ARUP LABORATORIES

HOTLINE: Effective March 4, 2019

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	3001431	Autoimmune Encephalitis Extended Panel											x	
4	3000251	Methsuximide Metabolite, Serum or Plasma												x
4	0091565	Phenobarbital, Free, Serum or Plasma												x
3	0091551	Phenobarbital, Total/Unbound/Bound, Serum or Plasma	x	x		x					x			
3	2014041	Potassium, Total, RBC				x								

New Test **3001431** **Autoimmune Encephalitis Extended Panel** **ENCEPH EXT**

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Methodology: Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot/Quantitative Radioimmunoassay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay

Performed: Tue

Reported: 3-10 days

Specimen Required: Collect: Serum Separator Tube (SST).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer three (3) 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot)
Storage/Transport Temperature: Frozen.
Unacceptable Conditions: Contaminated specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Reference Interval:

Test Number	Components	Reference Interval	
2004221	N-methyl-D-Aspartate Receptor Antibody, IgG, Serum with Reflex to Titer	Less than 1:10	
2001771	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL	
2004890	Voltage-Gated Potassium Channel (VGKC) Antibody, Serum	Negative	31 pmol/L or less
		Indeterminate	32-87 pmol/L
		Positive	88 pmol/L or greater
2003036	Aquaporin-4 Receptor Antibody	Effective October 3, 2016	
		Negative	2.9 U/mL or less
		Positive	3.0 U/mL or greater
2013320	Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10	
2009456	Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer	Less than 1:10	
2009452	Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer	Less than 1:10	
3001260	Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid Receptor (AMPAR) Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10	
3001270	Gamma Aminobutyric Acid Receptor, Type B (GABABR) Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10	
3001277	Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10	

Interpretive Data: Refer to report.
See Compliance Statement D: www.aruplab.com/CS

Note: If N-methyl-D-Aspartate Receptor Antibody is positive, then a titer will be added. Additional charges apply.
If Aquaporin-4 Receptor Antibody IgG by ELISA is positive, then Aquaporin-4 Receptor Antibody, IgG by IFA will be added. If positive, then a titer will be added. Additional charges apply.
If LGI1 antibody IgG is positive, then LGI1 antibody IgG titer will be added. Additional charges apply.
If CASPR2 antibody IgG is positive, then CASPR2 antibody IgG titer will be added. Additional charges apply.
If AMPAR Antibody IgG is positive, then a titer will be added. Additional charges apply.
If GABABR Antibody IgG is positive, then a titer will be added. Additional charges apply.
If MOG Antibody IgG is positive, then a titer will be added. Additional charges apply.

CPT Code(s): 83519; 86341;
83516, if reflexed add 86255, if further reflexed add 82656;
86255 x6, if reflexed add 82656 per titer

New York DOH approval pending. Call for status update.

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

0091551 Phenobarbital, Total/Unbound/Bound, Serum or Plasma — PHENOBAR

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Specimen Required: Collect: Plain Red, Lavender (EDTA), or Pink (K_2EDTA).
Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.91 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.
Unacceptable Conditions: Separator tubes.
Stability (collection to initiation of testing): Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

HOTLINE NOTE: There is a component change associated with this test.
Remove component 0091549, Phenobarbital, Free, Serum or Plasma
Add component 3001473, Phenobarbital, Unbound, Serum/Plasma

2014041 Potassium, Total, RBC — K RBC

Specimen Required: Collect: Green (Lithium Heparin).
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Leave RBCs in the original container and replace stopper. Transport 2 mL RBCs in the original collection tube. (Min: 0.7 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions: Separator tubes. Tubes containing potassium-based preservative/anticoagulants. Light Green (Lithium Heparin with gel), Green (Sodium Heparin).
Stability: Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 1 month

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The following will be discontinued from ARUP's test menu on March 4, 2019.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
3000251	Methsuximide Metabolite, Serum or Plasma	
0091565	Phenobarbital, Free, Serum or Plasma	