HOTLINE: Effective March 7, 2022

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	2008682	Anabolic Steroids, Urine - Screen with Reflex to Confirmation				x								
2	3002337	2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine		x						x				
2	3004792	Leukotriene E4, 24-Hour Urine											x	
2	3002351	Leukotriene E4, Random Urine	x	x		x				x	x			
3	2007370	Periodic Fever Syndromes Panel, Sequencing and Deletion/Duplication		x	x	x								

2008682 **Anabolic Steroids, Urine - Screen with Reflex to Confirmation** **STEROIDS**

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

3002337 **2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine** **BETA PG U**

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

CPT Code(s): 84150

New Test **3004792** **Leukotriene E4, 24-Hour Urine** **LTE 24 URN**
Click for Pricing

Methodology: Quantitative Colorimetry/Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)
Performed: Varies
Reported: 3-9 days

Specimen Required: Patient Prep: Patients taking 5-lipoxygenase inhibitor Zileuton/Zyflo may have decreased concentrations of leukotriene E4 (LTE4). If possible, discontinue 48 hours prior to collection.
Collect: 24-hour urine. Refrigerate during collection.
Specimen Preparation: From a well-mixed 24-hour collection 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

Reference Interval: By Report

CPT Code(s): 82542

New York DOH Approved.

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

3002351 **Leukotriene E4, Random Urine** **LTE URN**

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

Specimen Required: Patient Prep: 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: Frozen. Also acceptable: Refrigerated.
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

2007370 **Periodic Fever Syndromes Panel, Sequencing and Deletion/Duplication** **PRFEVERPAN**

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.