337</td>
<td>2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine</td>
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<td>2007370</td>
<td>Periodic Fever Syndromes Panel, Sequencing and Deletion/Duplication</td>
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</table>
Specimen Required: Collect: Urine.

Specimen Preparation: Transfer 4 mL urine to ARUP Standard Transport Tubes. (Min: 1.6 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: 1 month; Frozen: 1 month

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**2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine**

Methodology: Quantitative **Colorimetry/Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)**

CPT Code(s): 84150

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**Leukotriene E4, Random Urine**

Methodology: Quantitative **Colorimetry/Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)**

Specimen Required: Patients taking 5-lipoxygenase inhibitor Zileuton/Zyflo may have decreased concentrations of leukotriene E4 (LTE4). If possible, discontinue 48 hours prior to collection.

Collect: Urine.

Specimen Preparation: Transfer 5 mL urine to ARUP Standard Transport Tubes (Min: 2 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: 24 hours; Refrigerated: 1 week; Frozen: 1 month

CPT Code(s): 82542; 82570

**HOTLINE NOTE:** There is a component change associated with this test.

Add component 3004162, Creatinine, Random Urine
Methodology: Massively Parallel Sequencing
Performed: Varies
Reported: 3 weeks

Specimen Required: Collect: Lavender or pink (EDTA) or yellow (ACD solution A or B).
Specimen Preparation: Transport 3 mL whole blood. (Min: 2 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Serum or plasma; grossly hemolyzed or frozen specimens; saliva; buccal brush or swab, FFPE tissue.
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

HOTLINE NOTE: Remove information found in the Remarks field.