

HOTLINE: Effective **May 2, 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	2006297	<i>Borrelia</i> Species by PCR (Lyme Disease), Tick				x								
2	3004978	Brivaracetam Quantitative, Serum or Plasma											x	
4	0050365	Legionella pneumophila Antibody (Types 1-6), IgG by IFA												x
4	0050274	Legionella pneumophila Antibody (Types 1-6), IgM by IFA												x
2	2007567	Luteinizing Hormone (LH), Pediatric			x	x								
3	3005003	Matrix Metalloproteinase-9 (MMP-9)											x	
3	2014041	Potassium, Total, RBC				x								

[2006297](#)

Borrelia Species by PCR (Lyme Disease), Tick

LYME TICK

Specimen Required: Collect: Deer tick

Specimen Preparation: Transfer one deer tick in 70 percent ethanol to an ARUP Standard Transport Tube.

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Specimens submitted in formalin.

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

New Test

[3004978](#)

Brivaracetam Quantitative, Serum or Plasma

BRIVARA SP

[Click for Pricing](#)

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry (HPLC-MS/MS)

Performed: Varies

Reported: 5-8 days

Specimen Required: Collect: Plain red, lavender (K2EDTA or K3EDTA), or pink (K2EDTA).

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.2 mL)

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.

Unacceptable Conditions: Separator tubes.

Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 1 month; Frozen: 4 months

Reference Interval: By report

CPT Code(s): 80375 (Alt Code: G0480)

New York DOH Approved.

HOTLINE NOTE: Refer to the [Test Mix Addendum](#) for interface build information.

[2007567](#)

Luteinizing Hormone (LH), Pediatric

LH PEDIA

Performed: Varies

Reported: 5-13 days

Specimen Required: Collect: Serum separator tube (SST). Also acceptable: Lavender (EDTA).

Specimen Preparation: Separate serum from cells within **45 minutes**. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Also acceptable: Plasma.

Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Storage/Transport Temperature: Frozen.

Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 6 months

New Test [3005003](#) **Matrix Metalloproteinase-9 (MMP-9)** **MMP-9**
[Click for Pricing](#)

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Varies
Reported: 3-10 days

Specimen Required: Collect: Serum Separator Tube (SST).
Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: **CRITICAL FROZEN**
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 months

Reference Interval: By report

CPT Code(s): 83520

New York DOH Approved.

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

[2014041](#) **Potassium, Total, RBC** **K RBC**

Specimen Required: Collect: Green (lithium or sodium 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)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Tubes containing potassium-based preservatives/anticoagulants. **Gel separator tubes.** Light green (lithium heparin).
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 month; Frozen: Unacceptable

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**The following will be discontinued from ARUP's test menu on May 2, 2022.
Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
0050365	Legionella pneumophila Antibody (Types 1-6), IgG by IFA	
0050274	Legionella pneumophila Antibody (Types 1-6), IgM by IFA	