

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	2010720	Allergen, Food, Annatto Seed IgE			x									
2	2001913	Allergen, Food, Gelatin Porcine IgE			x									
2	2010734	Allergen, Food, Nectarine IgE			x									
2	2010742	Allergen, Food, Turmeric IgE			x									
2	2010726	Allergen, Fungi and Molds, Corn Smut IgE			x									
3	2010728	Allergen, Fungi and Molds, <i>Epidermophyton floccosum</i> IgE			x									
3	2014005	Allergen, Fungi and Molds, <i>Fusarium solani</i> IgE			x									
4	0092053	Allergen, Tree, Black Locust IgE												x

HOTLINE: Effective November 1, 2021

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
3	2005160	Chymotrypsin, Fecal			x									
3	2010990	Corticosteroid-Binding Globulin (CBG)			x									
3	3002971	Explify Respiratory RNA Pathogen Detection				x								
3	2010166	Follicle Stimulating Hormone (FSH) by Immunohistochemistry			x									
3	2010164	Luteinizing Hormone (LH) by Immunohistochemistry			x									
4	0051755	Molar Pregnancy, 16 DNA Markers (Temporary Referral as of 12/13/19)												x
3	2013008	Periprosthetic Joint Infection (PJI) Detection (Synovasure)				x								

[2010720](#)

Allergen, Food, Annatto Seed IgE

ANNA SEED

Performed: Varies
Reported: 3-6 days

[2001913](#)

Allergen, Food, Gelatin Porcine IgE

GEL PORC

Performed: Varies
Reported: 3-6 days

[2010734](#)

Allergen, Food, Nectarine IgE

NECTAR IGE

Performed: Varies
Reported: 3-6 days

[2010742](#)

Allergen, Food, Turmeric IgE

TURMERIC

Performed: Varies
Reported: 3-6 days

[2010726](#)

Allergen, Fungi and Molds, Corn Smut IgE

CORN SMUT

Performed: Varies
Reported: 3-6 days

2010728	Allergen, Fungi and Molds, <i>Epidermophyton floccosum</i> IgE	EPI FLOCC
Performed:	Varies	
Reported:	3-6 days	
2014005	Allergen, Fungi and Molds, <i>Fusarium solani</i> 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: <u>Collect:</u> Bronchoalveolar lavage (BAL), sputum, tracheal aspirate, or nasopharyngeal swab.		
<u>Specimen Preparation:</u> 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.		
<u>Storage/Transport Temperature:</u> Frozen		
<u>Remarks:</u> Specimen source and physician name are required.		
<u>Unacceptable Conditions:</u> Thawed specimens. Nasopharyngeal swab not in viral transport media.		
<u>Stability (collection to initiation of testing):</u> 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: <u>Collect:</u> Synovial fluid in Plain Red. Due to limited stability, only collect Monday-Wednesday and not the day before a holiday.		
<u>Specimen Preparation:</u> 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.		
<u>Storage/Transport Temperature:</u> Refrigerated.		
<u>Remarks:</u> Anatomical source is required (eg, left knee, right shoulder, etc.).		
<u>Stability (collection to initiation of testing):</u> Ambient: 72 hours; Refrigerated: 4 days; Frozen: Unacceptable		

HOTLINE: Effective November 1, 2021

**The following will be discontinued from ARUP's test menu on November 1, 2021.
Replacement test options are supplied if applicable.**

Test Number	Test Name	Refer To Replacement
0092053	Allergen, Tree, Black Locust IgE	
0051755	Molar Pregnancy, 16 DNA Markers (Temporary Referral as of 12/13/19)	