ARUP LABORATORIES

HOTLINE: Effective May 4, 2020

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	2011012	Aminolevulinic Acid Dehydratase (ALAD), Blood			x	x					x	x		
2	2011034	*N*-Methylhistamine, 24-Hour Urine			x	x					x	x		
3	3002743	*N*-Methylhistamine, Random Urine											x	
3	2007537	Non-Invasive Prenatal Testing for Fetal Aneuploidy (Pricing Change Only)												
3	2013142	Non-Invasive Prenatal Testing for Fetal Aneuploidy with 22q11.2 Microdeletion (Pricing Change Only)												
3	2010232	Non-Invasive Prenatal Testing for Fetal Aneuploidy with Microdeletions (Pricing Change Only)												
3	0090245	Quinidine												x

2011012 Aminolevulinic Acid Dehydratase (ALAD), Blood — ALA DEHYD

Performed: Varies
Reported: 3-11 days

Specimen Required: Patient Prep: Patient should abstain from alcohol for 24 hours prior to collection.
Collect: Green (sodium heparin). Also acceptable: Lavender (EDTA) or green (lithium heparin). **Collect specimen and place in ice bath immediately.**
Specimen Preparation: Transport 5 mL whole blood in original collection container. (Min: 3 mL)
Test is not performed at ARUP; submit a separate specimen when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated. Also acceptable: Ambient.
Remarks: Include a list of medications the patient is currently taking.
Unacceptable Conditions: Grossly hemolyzed specimens.
Stability (collection to initiation of testing): Ambient: 4 days; Refrigerated: 1 week; Frozen: Unacceptable

HOTLINE NOTE: There is a component change associated with this test.
Add component 3002779, ALA – Reviewed By
There is a clinically significant charting name change associated with this test.
Change the charting name for component 2011014, ALA Dehydratase, Interpretation from ALA Dehydratase, Interpretation to ALA - Interpretation.

2011034 *N*-Methylhistamine, 24-Hour Urine — NMETHYL U

Performed: Varies
Reported: 3-10 days

Specimen Required: Patient Prep: Patient must not be taking monoamine oxidase inhibitors (MAOIs) or aminoguanidine as these medications increase N-methylhistamine (NMH) levels.
Collect: 24-hour urine
Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 3 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.
Remarks: Collection duration and urine volume must be provided for testing.
Stability (collection to initiation of testing): Ambient: 28 days; Refrigerated: 28 days; Frozen: 28 days

HOTLINE NOTE: There is a clinically significant charting name change associated with this test.
Change the charting name for component 2011035, Duration from Duration to Collection Duration.
Change the charting name for component 2011036, Volume from Volume to Urine Volume.
Change the charting name for component 2011037, N-Methylhistamine, Urine from N-Methylhistamine, Urine to N-Methylhistamine, 24 Hr Urine.
Change the charting name for component 2011038, NMH, Creatinine Concentration from NMH, Creatinine Concentration to Creatinine Concentration, 24 Hr Urine
There is a component change associated with this test.
Add component 3002790, Creatinine, 24 Hr Urine

New Test 3002743 ***N*-Methylhistamine, Random Urine** **NMETH RAN**
Click for Pricing

Methodology: Quantitative Liquid Chromatography/Tandem Mass Spectrometry/Colorimetry
Performed: Varies
Reported: 3-10 days

Specimen Required: Patient Prep: Patient must not be taking monoamine oxidase inhibitors (MAOIs) or aminoguanidine as these medications increase N-methylhistamine (NMH) levels. Specimen should be collected within a few hours of symptom onset.
Collect: Urine
Specimen Preparation: Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 3 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 and frozen.
Stability (collection to initiation of testing): Ambient: 28 days; Refrigerated: 28 days; Frozen: 28 days

Reference Interval: By Report

CPT Code(s): 82542, 82570

New York DOH Approved.

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

2007537 **Non-Invasive Prenatal Testing for Fetal Aneuploidy** **NIPT ANEU**

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

2013142 **Non-Invasive Prenatal Testing for Fetal Aneuploidy with 22q11.2 Microdeletion** **NIPTANEU22**

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

2010232 **Non-Invasive Prenatal Testing for Fetal Aneuploidy with Microdeletions** **NIPTANEUMD**

HOTLINE NOTE: There is a price change associated with this test. Please contact ARUP Client Services at (800) 522-2787 for additional information.

The following will be discontinued from ARUP's test menu on May 4, 2020.
Replacement test options are supplied if applicable.

Test Number	Test Name	Refer To Replacement
0090245	Quinidine	