

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.

<b>2009367</b>	<b>Antimicrobial Level - Cycloserine, Serum or Plasma</b>	<b>CYCLOS</b>
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**HOT LINE NOTE:** There is a component change associated with this test that affects interface clients only.

<b>2009206</b>	<b>Antimicrobial Level - Isoniazid by HPLC, Serum or Plasma</b>	<b>ISON</b>
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**HOT LINE NOTE:** There is a component change associated with this test that affects interface clients only.

<b>2009363</b>	<b>Antimicrobial Level - Rifabutin by HPLC, Serum or Plasma</b>	<b>RIFABU</b>
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**Specimen Required:** Stability (collection to initiation of testing): Ambient: **Unacceptable**; Refrigerated: **Unacceptable**; Frozen: 1 month

**HOT LINE NOTE:** There is a component change associated with this test that affects interface clients only.

<b>2009210</b>	<b>Antimicrobial Level - Rifampin by HPLC, Serum or Plasma</b>	<b>RIFAM</b>
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**Specimen Required:** Stability (collection to initiation of testing): Ambient: **Unacceptable**; Refrigerated: **Unacceptable**; Frozen: 1 month

**HOT LINE NOTE:** There is a component change associated with this test that affects interface clients only.

IMMEDIATE CHANGE HOT LINE: Effective May 2, 2016

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<b>2009214</b>	<b>Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma</b>	<b>STREPTO</b>
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**Specimen Required:** Stability (collection to initiation of testing): Ambient: **Unacceptable**; Refrigerated: **Unacceptable**; Frozen: 1 month

**HOT LINE NOTE:** There is a component change associated with this test that affects interface clients only.

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<b>2009380</b>	<b>Complement C3 Nephritic Factor</b>	<b>C3 NEP</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>0099078</b>	<b>Complement Component 1 Functional</b>	<b>C1</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>0099131</b>	<b>Complement Component 6 Functional</b>	<b>COMP 6 F</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>0099121</b>	<b>Complement Component 7 Functional</b>	<b>COMP 7 F</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>0099133</b>	<b>Complement Component 8 Functional</b>	<b>COMP 8 F</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>0099120</b>	<b>Complement Component 9 Functional</b>	<b>COMP 9 F</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>2009382</b>	<b>Complement Factor I</b>	<b>FACT I</b>
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**HOT LINE NOTE:** There is a result type change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

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<b>0095302</b>	<b>Fatty Acids Profile, Essential (C12-C22)</b>	<b>FA PRO E</b>
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**Specimen Required:** Specimen Preparation: Separate from cells within 45 minutes of draw. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15) **Separate specimens must be submitted when multiple tests are ordered.**

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<i>Delete</i>	<b>2011721</b>	<b>Herpesvirus 6 (HHV-6) Antibodies, IgG and IgM with Reflex to IgM Titer</b>	<b>HHV6 PAN</b>
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\*This test performed at ARUP Laboratories.  
Vendor is no longer producing kits for human testing.

**HOT LINE NOTE:** Delete this test and refer to Herpesvirus 6 Antibody, IgG (2013423) and Herpesvirus 6 Antibody, IgM Screen with Reflex to Titer by IFA (2011420).

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<i>Delete</i>	<b>0065288</b>	<b>Herpesvirus 6 (HHV-6) Antibody, IgG</b>	<b>HHV6 IGG</b>
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\*This test performed at ARUP Laboratories.  
Vendor is no longer producing kits for human testing.

**HOT LINE NOTE:** Delete this test and refer to Herpesvirus 6 Antibody, IgG (2013423).

**New Test**      **2013423**      **Herpesvirus 6 Antibody, IgG**      **HHV6 G**

**Methodology:** Quantitative Indirect Fluorescent Antibody  
**Performed:** Varies  
**Reported:** 4-7 days

**Specimen Required:** Collect: Plain Red or Serum Separator Tube (SST).  
Specimen Preparation: Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL)  
Storage/Transport Temperature: Refrigerated. Also acceptable: Room Temperature or Frozen.  
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

**Reference Interval:** By Report

**Interpretive Data:**

**CPT Code(s):** 86790

New York DOH Approved.

**HOT LINE NOTE:** Refer to the Test Mix Addendum for interface build information.

**New Test**      **2013484**      **P53 Mutation Analysis, Plasma-Based (Leumeta)**      **P53 MUTAT**

Available May 2, 2016

**Methodology:** Polymerase Chain Reaction/Sequencing  
**Performed:** Varies  
**Reported:** 4-10 days

**Specimen Required:** Collect: Lavender (EDTA) or Pink (K<sub>2</sub>EDTA). Also acceptable: Paraffin embedded tissue.  
Specimen Preparation: Transport 6 mL whole blood (Min: 3 mL) OR 3 mL bone marrow (Min: 1 mL). Transport tissue block in a tissue transport kit (ARUP supply #47808) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787.  
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.  
Stability (collection to initiation of testing): **Whole Blood or Bone Marrow:** Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable  
**Paraffin Embedded Tissue:** Ambient: Indefinite; Refrigerated: Indefinite; Frozen: Unacceptable

**Reference Interval:**

**Interpretive Data:**

**CPT Code(s):** 81405

New York DOH Approved.

**HOT LINE NOTE:** Refer to the Test Mix Addendum for interface build information.