HOTLINE: Effective November 7, 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	0091234	Fluvoxamine Quantitative, Serum or Plasma		x	x	x								
2	0092361	Nicotine and Metabolites, Serum or Plasma, Quantitative				x								
2	3005925	Ustekinumab Quantitation with Antibodies, Serum											x	

0091234 Fluvoxamine Quantitative, Serum or Plasma FLUVOXAM

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry (HPLC-MS/MS)
Performed: Varies
Reported: 4-7 days

Specimen Required: Collect: Plain red, lavender (K2EDTA), or pink (K3EDTA).
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: 0.4 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions: Separator tubes. Specimens received room temperature.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 month; Frozen: 3 months

0092361 Nicotine and Metabolites, Serum or Plasma, Quantitative NICOTINESP

Specimen Required: Collect: Plain red, green (sodium heparin), lavender (EDTA), or pink (K_2EDTA).
Specimen Preparation: Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Plasma or whole blood collected in lt. blue (sodium citrate) or SST. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 years

New Test 3005925 Ustekinumab Quantitation with Antibodies, Serum USTEK

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Methodology: Enzyme-Linked Immunosorbent Assay
Performed: Varies
Reported: 3-8 days

Specimen Required: Patient Prep: Collect immediately before next scheduled dose (trough).
Collect: Serum separator tube (SST). Also acceptable: Plain red.
Specimen Preparation: Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.35 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 21 days; Frozen: 21 days

Reference Interval: By Report

CPT Code(s): 80299; 83520

New York DOH Approved.

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