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.

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### New Tests

- **2010720** Allergen, Food, Annatto Seed IgE
  - **Methodology**: ANNA SEED
  - **Performed**: Varies
  - **Reported**: 3-6 days

- **2001913** Allergen, Food, Gelatin Porcine IgE
  - **Methodology**: GEL PORC
  - **Performed**: Varies
  - **Reported**: 3-6 days

- **2010734** Allergen, Food, Nectarine IgE
  - **Methodology**: NECTAR IGE
  - **Performed**: Varies
  - **Reported**: 3-6 days

- **2010742** Allergen, Food, Turmeric IgE
  - **Methodology**: TURMERIC
  - **Performed**: Varies
  - **Reported**: 3-6 days

- **2010726** Allergen, Fungi and Molds, Corn Smut IgE
  - **Methodology**: CORN SMUT
  - **Performed**: Varies
  - **Reported**: 3-6 days
HOTLINE: Effective November 1, 2021

**2010728**  
**Allergen, Fungi and Molds, Epidermophyton floccosum IgE**  
*EPI FLOCC*  
Performed: Varies  
Reported: 3-6 days

**2014005**  
**Allergen, Fungi and Molds, Fusarium solani IgE**  
*FUSARIUM*  
Performed: Varies  
Reported: 3-6 days

**2005160**  
**Chymotrypsin, Fecal**  
*CHYMOTRYP*  
Performed: Varies  
Reported: 3-18 days

**2010990**  
**Corticosteroid-Binding Globulin (CBG)**  
*CB GLOB*  
Performed: Varies  
Reported: 6-13 days

**3002971**  
**Explify Respiratory RNA Pathogen Detection**  
*RESPAT RNA*  
Specimen Required: Collect: Bronchoalveolar lavage (BAL), sputum, tracheal aspirate, or nasopharyngeal swab.  
Specimen Preparation: Transfer 2 mL BAL, sputum, or tracheal aspirate to an ARUP Standard Transport Tube. (Min: 1 mL) Place nasopharyngeal swab in viral transport media (ARUP Supply #12884) available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. Place each specimen in an individually sealed bag.  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.  
Storage/Transport Temperature: Frozen  
Remarks: Specimen source and physician name are required.  
Unacceptable Conditions: Thawed specimens. Nasopharyngeal swab not in viral transport media.  
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

**2010166**  
**Follicle Stimulating Hormone (FSH) by Immunohistochemistry**  
*FSH IHC*  
Performed: Varies  
Reported: 3-7 days

**2010164**  
**Luteinizing Hormone (LH) by Immunohistochemistry**  
*LH IHC*  
Performed: Varies  
Reported: 3-7 days

**2013008**  
**Periprosthetic Joint Infection (PJI) Detection (Synovasure)**  
*SYNOVA PJI*  
Specimen Required: Collect: Synovial fluid in Plain Red. Due to limited stability, only collect Monday-Wednesday and not the day before a holiday.  
Specimen Preparation: Transport 1 mL synovial fluid in the original collection tube. (Min: 0.5 mL) Send the same day as collection. Due to limited stability, only send Monday-Wednesday and not the day before a holiday.  
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.  
Storage/Transport Temperature: Refrigerated.  
Remarks: Anatomical source is required (eg, left knee, right shoulder, etc.).  
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 4 days; Frozen: Unacceptable
The following will be discontinued from ARUP’s test menu on November 1, 2021.
Replacement test options are supplied if applicable.

<table>
<thead>
<tr>
<th>Test Number</th>
<th>Test Name</th>
<th>Refer To Replacement</th>
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