

IMMEDIATE CHANGE HOT LINE: Effective September 8, 2015

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-9 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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2012209 Amphetamines Urine Screen with Reflex to Quantitation

*This test performed at ARUP Laboratories.

Required CPT code added.

CPT Code(s): 80301; if positive add 80324, 80359 (Alt code: G6042)

0092520 Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Meconium

CONFBENZ M

AMP RFX U

*This test performed at ARUP Laboratories.

Current instrument platform is no longer supported by the vendor.

Interpretive Data:

Drugs covered: alprazolam, alpha-hydroxyalprazolam, clonazepam, 7-aminoclonazepam, diazepam, lorazepam, midazolam, nordiazepam, oxazepam, and temazepam.

Positive cutoff: 20 ng/g unless specified below:

Alprazolam	5 ng/g
Alpha-hydroxyalprazolam	5 ng/g
Diazepam	5 ng/g
Clonazepam	5 ng/g
7-aminoclonazepam	5 ng/g

Meconium begins to form between the 12th and 16th week of gestation. Meconium drug testing can detect maternal drug use during the last 4 to 5 months of pregnancy. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drug use depends on the quantity and quality of the specimen tested as well as the pattern and frequency of drug(s) used by mother. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

For medical purposes only; not valid for forensic use.

See Compliance Statement B: www.aruplab.com/CS