

**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	<a href="#">0070416</a>	C-Telopeptide, Beta-Cross-Linked, Serum				x	x							
2	<a href="#">3005716</a>	Orthopoxvirus (includes monkeypox virus) by PCR								x				
2	<a href="#">2013011</a>	Selenium, RBCs			x									
2	<a href="#">2007136</a>	von Willebrand Factor (VWF) Collagen Binding			x	x								

HOTLINE: Effective September 6, 2022

**0070416**

**C-Telopeptide, Beta-Cross-Linked, Serum**

**CTX**

**Specimen Required:** Patient Prep: Fasting specimen preferred.

Collect: Serum separator tube, lavender (K<sub>2</sub> EDTA or K<sub>3</sub> EDTA), pink (K<sub>2</sub> EDTA). A morning specimen is preferred.

Specimen Preparation: Allow serum separator tube to sit for 15-20 minutes at room temperature for proper clot formation. Centrifuge and separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.5 mL)

Storage/Transport Temperature: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Unacceptable Conditions: Hemolyzed specimens, Green Lithium heparin plasma.

Stability (collection to initiation of testing): After separation from cells: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 3 months

**Reference Interval:**

Effective September 6, 2022

Age	Female	Male
6 months-6 years	500-1800 pg/mL	500-1700 pg/mL
7-9 years	566-1690 pg/mL	522-1682 pg/mL
10-12 years	503-2077 pg/mL	553-2071 pg/mL
13-15 years	160-1590 pg/mL	485-2468 pg/mL
16-17 years	167-933 pg/mL	276-1546 pg/mL
18-29 years		238-1019 pg/mL
30-39 years		225-936 pg/mL
40-49 years		182-801 pg/mL
50-59 years		161-737 pg/mL
60-69 years		132-752 pg/mL
70 years or greater		118-776 pg/mL
Premenopausal	136-689 pg/mL	
Postmenopausal	177-1015 pg/mL	

**3005716**

**Orthopoxvirus (includes monkeypox virus) by PCR**

**OPOXPCR**

CPT Code(s): 87593

**2013011**

**Selenium, RBCs**

**SELENI RBC**

Performed: Varies

Reported: 6-9 days

**2007136**

**von Willebrand Factor (VWF) Collagen Binding**

**VWF C BIND**

Performed: Varies

Reported: 3-10 days

**Specimen Required:** Collect: Light blue (sodium citrate).

Specimen Preparation: Transfer 1 mL citrated plasma to an ARUP Standard Transport Tube. (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.

Unacceptable Conditions: Hemolyzed specimens.

Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 24 hours; Frozen: 3 weeks